



## PARTICIPANT INFORMATION FORM

### Individuals on the Autism Spectrum

The information provided below will help start our discussions with you in planning for any access or resources you will need while on your study/intern abroad program. Please complete the form with any pertinent information and email it to the Program Advisor of your intended study/intern abroad program location.

**Although AIFS Abroad is committed to supporting all participants in their global education journey, we cannot guarantee that it will be possible to honor all accommodation requests. AIFS Abroad staff will review all requests, consult with onsite staff and host institutions and communicate with you throughout this process.**

- Please check this box if you consent to AIFS Abroad sharing this form with staff of the education abroad office at your home institution.**

**Confidentiality:** You are not required to answer any or all questions. Information that you provide on this form will remain confidential and will be used to ensure your full participation in your AIFS Study Abroad program. This form was designed from suggestions made by Mobility International USA.

#### **Participant Information**

Participant's Name

Home Institution

Email

Study/Intern Abroad Program

Program Term and Year

1. Please describe any accommodations, supports, or other assistance that you receive in your daily life?

2. Please describe any accommodations you currently receive at your home institution:

3. Please describe any difficulties you have with executive functioning skills. (This includes prioritizing, starting tasks, following through on tasks, time management, etc.)

4. Please describe in your own words any language processing difficulties you have. (This means difficulties you might have with understanding language, either written or verbal.)

5. Please describe in your own words any communication difficulties you have. (This means difficulties you might have with expressing language, either written or verbal.)

6. Please describe any difficulties you have with daily living tasks. (Examples: eating, dressing, bathing, remembering to do daily grooming like brushing your teeth or hair, etc.)

7. Please describe any difficulties you have in social environments. (Examples: living in the same space as someone else, being in an educational program, or working in a shared space).

8. Please describe any difficulties you have with body movements or physical coordination. (This might mean difficulty with directions, dyspraxia, spatial agnosia, proprioception, fine motor skills, or gross motor skills.)

9. Please describe in your own words any sensory processing difficulties you have. (This means being overwhelmed, overstimulated, or hurt by sounds, lights, touch, tastes, smells, environments or people around you.)

### **Housing**

10. Are there any reasonable adjustments that you would require related to your housing?

- Yes
- No

If yes, please describe below

## Sensory Processing

11. Do you have any sound or auditory aversions or sensitivities (such as sirens, fluorescent lights, clapping, buzzing noises, etc.)?

13. Do you use noise-canceling devices for loud environments (including headphones, earplugs, or white noise machines)?

14. Do you have any light sensitivity (including types of artificial/electric light or sunlight)?

- Yes
- No

If yes, how do you best cope with types of lighting that you are sensitive to?

15. Do you have any sensory issues with food (including taste, texture, or mixed food aversions)?

- Yes
- No

16. Do you have any chemical or electronic sensitivities or aversions?

- Yes
- No

17. Do you have any touch, texture, or tactile sensitivities or aversions (that are not food)? (This includes physical contact with other people like handshakes, hugging, unexpected touch, or accidental touch. It also includes fabrics, flooring, and street pavement types.)

- Yes
- No

## **Communication and Social Interactions**

18. Do you speak using voice?

- Frequently
- Sometimes
- Never

If you speak, in what language(s) do you speak? How fluent are you?

19. Do you use sign language?

- Frequently
- Sometimes
- Never

a. If you use sign language, what language(s) do you use? How fluent are you?

20. Do you use text or pictures to communicate?

- Frequently
- Sometimes
- Never

If you use text, in what language(s)? How fluent are you?

21. Do you write by hand, type on a screen, or use text-to-speech software or other alternative and augmentative communication (AAC) devices?

- Yes
- No

a. If yes, which ones do you use?

b. If you use pictures, do you use an application on a smartphone, tablet, or computer device, or do you use a non-electronic picture board?

c. Do you use a facilitator or support person to type or point?

Yes

No

22. Do you use real time captioning or other speech-to-text transcription services? (This means a person type what is being said on to a screen for you to read.)

Frequently

Sometimes

Never

a. If you use real time captioning or other speech-to-text transcription services, please describe in which situations you find it preferable.

