



ReF: "Activity and Participation Restrictions' Registration Form for Students with Disabilities, Disorders, Learning Difficulties or Chronic Diseases"

Protocol number (To be filled out by Accessibility Unit's staff only).

Date (To be filled out by Accessibility Unit's staff only).

Has the student completed his/her studies? (To be filled out by Accessibility Unit's staff).

Yes

No

The purpose of the **Activity and Participation Restrictions' Registration Form for Students** is to enable the Accessibility Unit to stay in contact with and provide better services to students with disabilities, disorders, learning difficulties or chronic diseases (SwD). Each SwD's personal data entered in the Registration Form are safeguarded by the ERMOFILOS system and can be accessed only by the Accessibility Unit's staff and the Counseling Professor of each student's department/faculty. Personal data are not disclosed to any third party. The collected data may be used for statistical purposes, i.e. to draw up anonymized statistical reports used for the University's or State's information about the students studying at the NKUA.

Fields marked with an asterisk (*) or within red border are required.

Part A. General Information

Name*

Surname*

Father's Name*

Date of Birth*

Gender

Male

Female

Identity or Passport Number*

Social Security Registration Number*

A.1. Study-related Information

Education level*

Registration Number*

Department/Faculty*

Year of Registration*

How did you enter the University?

National (Panhellenic) Exams

Benefiting from the legal regulation providing additional 5% quota for persons with disabilities in Higher Education Institutions (even after transfer).

Other

Please, specify

Current semester number*

Postgraduate program of study (mandatory field for postgraduate students)

How many courses have you successfully completed so far?

When was the last time you took an exam (year)?

A.2. Contact Information

Home Phone Number*

Mobile Phone Number*

Emergency Phone Number (write an alternative phone number, if there is one).*

E-mail address (fill in the e-mail address you submitted to your department's/faculty's secretariat to get access to the e-class of the NKUA).*

Alternative e-mail address (fill in the e-mail address you use for your daily communication).

Teleconference Application Username

Messenger

Skype

WhatsApp

Viber Yes No

If you use any other application, please fill in the name of the application and your username.

A.3. Home Address

Street and Number*

City*

Postcode*

Part B. Information about disabilities, disorders, learning difficulties and chronic diseases

B.0. Diagnosis

Fill in the description of your disability, condition, disorder or learning difficulty, as mentioned in the official attestation/documentation.

Fill in the date of issue and the name/description of the healthcare provider who issued the attestation/documentation.

B.1. Description

Choose the description of your condition or learning difficulty.*

Which of the following conditions are true in relation to your disability, chronic disease, disorder or learning disability?*

- Blindness
- Low vision – low visual acuity
- Deafness
- Hearing loss
- Loss of speech
- Dysarthria
- Upper and lower extremities physical disability
- Upper extremities physical disability
- Lower extremities physical disability
- Attention deficit with or without hyperactivity disorder
- Pervasive neurodevelopmental disorders – autism– Asperger syndrome
- Dysanagnosia
- Dyscalculia
- Dysgraphia
- Chronic/serious disease
- Psychosocial disorders

In which period of your life did you acquire the disability, condition, disorder or learning difficulty?*

In which year did you acquire the condition or learning difficulty?*

Do you use any assistive device and, if so, what is it? (e.g. hearing aid, wheelchair)?

Which of the following are true in your case?

- I am a user of the Greek Sign Language (GSL).
 - I am familiar with and I use of the braille code.
 - I am familiar with and I use the Nemeth mathematical braille code.
 - I have been trained in Orientation and Mobility techniques.
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B.2. Capacity Levels

Indicate your capacity level in each of the following functions.

Seeing: the ability to sense the form, size, shape, and colour of the visual stimuli as well as to read printed material. *

Hearing: the ability to discriminate the loudness, pitch, location and quality of sounds and human speech.*

Speech: the ability to articulate and produce speech sounds, which can be understood by others.*

Mobility: the ability to walk, climb stairs, climb, stoop and balance.*

Fine hand use: the ability to handle objects, pick them up and manipulate them; also, the ability for handwriting and using printed material (e.g. books, newspapers, documents).*

Part C. Activity Limitations and Participation Restrictions

C.1. Commuting to the University

Which of the following are true in your case?

The route from my residence to the university premises is not accessible.

My condition or the medication I receive affects my memory and/or orientation.

My condition or the medication I receive affects my ability to walk.

I occasionally need escort in order to walk.

I cannot walk without escort.

I cannot walk without being transported by a suitable vehicle.

How do you commute to the university?

With my private car

With someone else's private car

Public transportation

With hired car

What is the maximum distance you can walk with or without an escort and in which spaces exactly do you need an escort?

C.2. Spatial Accessibility

In which of the following spaces of your department/faculty is your access difficult or problematic?

Outdoors

Entrance

Stairs

Corridors

Wheelchair lift

Elevators

Classrooms

Lecture Halls

Laboratories

Toilets

University canteen

Secretariat

Library

Which spaces of the department/faculty in which you study, are not accessible at all and why?

C.3. Participation in lectures, laboratory practical work or other educational activities

Assess your performance in the following activities regarding your participation in the educational procedure (0 "not at all" to 5 "perfect").

I hear and understand what the instructor says.

I see and understand what is written on the blackboard.

I see, read and understand what is being projected or presented on a screen by the instructor.

I formulate questions to the instructor.

I take notes during the lecture/seminar etc.

I remain focused and still during the lecture/seminar etc.

I participate in laboratory practical work or clinical exercises.

I have no problem being in a crowded place.

I submit the assignments given by the instructor.

I cooperate with others in group laboratory exercises/experiments/ assignments.

