



**Disability
AGREEMENT FORM**

This form is filled in by the student and the tutor.

N.B. this form is valid only if accompanied by the mandatory certification.

The student declares to have deposited a copy of the disability certificate (issued by the competent LHA and currently valid) with the Secretariat and sent it to the Desk.

The student declares to have attached other suitable documentation proving the specific difficulties and/or functional diagnosis.

Tutor assignee _____

STUDENT DATA

Surname	
Name	
Matriculation number	
Department	
Degree Course	
Year of enrolment	



Type of disability

Date of certification:	
Issued by:	
Deposited at the Student Secretariat on:	

Certification details:

Percentage of disability if any	
Type of disability	
Enter the limitations resulting from the disability for which support is required	



AGREEMENT

Yes	No	Measures and services
		a) additional time for the written exam (min. 30% - max 50%)
		<i>Please indicate the %</i>
		b) reduction of the contents of the test to be performed (min. 25% - max. 40%)
		<i>Please indicate the %</i>
N. B. Even if both the measures (a) and (b) above are selected in the agreement, they shall be understood to be ALTERNATIVE on the same exam/test.		
		Possibility of conversion from written into oral mode
		Evaluation of content rather than form
		Using concept maps, diagrams, forms
		Using the computer to write (to be agreed with the teacher)
		Request for books in PDF format
		Attendance allowance
		Other requests – please specify *



NOTES:	
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* In case of additional requests, the teacher evaluates if they are compatible with the type of exam, the program and the way the preparation is assessed and, if so, he/she eventually grants them.

In the specific case of a request for **forms/diagrams/concept maps**, the teacher must be able to view them before the date of the exam (by email or interview) and assess their content in order to understand whether the use of this measure can actually compensate for the specific difficulty without being a means of facilitating the contents of the test. In this regard, the student undertakes to send this material to the tutor **at least 10 days before the exam or mid-term exam**. The material submitted after this date will not be taken into consideration.

The data collected with this form will be treated respecting the privacy of the student and in compliance with current legislation.

Date ___/___/20___

Student signature _____

<p>Approved by the Specific Learning Disorder and Disability Commission on ___ ___/___/20___</p> <p>Minutes No. ___/20___</p>
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Annex - Information on previous education

Any Personalized Educational Plan issued by the school to which you belong or measures granted by the University of origin:

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Information on the Institute/Academy of origin (please indicate any contact person)

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Teaching aids received (staff, teaching aids, specific study methodologies, etc.).

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Any aids used during the tests

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Subjects for which interventions/supports were required

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OTHER/NOTE:

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