

# 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: ☐ 1<sup>ST</sup> ☐ 2<sup>ND</sup> ☐ 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 AN M-T 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?  
(TICK THE ONES THAT APPLY)

- ☐ ORAL COMMUNICATION ☐ SPEECH READING ☐ SIGN LANGUAGE

### PART 3.

#### PLEASE CHOOSE THE ONE(S) THAT APPLIES

☐ MOTORIZED WHEELCHAIR/  
SCOOTER

☐ PROSTHESIS (SPECIFY): .....

☐ MANUAL WHEELCHAIR

☐ OTHER (SPECIFY): .....

#### DO YOU TAKE THE STAIRS ON A REGULAR BASIS? (IF SO, HOW MANY STAIRS CAN YOU CLIMB?)

.....

#### DO YOU EXPERIENCE ANY OF THE FOLLOWING?

☐ DIFFICULTY IN STANDING FOR A  
LONG TIME

☐ DIFFICULTY TAKING NOTES  
IN CLASS

☐ GETTING EASILY TIRED WHEN  
WALKING LONG DISTANCES

☐ DIFFICULTY IN WRITING

☐ DIFFICULTY IN WALKING UP/  
DOWN THE STAIRS

☐ UTILISING ASSISTIVE  
TECHNOLOGY

☐ 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 THAT YOU ARE RESPONSIBLE FOR ENSURING YOUR DOCUMENTATION MEETS THE KASA HIGH SCHOOL REGULATIONS ([www.kasahighschool.ac.cy](http://www.kasahighschool.ac.cy)).

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

### TYPE OF DOCUMENTATION:

☐ LEARNING DISABILITY, AD/HD, PSYCHO-EDUCATIONAL, OR NEUROPSYCHOLOGICAL EVALUATION

☐ LETTER FROM PREVIOUS SCHOOL CONFIRMING APPROVED DISABILITY ACCOMMODATIONS

☐ DISABILITY VERIFICATION FORM (AVAILABLE ON DS WEBSITE)

☐ LETTER FROM TREATMENT PROVIDER

☐ OTHER: .....

## VI. ACCOMMODATION & SERVICES

PLEASE SPECIFY WHAT ACCOMMODATIONS YOU REQUEST. 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 COURSE.

### TESTING ACCOMMODATION

☐ EXTENDED TIME FOR IN-CLASS EXAMS AND QUIZZES

☐ USE OF COMPUTER FOR EXAMS

☐ SMALLER PROCTORED ENVIRONMENT

☐ "STOP THE CLOCK" REST BREAKS: UP TO 15 MINUTES PER HOUR OF EXAM TIME

☐ SCRIBER FOR EXAMS (ANSWER RECORDED/WRITTEN FOR STUDENT)

☐ OTHER: .....

### CLASSROOM ACCOMMODATION

☐ NOTE-TAKING SERVICES

☐ ACCESSIBLE CLASSROOM AND FURNITURE

☐ PERMISSION TO USE LAPTOP FOR NOTE-TAKING IN CLASS

☐ OTHER: .....

☐ PERMISSION TO RECORD LECTURES

### COMMUNICATION/TECHNOLOGY ACCOMMODATION

☐ SIGN-LANGUAGE INTERPRETERS

☐ CAPTIONED VIDEOS, PODCASTS, OR OTHER MEDIA

☐ ASSISTIVE LISTENING DEVICES (E.G. FM OR INFRARED SYSTEMS)

☐ AUDIO FORMAT

☐ REAL TIME CAPTIONING (CART)

☐ OTHER: .....

☐ I DO NOT REQUEST ACCOMMODATIONS AT THIS TIME BUT WOULD LIKE TO REGISTER GIVEN THE CHANGING NATURE OF MY DISABILITY

☐ I AM NOT SURE WHAT I NEED - I WOULD LIKE TO DISCUSS THIS WITH SOMEONE

## STUDENT ACKNOWLEDGEMENT FORM/CONFIDENTIALITY

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

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

Disability Services & Access adheres to the confidentiality standards described in the institution's policy on Access to Student Records. Under this 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 authorisation under the institution'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 authorisation 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 affirmatively revoke your authorisation in writing. This authorisation begins as soon as 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 institution) 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 Consent to Release Student's Information.

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 authorising DS to share your disability-related information with the appropriate officials of the institution 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.***