



PARTICIPANT INFORMATION FORM

Individuals with Physical Disabilities

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 abroad and/or internship program. Please complete the form with any pertinent information and email it to the Program Advisor of your intended study and/or intern abroad program location.

Although AIFS Abroad is committed to supporting all participants in their study and/or internship abroad 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 disability:

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

Housing

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

- Yes
- No

If yes, please describe below:

Tools for Mobility

4. How often do you walk without mobility aids?

- Frequently
- Sometimes
- Never

5. How far can you travel without any mobility aids?

6. How often do you use prosthetics?

- Frequently
- Sometimes
- Never

a. In which situations are you most likely to use this equipment?

7. How far can you travel independently with this equipment?

8. Will you bring this equipment with you abroad?

- Yes
- No
- Not sure

9. How often do you use crutches/cane?

- Frequently
- Sometimes
- Never

10. In which situations are you most likely to use this equipment?

11. How far can you travel independently with this equipment?

12. Will you bring this equipment with you abroad?

- Yes
- No
- Not sure

13. How often do you use brace(s)?

- Frequently
- Sometimes
- Never

14. In which situation are you most likely to use this equipment?

15. How far can you travel independently with this equipment?

16. Will you bring this equipment with you abroad?

- Yes
- No
- Not sure

17. How often do you use a walker /rollator?

- Frequently
- Sometimes
- Never

18. In which situations are you most likely to use this equipment?

19. How far can you travel independently with this equipment?

20. Will you bring this equipment with you abroad?

- Yes
- No
- Not sure

21. How often do you use a manual wheelchair?

- Frequently
- Sometimes
- Never

22. In which situations are you most likely to use this equipment?

23. How far can you travel independently with this equipment?

24. How often do you push your wheelchair yourself?

- Frequently
- Sometimes
- Never

a. If not, who usually pushes you?

b. Will you bring this equipment with you abroad?

- Yes
- No
- Not sure

c. Please indicate wheelchair dimensions:

- Weight:
- Depth:
- Width:
- Height:

d. Does the wheelchair fold in half vertically, or do the wheels pop off and back fold down?

25. How often do you use a power wheelchair?

- Frequently
- Sometimes

Never

a. Which situations are you most likely to use this equipment?

b. How far can you travel independently with this equipment?

c. Will you bring this equipment with you abroad?

Yes

No

Not sure

d. Please indicate power wheelchair dimensions below:

Weight:

Depth:

Width:

Height:

Tools for Daily Living

26. How often do you use a shower chair or toilet seat raiser?

Frequently

Sometimes

Never

a. Will you bring this equipment with you abroad?

Yes

No

Not sure

27. How often do you use grab bars (handles on wall)?

- Frequently
- Sometimes
- Never

Do you use other incontinence supplies such as catheter?

- Frequently
- Sometimes
- Never

28. How often do you change out these supplies?

- Frequently
- Sometimes
- Never

a. Will you bring enough with you abroad or get more once abroad?

29. How often do you use a transfer / slide board or a personal lift? (such as a Hoyer lift that uses a harness/sling on the body and pulley/track ceiling system to lift and move the body)?

- Frequently
- Sometimes
- Never

30. In which situations are you most likely to use this equipment?

a. Will you bring this equipment with you abroad?

- Yes
- No
- Not sure

31. How often do you use a grabber?

- Frequently
- Sometimes
- Never

a. Will you bring this equipment with you abroad?

- Yes
- No
- Not sure

32. How often do you use a portable stool?

- Frequently
- Sometimes
- Never

a. In which situations are you most likely to use this equipment?

b. Will you bring this equipment with you abroad?

- Yes
- No
- Not sure

33. If you use a ventilator, when did you start using it?

- Frequently
- Sometimes
- Never

a. What do you need in order to maintain its use and what is your back up plan if it does not function?

- b. Have you traveled with it before? What will you need in order to bring this equipment with you abroad?

Assistive Services and Technology

34. How often do you use a note taker?

- Frequently
- Sometimes
- Never

- a. In which situations are you most likely to use a note taker?

35. How often do you use a Personal Assistant?

- Frequently
- Sometimes
- Never

- a. In which situations are you most likely to use a personal assistant (please think about meals, housework, dressing, bathing, grooming, toileting, etc.)?

- b. About how many hours per day do you use a personal assistant?

- c. Who usually acts as your personal assistant? Will this person be coming with you?

- d. If an assistant is not coming with you, where would you need the most assistance to navigate your experience abroad?

36. How often do you use computer software (such as speech-to-text)?

- Frequently
- Sometimes
- Never

a. What type of software do you use?

37. Will you bring this software with you abroad?

- Yes
- No
- Not sure

a. What type of computer and equipment do you use?

b. Will you bring this computer and equipment with you abroad?

- Yes
- No
- Not sure

38. How often do you use computers and related equipment (such as a joy stick, adaptive keyboard)?

- Frequently
- Sometimes

Never

a. Do you have comments, concerns or questions about your equipment? Please explain:

39. Are you open to learning to use new and different assistive technologies?

Yes

No

40. Are there any assistive technologies that you prefer not to use or learn to use? Please describe:

Travel

41. How is it for you getting in and out of vehicles with no lifts/ramps?

Car:

Easy

Need Assistance

Not Possible

Truck:

Easy

Need Assistance

Not Possible

Bus:

Easy

Need Assistance

Not Possible

Van:

Easy

Need Assistance

- Not Possible

Train or Subway

- Easy
- Need Assistance
- Not Possible

42. How is it for you stepping up and down stairs WITH a railing/wall?

- Easy
- Need Assistance
- Not Possible

43. How is it for you stepping up and down stairs WITHOUT a railing/wall?

- Easy
- Need Assistance
- Not Possible

Please tell us anything else that we need to know about how you do things or your access needs including and related to recreation and other activities:

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