AIFS STUDENT ACCESS INFORMATION FORM



Individuals Who Have a Systematic or Chronic Health Condition

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 program. Please complete the form with any pertinent information and email it to the Admissions Officer of your intended study abroad program location.

Although AIFS is committed to supporting all students in their study abroad journey, we cannot guarantee that it will be possible to honor all accommodation requests. AIFS 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 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.

STUDENT INFORMATION	
Student's Name	
Home Institution	
Email	
Program Term and Year	

1. In your own words, please describe your condition:

2.	Please describe any	accommodations ye	ou currently receive	at your home institution:
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Assistive	Devices	& A	ctivitie	29

3. Do you need any aids or devices to assist you? _____ Frequently _____ Sometimes _____ Never

If so, please describe, and explain the maintenance you need for these and how often.

4. Do you use any walking aids, wheelchairs or adaptations to accommodate your condition?

_____ Frequently _____ Sometimes _____ Never

5.	Do you do activities on a	regular basis that help	accommodate your condition?
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	Frequently Sometimes Never
	If you do engage in activities, do you need any assistance when engaging in these activities?
	Do you use a laptop computer? Yes No
	Will you bring your computer with you while you are abroad? Yes No
	What software or applications do you use and in what situations do you use them?
/leo	dical Care
	Has your medical health professional given you either a stable or improved report of your condition? Yes No
•	Do you need to bring medical documents with you while you are in the program?YesNo
	If so, do you have those documents translated into the country's language?YesNo
	Can you describe your history of hospitalization if any? (Including how long were you hospitalized and what may be needed should you require hospital care abroad)

10. Do you have any medication that you need to take on a re	egular basis?	Yes	No
If so, will you take this medication while you are abroad?	Yes	No	
If so, will you be able to take enough medication with you Yes No	u for the entire	time you are	e abroad?
If so, please describe any special storage conditions or dis	spensing protoc	col your med	lications require:
1. Do you need to regularly keep in contact with a doctor w	hile you are tra	veling?	Yes No
a. If you so will you keep in contact with your doctor	at home?	Yes	No
b. If you will keep in touch with your doctor at home	e, will you do so	via phone, e	email, Skype, etc.?
c. If so will you need a local doctor where you will be	e traveling?	Yes	No
 Are you currently seeing anyone from the mental health Yes No 	profession rega	rding your c	ondition?
a. If so will you continue to communicate with this p	erson while ab	road?	YesNo
 b. If so will you need to communicate with a mental Yes No 	health professi	onal located	abroad?
ggravating Your Condition			
3. Do you have anything that might trigger the aggravation	of your conditic	on?	

What would y	ou usually do	in those	situations?
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14. If your chronic health conditions are significantly aggravated while you are in the program,	what has your
medical health professional suggested as your course of action?	

15. If you have ever experienced an aggravation of your chronic condition in the past, were you able to continue your studies or work with accommodations? If so, what accommodations did you need?

<u>Studyin</u>	
	you prefer sitting in a particular seat (in front, in the back on a particular side of the room, etc.) or er arrangements when you are in a group setting? Yes No
	es, please describe where you prefer to sit or other arrangements in a group setting, and in which ations you find it helpful.
-	our studies or work, do you typically have an accommodation when attending class or meetings, illing assignments, or taking exams? Yes No
	ou do typically have an accommodation, is it a notetaker, reader, extended time (if so how long), vate room, supervised breaks, etc.?
<u>Other A</u>	Accommodations or Services
18. Plea abo	ase describe any other tools or services you use to improve accessibility that were not mentioned ove:

19. Are there any tools or services to in	mprove accessibility that	you prefer not to use?	? Any that you would like
to learn to use? Please describe:			

20. Please tell us anything else that we need to know about how you do things or your access needs:

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