

KASA

High School



1961

DISABILITY SERVICES / ACCESS (DSA) FORM

Fill in your details in **BLOCK CAPITALS** only.

FILE No.: DATE:

A. STUDENT INFORMATION

FIRST NAME: LAST NAME:

EMAIL: TEL:

CURRENT ADDRESS:

HOME ADDRESS:

B. ACADEMIC INFORMATION

HOTEL MANAGEMENT & CATERING SUPERVISION OPEN DOORS

YEAR: TERM: 1ST 2ND PREPARATORY

C. PREVIOUS SCHOOL(S) & ACCOMMODATION(S)

PREVIOUS SCHOOL(S)	DATES ATTENDED (FROM - TO)	PREVIOUS APPROVED DISABILITY ACCOMMODATION & SERVICES

D. DISABILITY INFORMATION

- | | | |
|---|--|---|
| <input type="checkbox"/> PHYSICAL (MOBILITY) DISORDER | <input type="checkbox"/> DEAF/DIMINISHED HEARING | <input type="checkbox"/> TRAUMATIC BRAIN INJURY |
| <input type="checkbox"/> PSYCHOLOGICAL PROBLEMS | <input type="checkbox"/> BLIND/DIMINISHED VISION | <input type="checkbox"/> LEARNING DISABILITY |
| <input type="checkbox"/> CHRONIC MEDICAL | <input type="checkbox"/> CONDITION | <input type="checkbox"/> ATTENTION DEFICIT |
| <input type="checkbox"/> HYPERACTIVITY DISORDER | <input type="checkbox"/> OTHER:..... | |

I. HOW DOES YOUR DISABILITY IMPACT YOUR ABILITY TO COMPLETE YOUR COURSEWORK OR OTHER COURSE REQUIREMENTS?

.....

.....

.....

II. HOW DOES YOUR DISABILITY AFFECT YOU IN YOUR EVERYDAY LIFE AND DAILY ACTIVITIES?

.....

.....

.....

III. PROVIDE ANY INFORMATION ABOUT YOUR COURSE THAT YOU FEEL IS IMPORTANT AND RELEVANT TO YOUR ACCOMMODATION REQUEST.

.....

.....

.....

IV. ONLY COMPLETE THE SECTIONS BELOW THAT APPLY TO YOUR DOCUMENTED DISABILITY (-IES), THEN MOVE ON TO SECTION VI.

PART 1 - LEARNING DISABILITY, AD/HD, TRAUMATIC BRAIN INJURY, PSYCHOLOGICAL DISABILITIES AND MOBILITY DISABILITIES

PART 2 - CHRONIC MEDICAL CONDITION, PHYSICAL OR OTHER MOBILITY DISABILITIES

PART 3 - DEAF OR HARD OF HEARING

PART 4 - VISUAL DISABILITY OR BLIND

PART 1.

NATURE OF DISABILITY: DATE OF DIAGNOSIS:

LIST THE SPECIFIC DIFFICULTIES YOU MAY EXPERIENCE IN WRITING, CONCENTRATING, OR REMEMBERING THAT MAY BE RELATED TO YOUR DISABILITY (I.E. READING, COMPLETING TASKS).

.....
.....
.....

PART 2.

DO YOU WEAR HEARING AIDS OR COCHLEAR IMPLANTS? YES NO

IF YES, TICK THE ONE THAT APPLIES

- | | | |
|--|--|---|
| <input type="checkbox"/> BEHIND-THE-EAR HEARING AIDS | <input type="checkbox"/> COCHLEAR IMPLANT-BODY | <input type="checkbox"/> MY DEVICE HAS TELECOILS |
| <input type="checkbox"/> IN-THE-EAR HEARING AIDS | <input type="checkbox"/> WORN PROCESSOR | <input type="checkbox"/> COCHLEAR IMPLANT-EAR LEVEL PROCESSOR |
| <input type="checkbox"/> MY DEVICE HAS A M-T HAS MICRO TELECOIL SWITCH | <input type="checkbox"/> IN-THE-CANAL HEARING AIDS | |

DO THEY HAVE DIRECT AUDIO INPUT (DAI)? YES NO

PLEASE CHECK YOUR PREFERRED METHOD OF COMMUNICATION

- TELEPHONE (WHAT'S UP, VIBER) SKYPE EMAIL

WHAT TYPES OF OTHER AUXILIARY AIDS HAVE YOU USED, IF ANY:

.....
.....
.....