Please, mention other activities, in which you face difficulties, if there are any, and propose possible accommodations or adjustments to overcome them and improve your participation in the educational procedure.

C.4. Studying and submitting assignments

Assess your performance in the following activities related to studying and submitting assignments (0 "not at all" to 5 "perfect").

I gather the educational material from all sources (e.g. academic textbooks, e-class).

I organize my studying.

I have full access to the educational material, because it is in accessible form.

I handle educational material (e.g. browsing books).

I am concentrated when I study.

I understand the educational material (i.e. I don't have cognitive difficulties).

I am able to memorize the educational material (i.e. I have strong memory).

I cooperate with others in group assignments.

I submit the assignments given by the instructor.

Please, mention other activities, in which you face difficulties, if there are any, and propose possible accommodations or adjustments to overcome them and improve your studying and assignment submitting.

C.5. Socialization

Asses your socialization within the university community (0 "not at all" to 5 "perfect").

I participate in oral conversations.

I participate in written conversations.

I initiate conversations with my fellow students.

I take part in conversations that involve many people.

I do not face negative attitudes from my fellow students.

Please, mention other activities, in which you face difficulties, if there are any, and propose possible accommodations or adjustments to overcome them and improve your socialization.

C.6. Participating in Exams

Which accommodations or adjustments can, in your opinion, contribute to your uninterrupted participation in the exams?

Writing using a computer.

Using assistive devices (e.g. magnifier).

Writing with writing assistance.

Reading with reading assistance.

Using Greek Sign Language Interpreter.

Having the exam questions in accessible format (e.g. braille, accessible MS Word document).

Taking extra time for the exam.

Having short periods of rest time (breaks) during the exam.

Taking the exam in a separate room.

Taking the exam in a room without many other people.

Taking the exam in an accessible room.

Notifying the examiner about my learning difficulty, so that mistakes resulting from it won't be taken into account (e.g. wrong spelling).

Please mention other solutions, that could contribute to your uninterrupted participation in the exams.

Part D. Computers (PCs)

If you own any of the following devices, please complete the features requested.

Desktop's brand and operating system

Laptop's brand and operating system

Tablet's brand, model and operating system

Smartphone's brand, model and operating system

If you are not a PC user, please choose among the following reasons.

I do not know how to use it.

I have never needed it so far.

I do not own a PC.

I cannot use a PC.

Do you have any difficulty or are you not able to use any of the following parts of a PC?

Keyboard

Mouse

Screen

Speakers

Printer

Scanner

Please explain what makes their use difficult for you.

Which of the following software do you not know how to use?

MS Word

MS Excel

MS PowerPoint

E-mail Client

Web Browser

Part E. Assistive Technologies (AT)

If you use any assistive technology software (e.g. text-to-speech system, screen reader, virtual keyboard) and/or any assistive device (e.g. switches, braille display, magnifier), please name them (e.g. NVDA 2018.3 and Braille ALVA USB 640 Comfort).

I want my capacities to be assessed and to get suggestions for Assistive Technologies.

I have taken part in Assistive Technologies' Assessment.

Date of participation

Part F. Academic Textbooks

Which of the following are true in your case?

I can apply for my academic textbooks through the platform EUDOXUS myself.

I can collect my academic textbooks from the distribution points of the publishing houses myself.

I need my academic textbooks to be in an accessible format.

I can apply for accessible academic textbooks on the platform ERMOFILOS myself.

If you need academic textbooks in an accessible format, which of the following formats do you prefer?

Rich Text Format (.docx)

MS Word Document (.docx)

Large print (.docx)

Audio files with synthesized speech (.mp3)

Digital audio book (DAISY)

Digital accessible book (EPUB)

Braille-ready format (.brf)

Digital form for embossed shapes (.jpg)

Portable Document Format (.pdf)

Plain text (.docx)

LaTeX math files (.tex)

Midi files for music sheets (.midi)

If you have chosen large print format, name your preferable font family and font size.

Part G. Epilogue

Do you have any further suggestions and/or remarks on any of the abovementioned topics (e.g. accessibility, lectures/seminars etc.)?

Name and Surname of the Assistant-Editor

Notice concerning personal data collection and processing:

The Accessibility Unit for Students with Disabilities of the National and Kapodistrian University of Athens (NKUA) informs you, that the personal data you have disclosed above (both general data and data of special categories) are collected and processed by the Unit only for the purpose of providing its services, as described in detail on the Accessibility Unit's homepage access.uoa.gr, within the framework of fulfilling its obligations towards the University's students and staff, as they are foreseen by the law. The collection and processing of your personal data occurs in accordance with Article 6, paragraph 1, point (c) and Article 9, paragraph 2, point (g) of the General Regulation 2016/679. Your personal data will remain available to the University for the time period defined by the legal and regulatory framework in each case and, after that, they will be erased. During that period of time your personal data will be available to the University's staff as part of fulfilling the duties given to it by the University, which is the processing controller. During that time, in which your personal data are available to the University, you may exercise your rights of access, rectification, updating, restriction of processing, objection and portability according to the terms of the General Data Protection Regulation of the European Union (2016/679). You also have the right to refer to the Personal Data Protection Agency (www.dpa.gr). You can contact the Accessibility Unit per e-mail at access@uoa.gr. The NKUA has appointed a Data Protection Officer, who can be reached at dpo@uoa.gr.

After filling out the ReF, send it followed by your photo and your Medical Certificates to the e-mail address of the Accessibility Unit: access@uoa.gr.

Name and Surname*

Date*

I have read, understood and accept the abovementioned and submit the Activity and Participation Restrictions' Registration Form for Students and the relevant medical attestations/documentations.*