23. Do you use face-to-face instant text or video messaging?

Frequently

Sometimes

Never

a. If you do, please describe which instant messaging systems/equipment you are familiar with using for face-to-face communication and what situations you find preferable.

24. Please describe how you prefer to communicate. (Example: Instant messenger, writing, text-to-speech, signed language, voiced speech, phone, or other method.)

25. If for any reason someone needs to give you constructive criticism or tell you that you have made a mistake or crossed a boundary, what would be the most helpful way to do this?

26. How well do you understand nonverbal social cues and implicit speech in a conversation? (This includes facial expressions and body language and when people don't outright say what they mean.)

27. How comfortable are you in group or social settings? Are there specific conditions that make group settings more manageable?

### **Other Accommodations**

28. Do you prefer sitting in a particular seat (in front, near speaker, etc.) or other arrangements in a group setting?

- Yes
- No

- a. If yes, please describe where you prefer to sit or other arrangements in a group setting, and in which situations you find it helpful.

29. Do you use a person to take notes for you?

- Frequently
- Sometimes
- Never

a. If you use a human notetaker, please describe in which situations you find it preferable.

30. Do you use a support person or aide?

- Frequently
- Sometimes
- Never

a. If you use a support person or aide, please describe what tasks the support person or aide helps you with. (This could mean things like helping you get dressed, helping you bathe or shower, helping you pay bills, helping you navigate places with lots of people and noise, or helping you stay on task.)

b. If you use a support person or aide, please describe what situations and places you use them to help with. (This could mean daily in school, daily in an office, for special occasions like field trips or outings, or specific places like restaurants or public transit.)

31. Will you need a support person or aide on the program?

- Yes
- No



32. Do you have support from family, friends, loved ones?

- Frequently
- Sometimes
- Never

- a. Please describe how your family, friends, loved ones, assist you with tasks the support person or aide helps you with. (This could mean things like helping you get dressed, helping you bathe or shower, helping you pay bills, helping you navigate places with lots of people and noise, or helping you stay on task.)

33. Do you use a service animal?

- Yes
- No

34. If you have a service animal, how long have you been matched with your current service animal? Please describe what kind of animal and how many you use. Please describe the functions your service animal performs.

35. Are you looking to bring your service animal?

- Yes
- No

36. Do you use an emotional support animal?

- Yes
- No

- a. If yes, please describe what kind of animal and how many you use, what the animal does for you, and in what situations you use them:

37. Are you looking to bring your emotional support animal on the program?

- Yes  
 No

**\*\*\*Please note that emotional support animals cannot be accommodated in every location and program\*\*\***

38. Describe the level of structure and routine that works best for you in a school or office setting.

- a. Do you use any kind of planner, calendar, or scheduler to organize your assignments, classes, meetings, or other things you have to do?

- Yes  
 No

- b. Do you use alarms or reminder apps of any kind to keep on track with things you have to do?

- Yes  
 No

- c. Do you use charts, hanging posters, sticky notes, or other visual aids or reminders to keep on track with things you have to do?

- Yes  
 No

c. Do you receive informal or formal help from a friend, family member, or support person to keep on track with things you have to do?

- Yes  
 No

- d. Do you work better on multiple tasks at once or only one thing at a time?
- Multiple tasks
  - One at a time

39. What kinds of deadlines are most helpful for you? (This might mean flexible vs. strict, or far in the future vs. closer to now.)

40. Please describe how comfortable you are advocating for yourself to a teacher, boss, or other authority figure.

41. What medications are you currently taking, if any?

- a. Will you bring your medications with you on the program?
- Yes
  - No
- b. If so, have you discussed taking this medication abroad with your medical provider?
- Yes
  - No

42. What situations cause you stress or anxiety?

a. What do you do when you experience stress or anxiety?

b. What coping mechanisms or tools do you use to manage or decrease stress or anxiety?

c. What do you do to cope when you feel afraid, angry, or frustrated?

43. Please describe other tools or services you use to improve accessibility that were not mentioned above.

44. Please tell us anything else that we need to know about how you do things, how you adapt to accessibility barriers, or your access needs.

*Please email this form to the Program Advisor of your intended study abroad program location as soon as possible.*