WHAT MEANS OF EXPRESSION AND RECEPTIVE COMMUNICATION DO YOU USE? (CHECK ALL THAT APPLY)

- ORAL COMMUNICATION SPEECH READING SIGN LANGUAGE

PART 3.

PLEASE, CHECK WHICH APPLIES

- MOTORIZED WHEELCHAIR/
SCOOTER PROSTHESIS (SPECIFY):
- MANUAL WHEELCHAIR OTHER (SPECIFY):

DO YOU USE STAIRS? (IF SO, SPECIFY GENERAL NUMBER TOLERABLE):

.....

DO YOU EXPERIENCE ANY OF THE FOLLOWING?

- I HAVE DIFFICULTY STANDING
FOR LONGER PERIODS I HAVE DIFFICULTY TAKING
NOTES IN CLASS
- I TIRE EASILY WHEN I WALK
DISTANCES I HAVE DIFFICULTY
WRITING
- I HAVE DIFFICULTY WALKING
UP/DOWN STAIRS. I UTILIZE ASSISTIVE
TECHNOLOGY
- I HAVE ACADEMIC DIFFICULTIES.
PLEASE DESCRIBE:

PART 4.

VISUAL ACUITY (IF APPLICABLE) LEFT EYE RIGHT EYE

DEGREE OF BLINDNESS TOTAL LIGHT PERCEPTION FORM PERCEPTION

MOBILITY AIDS CANE SERVICE ANIMAL OTHER:

DO YOU USE ASSISTIVE TECHNOLOGY? PLEASE SPECIFY.

.....

DO YOU USE ALTERNATE FORMAT READING MATERIALS? YES NO

IF YES, PLEASE SPECIFY.

.....

.....

V. DISABILITY DOCUMENTATION

PLEASE PROVIDE INFORMATION ABOUT THE DISABILITY DOCUMENTATION YOU WILL BE SUBMITTING TO OUR OFFICE. NOTE YOU ARE RESPONSIBLE FOR ENSURING YOUR DOCUMENTATION MEETS KASA HIGHS CHOOOL REGULATIONS (www.kasahighschool.ac.cy).

NAME OF PROVIDER: **DATE OF DOCUMENTATION:**

TYPE OF DOCUMENTATION:

- | | |
|---|--|
| <input type="checkbox"/> LEARNING DISABILITY, AD/HD, PSYCHO-EDUCATIONAL, OR NEUROPSYCHOLOGICAL EVALUATION | <input type="checkbox"/> LETTER FROM PREVIOUS SCHOOL CONFIRMING APPROVED DISABILITY ACCOMMODATIONS |
| <input type="checkbox"/> DISABILITY VERIFICATION FORM (AVAILABLE ON DS WEBSITE) | <input type="checkbox"/> LETTER FROM TREATMENT PROVIDER |
| <input type="checkbox"/> OTHER: | |

VI. ACCOMMODATION & SERVICES

PLEASE SPECIFY WHAT ACCOMMODATIONS YOU ARE REQUESTING. DISABILITY SERVICES WILL CONSIDER YOUR REQUEST IN LIGHT OF YOUR DISABILITY AS DESCRIBED IN YOUR SUPPORTING DOCUMENTATION, AND OTHER INFORMATION PROVIDED TO DISABILITY SERVICES, AS WELL AS THE REQUIREMENTS OF YOUR SPECIFIC ACADEMIC PROGRAM.

