

# Statement of Supports Form

For use when a student who is receiving supports in the Disability Support Service (DSS), Cork Institute of Technology (CIT), Ireland and is moving from Cork Institute of Technology to another higher education institution (HEI) in another country.



OR When a student is moving from another higher education institution in another country to Cork Institute of Technology and requires support from CIT DSS.

**NB Student must contact the relevant Disability Support Service with permission to disclose details.**

## Section 1 – Details of student and institutions involved in transfer

Name of Student	
Date of Birth	
Nature of learning difference, health condition or disability	
Student Number (at previous HEI)	
Name of HEI or College before transfer	
Name of HEI or College being transferred to	
Contact person in above institution	

## Section 2 – Details of accommodations/support received

Was the student funded for supports in CIT or HEI? (Please indicate which funding)	<b>Yes</b>	<b>No</b>
<b>Personal supports</b>	<b>Yes</b>	<b>No</b>
Academic Assistant	hours per week	
Library Assistant	hours per week	
Personal Assistant	hours per week	
Mobility orientation		
Notetaker		
Sign language interpreter		
Speed text		
Material in alternative format		
Other		

Exam accommodations	Yes	No
Extra time	minutes per hour	
Reading software (text to speech)		
Use of computer		
Scribe		
Smaller shared centre		
Individual centre (not shared)		
Sign language interpreter/ speedtext		
Equipment (chair, keyboard)		
Other (please specify)		
<b>Section 3 – Details of Equipment received from DSS</b>		
Equipment	Received	Retained by student
Laptop		
iPad/tablet		
Livescribe pen / Recording device		
Magnifying device		
Audio amplification aid		
Other equipment ( please give details)		
<b>Software</b>		
Reading software (please specify)		
Proofreading software (please specify)		
Dragon		
Jaws		
Zoomtext		
Mobile apps		
<b>Training</b>		
Detail any training received in the use of equipment/software		
<b>Section 4 – Other information relating to supports received</b>		
<b>Needs Assessment Summary Report attached?</b>	<b>Yes</b>	<b>No</b>
<b>Documents providing diagnosis of learning difference, health condition or disability attached?</b>	<b>Yes</b>	<b>No</b>
<b>Other</b>		
<b>Statement on any of the above if necessary and/or any relevant information?</b>		
<b>I can confirm that the information is correct and can be provided to the host institution:</b>		
<b>Signature of Student:</b>	<b>Signature of Disability Advisor:</b>	
<b>Date:</b>	<b>Date:</b>	