|  |
| --- |
| **Statement of Supports Form** For use when a student who is receiving supports in the Disability Support Service (DSS), Munster Technological University (MTU), Ireland and is moving from MTU to another higher education institution (HEI) in another country.OR When a student is moving from another higher education institution in another country to Munster Technological University and requires support from MTU 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 University before transfer |  |
| Name of HEI or University being transferred to |  |
| Contact person in above institution |  |
| **Section 2 – Details of accommodations/support received** |
| Was the student funded for supports in MTU or HEI? (Please indicate which funding) | **Yes** | **No** |
|  |
| **Personal supports** | **Yes** | **No** |
| 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) |  |  |
|  |
| **Section 3 – Details of Equipment received from DSS** |
| **Equipment** | **Received** | **Retained by student** |
| Laptop |  |  |
| iPad/tablet |  |  |
| Livescribe pen / Recording device |  |  |
| Magnifying device |  |  |
| Audio amplification aid  |  |  |
| Other equipment ( please give details) |  |  |
|  |  |  |
| **Software** |  |  |
| Reading software (please specify) |  |  |
| Proofreading software (please specify) |  |  |
| Dragon |  |  |
| Jaws |  |  |
| Zoomtext |  |  |
| Mobile apps |  |  |
|  |  |  |
| **Training**  |  |  |
| Detail any training received in the use of equipment/software |  |
|  |
| **Section 4 – Other information relating to supports received** |
| **Needs Assessment Summary Report attached?** | **Yes** | **No** |
| **Documents providing diagnosis of learning difference, health condition or disability attached?**  | **Yes** | **No** |
| **Other** |  |  |
|  |
| **Statement on any of the above if necessary and/or any relevant information?** |
|  |
| **I can confirm that the information is correct and can be provided to the host institution:** |
| **Signature of Student:** | **Signature of Disability Advisor:** |
|  |  |
| **Date:**  | **Date:** |