Sabancı University Special Needs

STUDENT APPLICATION FORM

In order to benefit from the support offered by Sabancı University, the document should be filled thoroughly. The information you give will be confidential unless you explicitly wish otherwise. Please send the completed form to specialneeds@sabanciuniv.edu with the subject "Application".

INFORMATION FORM

Dear Student,

Thank you very much for contacting Sabancı University's Student with Special Needs Support Unit (SSN). Filling this form will enable you to get all the assistance you need. The information you give will not be used for any other purpose nor will it be published or used without your signed permission.

This document can also be forwarded to the Student with Special Needs Support Unit after the completion of your registration procedure.

I- GENERAL INFORMATION

Name and Surname: Sex: Date of Birth: Telephone: E-Mail Address:	Address: Faculty / Program: Grade: Advisor:

II- INFORMATION ABOUT YOUR DISABILITY

1. Please choose your own disability condition(s)

___ Learning Disabilities ___ Attention Deficit/ Hyperactivity Disorder ___ Visually Impaired ___ Hearing Impaired	___ Mobility Impaired (Orthopedic Disadvantage) ___ Speech Impaired ___ Psychological Problems ___ Chronic illness / Health problem ___ Other .....

2. Do you have a special doctor or specialist assisting you with respect to your disability?

If yes, area of specialty and name / surname :	Telephone:

3. If you have a condition related to Learning Disability (LD), Attention Deficit Hyperactivity Disorder (ADHD), Speech Impairment (SI), Temporary Deficiencies (TD) (short-term disadvantages caused by accident, etc.), Chronic Illness (CI) or Psychological Problems (PP);

Diagnosis_____

By whom (name of the specialist and institution)_____

Date of diagnosis _____

Assistance given by whom (name of the specialist and institution)_____

4. If you have a Hearing Impairment (HI);

Do you have a medical report? ___ Yes ___ No

Do you have an audio/hearing device? ___ Yes ___ No

If you have other support devices, please write them _____

How do you communicate with other people? (Specify all the methods you employ)

___Verbal Communication. ___Lip/ Mouth Reading. ___Sign Language. ___ Other (indicate) _____

5. If you have a Mobility Impairment (MI);

Do you have a medical report? ___ Yes ___ No

Devices you use:

___Prosthesis. ___Crutch. ___Wheelchair. ___Other (indicate) _____

6. If you have a Visual Impairment (VI);

Do you have a medical report? ___ Yes ___ No

Level: ___ Total ___ Perception of Light ___ Perception of Image/Figure

Support devices:_____

Education Scale: Place _____ Time _____ Length_____

7. Please mark below the areas you think the university could take measures to improve your academic and social life? (You can choose more than one.)

___ Access to Buildings / Classes ___ Course Material (Braille, recording devices, etc.) ___ Following lectures (someone to help you take notes, computer, recording devices, etc.) ___ Housing facilities (student clubs, sport center, restaurants etc.) ___ Exams (alternative testing materials, duration of examination, computer etc.)	_____Communication _____Health services _____Psychological counseling _____Other (please indicate)

Date_____ **Name Surname / Signature** _____

***** You will need to provide official documents in order to receive some of the services (for example, visual acuity test results for VI, medical report for any chronic illnesses, hearing test results etc.).**

Student with Special Needs Support Unit
University Center Building, Room 1037
Telephone: 0216 483 9481 Indoor: 9481 E-Mail: specialneeds@sabancıuniv.edu