TESTING ACCOMMODATION

- | | |
|---|---|
| <input type="checkbox"/> EXTENDED TIME FOR IN-CLASS EXAMS AND QUIZZES: | <input type="checkbox"/> USE OF COMPUTER FOR EXAMS |
| <input type="checkbox"/> SMALLER PROCTORED ENVIRONMENT | <input type="checkbox"/> "STOP THE CLOCK" REST BREAKS: UP TO 15 MINUTES PER HOUR OF EXAM TIME |
| <input type="checkbox"/> SCRIBE FOR EXAMS (ANSWER RECORDED/WRITTEN FOR STUDENT) | <input type="checkbox"/> OTHER: |

CLASSROOM ACCOMMODATION

- | | |
|--|---|
| <input type="checkbox"/> NOTE-TAKING SERVICES | <input type="checkbox"/> ACCESSIBLE CLASSROOM AND FURNITURE |
| <input type="checkbox"/> PERMISSION TO USE LAPTOP FOR NOTE-TAKING IN CLASS | <input type="checkbox"/> OTHER: |
| <input type="checkbox"/> PERMISSION TO TAPE RECORD LECTURES | |

COMMUNICATION/TECHNOLOGY ACCOMMODATION

- | | |
|--|---|
| <input type="checkbox"/> SIGN-LANGUAGE INTERPRETERS | <input type="checkbox"/> CAPTIONED VIDEOS, PODCASTS, OR OTHER MEDIA |
| <input type="checkbox"/> ASSISTIVE LISTENING DEVICES (E.G. FM OR INFRARED SYSTEMS) | <input type="checkbox"/> AUDIO FORMAT |
| <input type="checkbox"/> REAL TIME CAPTIONING (CART) | <input type="checkbox"/> OTHER: |

I AM NOT REQUESTING ACCOMMODATIONS AT THIS TIME BUT WOULD LIKE TO REGISTER GIVEN THE CHANGING NATURE OF MY DISABILITY

I'M NOT SURE WHAT I NEED - I'D LIKE TO DISCUSS THIS WITH SOMEONE

STUDENT ACKNOWLEDGEMENT FORM/CONFIDENTIALITY

To facilitate your request for accommodations, "Access" may provide information about your accommodation request and disability-related needs to Organization's officials who have a legitimate educational interest in obtaining the information, including the following persons as deemed necessary:

- Access Liaison officer
- Academic Advisors
- Faculty/Administrators
- Other officials

Disability Services/ Access adheres to the confidentiality standards described in the Organization's Policy on Access to Student Records. Under this Organization's policy, prior written consent by the student may be required before Disability Services/ Access may release disability documentation and/or records to others depending on circumstances.

Please note: This document will serve as written authorization under the Organization's policies for Disability Services/ Access to share information as it deems necessary in order to consider and implement your accommodations.

You understand that this authorization will be deemed effective for the entire period you are studying at Kasa High School and seek the assistance of Disability Services/ Access, unless you otherwise affirmatively revoke your authorization in writing. This authorization begins at the time this form is submitted and applies during your study period with us.

DISCLOSURES TO THIRD PARTIES OUTSIDE CASA COLLEGE

To provide your written consent to disclose medical/disability-related information or medical documents to third parties (outside the educational organisation) that you specify, you must submit a Release Form.

The signing of the Release Form does not automatically extend to parents or other family members. If you wish to grant permission for DS to communicate with your parents or other family members, the names of such individuals must be included in the Release Form.

Your signature below indicates that you have read this information, that you understand the role of the above parties in implementing accommodation(s) based on your documented needs, and that you are hereby authorizing DS to share your disability-related information with the appropriate officials of the organisation for the purpose of addressing your accommodation needs.

.....
SIGNATURE

.....
DATE:

Reminder: It will take up to 3 weeks to review your request, once the Registration Form AND disability documentation are received. Requests will not be considered until both are received.