



PARTICIPANT INFORMATION FORM

Individuals Who Are Blind or Have Low Vision

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 study abroad/intern 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. In your own words, please describe your vision (what and how you see):

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

Housing

3. Are there are any reasonable adjustments that you would require related to your housing?
 Yes
 No

Disability and Navigation Overview

4. Do you use a mobility cane and how often?

Indoors:

- Frequently
- Sometimes
- Never

Outdoors:

- Frequently
- Sometimes
- Never

5. When did you learn to use a mobility cane?

6. Do you use a human sighted guide and how often?

Indoors:

- Frequently
- Sometimes
- Never

Outdoors:

- Frequently
- Sometimes
- Never

7. Who acts as a sighted guide for you?

8. Do you use a guide dog or service animal and how often?

Indoors:

- Frequently
- Sometimes
- Never

Outdoors:

- Frequently
- Sometimes
- Never

9. If you have a service animal, how long have you been matched with your current service animal?

a. Please describe what kind of animal and how many you use.

b. Please describe the functions your service animal perform.

10. If you are in a new location, how do you move around and get to know your environment?

11. Describe in detail how you travel (or your travel routine) from home to work and school:

Accessing Materials

12. Do you use regular print (12 point or less) and how often?

To read:

- Frequently
- Sometimes
- Never

To write:

- Frequently
- Sometimes
- Never

13. Do you use large print and how often?

To read:

- Frequently
- Sometimes
- Never

To write:

- Frequently
- Sometimes
- Never

14. Do you use a human reader/scribe and how often?

To read:

- Frequently
- Sometimes
- Never

To write:

- Frequently
- Sometimes
- Never

a. Who are your human readers and/or scribes?

15. Do you use braille and how often?

To read:

- Frequently
- Sometimes
- Never

To write:

- Frequently
- Sometimes
- Never

a. In what languages (including English) can you use braille?

16. Do you read contracted braille?

- Yes
- No

17. What tools do you use to read and/or write in braille?

18. Do you use a human notetaker and how often?

- Frequently
- Sometimes
- Never

19. Do you use audio recordings and what type?

- Frequently
- Sometimes
- Never

a. Will you bring a recording device with you abroad?

- Yes
- No

b. If yes, please specify:

20. Do you use text-to-speech software?

- Frequently
- Sometimes
- Never

a. Which software do you use?

21. Please note any additional information on accessing materials and preferred situations:

Assistive Tools and Technology

22. Do you use dictation software?

- Frequently
- Sometimes
- Never

a. Which software do you use?

21. Do you use Braille 'n Speak (or similar)?

- Frequently
- Sometimes
- Never

22. How often do you use the following?

Eyeglasses:

- Yes
- No
- Not sure

Contacts:

- Frequently
- Sometimes
- Never

Monocle:

- Frequently
- Sometimes
- Never

a. If so, what is your current prescription?

b. Do you have a current prescription and an extra pair that you will bring?

23. Do you use magnification tools?

- Frequently
- Sometimes
- Never

a. Which tools do you use?

24. Do you have a system for identifying / keeping track of money?

- Yes
- No

a. If yes, describe your system and what would help with learning different currency:

25. Do you prefer sitting in a particular seat or receiving particular information to get oriented in a group?

- Yes
- No

a. If yes, describe your preferences and in which situations you find it helpful:

26. Do you use a cell phone?

- Yes
- No

27. Will you use a cell phone on this program?

- Yes
- No
- Not Sure

a. If yes, do you use a cell phone for the following:

Voice calls:

- Yes
- No

SMS/text messages?

- Yes
- No

31. Do you use a laptop computer?

- Yes
- No

a. If yes, will you bring this on the program?

- Yes
- No
- Not sure

- What accessibility software do you have installed?

- What equipment or hardware do you use to improve accessibility?

- What type of laptop do you have?

32. Do you use a tablet computer?

- Yes
- No

If yes, will you bring this on the program?

- Yes
- No
- Not sure

- What accessibility software do you have installed?

- What equipment or hardware do you use to improve accessibility?

- What type of tablet do you have?

33. Do you rely on Optical Character Recognition?

- Yes
- No

a. If yes, do you usually navigate this yourself or is this usually provided for you?

33. Do you need adjustable lighting, such as lamps or the ability to adjust the brightness?

- Yes
- No

34. Do you use any other tools or equipment to improve accessibility that were not mentioned above? Please list:

35. Are there any tools or equipment that you prefer not to use? Any you would like to learn? Please list:

36. In what format would you prefer materials provided to you during the program?
Indicate your first choice with a "1" and second choice with a "2" from the following list:

Regular size print

Braille uncontracted

Enlarged print of size

Braille contracted

Electronically by email

Other (please explain):

Electronically on an USB device

Daily Living Strategies

37. Do you require any assistance in your daily life activities?

Yes

No

a. If yes, please explain.

38. Do you require assistance navigating in new and different locations.

Yes

No

a. If yes, please explain

39. Are familiar with taking public transportation:

Yes

No

a. If yes, do you take public transport independently?

- Yes
- No

b. If no, would you require assistance?

- Yes
- No

40. Please tell us anything else that we need to know in order to best support you?

41. If you are not the person represented in this form, please provide your name and relationship to the participant.

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