Questionnaire for Students with Disabilities

If you have a disability, this form is an opportunity to let the University have a better understanding of what help you may need so that we can provide appropriate assistance to facilitate your learning here.

The information collected in this form will be used by different facility centres and departments of the University for offering of assistance to disabled students and for statistical purpose. The Academic Regulations and Records Office (ARRO) will co-ordinate the collection of such information and make appropriate referrals to the teaching department, and other service providers such as the Library and Student Development Services. All information collected will be kept confidential and used on a need-to-know basis. Whilst there are limits to the level and amount of services which can be provided, individual departments may contact you further to discuss the services and assistance they can offer.

After completing the form, please return it with medical confirmation or other supporting documents to the ARRO Service Centre. For special arrangement in examination and assessments, this questionnaire must reach ARRO before the end of Week 2 of Semester A/B or Summer term, otherwise special arrangement will not be provided. Thank you for your co-operation.

Student Name: ___________________________ Student No. ___________________________
Day time Telephone No.: ___________________________ CityU E-mail Address: ___________________________

Programme and Major (Code and Title): __________________________________________

1. What is your disability? (Please select the most suitable description)
   - Autism
   - Attention Deficit/Hyperactivity Disorder
   - Colour Blind
   - Hearing Impaired
   - Mental Illness
   - Physical Disability
   - Specific Learning Difficulties
   - Speech Impaired
   - Visceral Disability
   - Visually Impaired
   - Others, please specify: ___________________________

2. Do you need special assistance for travelling to the campus? If yes, how is it arranged?
   __________________________________________
   __________________________________________

3. Do you need special arrangements when attending lectures?
   __________________________________________
   __________________________________________
4. Do you need assistance or special equipment in your studies and in completing course assignments?

________________________________________________________________________

________________________________________________________________________

5. Do you envisage any activities in your study programme that you cannot attend, such as field trips, laboratory work, etc.?

________________________________________________________________________

________________________________________________________________________

6. Do you need special arrangements for examinations? (Please tick the appropriate box(es))
   
   □ Taking the examinations in a separate room
   □ Allowing extra examination time? Please specify: _____________________________
   □ Providing additional or special equipment, please specify: ____________________

________________________________________________________________________

□ Allowing rest breaks? (not to be counted in examination time) Please specify: __________________________
□ Others, please specify: __________________________

________________________________________________________________________

_______________________________________  __________________________
Signature of student                     Date

(For Home Department’s Use only)

Paragraph 12.5 of the “University Assessment Policy and Principles for Taught Programmes” states that “Departments, in consultation with the Student Development Services, should make justifiable adjustments to assessment procedures to ensure that disabled persons have an equality of opportunity when undergoing assessments.” Students’ home departments are required to determine such arrangements for individual disabled students and then notify ARRO. The arrangements will apply to all courses during the student’s study.

Special arrangements approved for the student:

□ Taking the examinations in a separate room
□ Allowing extra examination time? Please specify: _____________________________
□ Providing additional or special equipment, please specify: ____________________

________________________________________________________________________

□ Allowing rest breaks? (not to be counted in examination time) Please specify: __________________________
□ Others, please specify: __________________________

________________________________________________________________________

_______________________________________  __________________________
Signature of Head of Department                     Date