

**YASAR UNIVERSITY**

**UNIT FOR STUDENTS WITH DISABILITY**

STUDENT INFORMATION FORM

This form is intended to use the information given to better aid and support our students, especially who has vision impairment, hearing impairment, physical impairment, communication impairment, learning disabilities and such, by making the applicable adjustments in order to make your academic life in our university easier. The information you give will be confidential and will not be shared with anyone other the authorities.

Thank you.

Unit for Students with Disability

|  |  |
| --- | --- |
| PERSONAL/ EDUCATION | |
| Student’s Name: |  |
| Student ID: |  |
| Faculty/Vocational School/Institute: | Please select: **Bir öğe seçin.** |
| Program: |  |
| Grade: | Please select: **Bir öğe seçin.** |
| Year of Enrollment: |  |
| Name of Academic Advisor: |  |
|  |  |
| CONTACT |  |
| Postal address: |  |
| Mobile number: |  |
| Home number: |  |
| E-mail: | @ |
| Emergency Contact Name: |  |
| Emergency Contact Number: |  |
|  | |
| DISABILITY INFORMATION | |
| Please select those that define your current situation.  Visual impairment  Hearing impairment  Orthopaedical (physical) impairment  Communication impairment (Asperger’s syndrome, autism etc.)  Learning disabilities (dyslexia, dyspraxia, attention deficit/hyperactivity disorder etc.)  Language-speech impairment  Chronic disorders (diabetes, chronic heart failure, epilepsy etc.)  Other (Please specify:      ) | |
| Disability %:  Disability status:  Permanent  Temporary | |
| A short explanation about your condition (definition and main characteristics etc): | |
| Do you have a special doctor, psychologist or specialist assisting you about to your condition? If yes,  Name-Surname :  Occupation :       Phone Number: | |
| Do you use any supporting device or software? Please specify: | |
| Do you have difficulty performing any of these actions? Please mark all areas you have difficulty performing:  Reading  Hearing  Seeing  Writing  Speaking / Comprehending what is spoken  Standing for long periods  Walking  Going up or down the stairs  Ability to use hands  Personal care/needs  Thinking/ coordination  Other (please specify): | |
| If your condition heavily affects your daily life and activities, please describe it shortly:: | |
| If your condition heavily affects (or may affect) your academic performance, please describe it shortly: | |
| During your time in the university, in which topics do you think your condition will cause inconvenience for you?  Access to campus  Access to the buildings and classroom in the campus  Enrolling to the classes  Keeping up with the classes (reading, writing, difficulty remembering, note taking)  Course responsibilities (homework, projects, presentations etc.)  Access to information and tools required  Exams  Social and cultural life  Health services (taking medication, medical aid)  Communicating with academicians, administrators and other students  Personal needs  Other (Please specify): | |
| Do you have specific demands or wishes in areas you may experience trouble? If yes, please specify them below.  1.  2.  3. | |
| Which academic arrangements of the ones specified below do you need, or you might need in our university?  Written lecture notes  Providing class materials in different formats (audio recordings, in Braille format or  electronic format)  A personal assistant for reading/writing in classes and/or exams  A personal assistant for studying  Additional time in exams  Receiving exam materials in different formats  Assistive technological devices/software (recording device, laptop, audiobook etc.)  Special desk/chair, or other accessories  Acess to library resources  Health/psychological consultancy  Campus and university orientation  Other (please specificy): | |
| Is there another subject other than the ones above that you want our help with? If yes, please specify: | |
| Additional Documents | |
| *In order for us to make the proper arrangements and applicable adjustments to your requirements, you must send your current Disability Health Report to our unit.* | |
| Health Report  A valid official medical report prepared by a doctor who is expert in your condition, containing as much detailed information as possible: Last consultation date; the diagnosis and the diagnosis date; the impairment rating; the current effects of the condition- including its restrictions on the process of learning; current treatment; medications you are taking; important side effects of these medications; assistive equipment and services; the duration and permanence of the condition, or the likelihood of it worsening; your doctor’s suggestions on academic regulations. | |
| Additional Letters  A letter provided by the institution you have studied before, including the academic arrangements that have been provided by this institution. | |

Date:

After completing the form, please send it to our department with your health report (contact info below).

CONTACT INFO:

**E-mail:** eob@yasar.edu.tr

**Phone number:** +90 (232) 570 70 00 (Extension number: Fikret Atalanlı)

**Address:** YU - Unit for Students with Disability

Yasar University, Department of Health, Culture and Sport

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Bornova, İZMİR