

Confirmation on functional impairments relevant to studies (SL/P11)

This confirmation serves as basis to adapt the mode of assessment for students of the University of Vienna.

Please do not disclose any diagnosis or anamnesis.
Only functional impairments that impact studies are relevant here.

Student details

Last name, first name:	
Student ID number:	
E-mail:	Telephone number (optional):

Details on functional impairments impacting studies on a physical, psychological, cognitive and/or social level (please tick as appropriate and add as needed)

Gross motor skills			
<input type="checkbox"/> Running	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Walking	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Sitting	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Standing	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
Fine motor skills			
<input type="checkbox"/> Speaking impairment or disorder	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Fine motor skills (hand/finger) <input type="checkbox"/> right	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> left	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
Hearing impairment			
<input type="checkbox"/> Slight (up to 30dB)	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Medium (30-60dB)	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Severe (60-90dB)	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Deaf (above 90dB)	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary



Student

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Student ID number:

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Visual impairment

<input type="checkbox"/> Restricted contrast viewing	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Restricted colour vision	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Restricted visual field	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Profound visual impairment (Acc. to the Federal Care Allowance Act, section 4a, para. 4 and para. 5)	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Blindness (According to the Federal Care Allowance Act, section 4a, para. 4 and para. 5)	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary

Further somatic symptoms in the area of:

<input type="checkbox"/> Digestive system	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Respiratory system	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Cardiovascular system	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Nervous system	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary

Further specific symptoms

<input type="checkbox"/> Pain	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Dizziness	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Exhaustion	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary

Cognitive and mental symptoms in the area/s of:

<input type="checkbox"/> Reading	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Spelling	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Calculating	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Executive functions	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Orientation (temporal, spatial, situational, person)	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Attention and concentration	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Stimulus and/or psychomotor skills	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Sensoric sensibility	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Understanding of social situations	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Anxiety in performance situations	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Anxiety in social situations	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Anxiety and compulsions	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Affectivity	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Consciousness	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Perception	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Formal thinking	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary
<input type="checkbox"/> Other symptoms	<input type="checkbox"/> permanent	<input type="checkbox"/> episodic/selective	<input type="checkbox"/> predictable/temporary



Student

Name:

Student ID number:

Details on functional impairments impacting studies on a physical, psychological, cognitive and/or social level (please tick as appropriate and add as needed)

Other impairments impacting studies

permanent episodic/selective predictable/temporary

permanent episodic/selective predictable/temporary

Implications of impairments on studies (please tick as appropriate and add as needed)

The mentioned impairments mean that it is **not** possible to perform as specified in the curriculum, concerning attendance, examination, assignments, group work, written papers, presentations, excursions, time management, study organisation, for the following reasons:

Expected duration of the impact permanent episodic/selective predictable/temporary



Student

Name:

Student ID number:

Recommendation to disadvantage compensation (please tick as appropriate and add as needed)

Please consider that this is only a recommendation and that alternative modes of assessment must be in line with the learning outcomes of the individual curriculum and be feasible.

<input type="checkbox"/> Extended deadlines
<input type="checkbox"/> Additional absence if necessary and to an allowed extent
<input type="checkbox"/> Changes in the type of examination: <input type="checkbox"/> Written instead of oral examinations
<input type="checkbox"/> Oral instead of written examinations
<input type="checkbox"/> Substitute performance instead of oral presentations
<input type="checkbox"/> Substitute performance instead of assignments
<input type="checkbox"/> Substitute performance instead of oral contributions
<input type="checkbox"/> Substitute performance instead of attendance during excursions
<input type="checkbox"/> Individual work or pair work, if at all, instead of group work
<input type="checkbox"/> Group work instead of individual work
<input type="checkbox"/> Accessible preparation of the course material
<input type="checkbox"/> Accessible preparation of the examination papers
<input type="checkbox"/> Extension of examination time
<input type="checkbox"/> Preparation time before oral examinations
<input type="checkbox"/> Extension of preparation time before oral examinations
<input type="checkbox"/> Extension of examination time during oral examinations
<input type="checkbox"/> Breaks during the examination that do not count as examination time
<input type="checkbox"/> Examinations in a separate room with separate supervision
<input type="checkbox"/> Use of a laptop or computer (incl. screen reader, magnifying glass or other programs and assistive technology) during written examinations
<input type="checkbox"/> Writing assistance during written examinations
<input type="checkbox"/> Use of noise-cancelling headphones
<input type="checkbox"/> Other:

Confirmation by a specialised physician/institution focussing on clinical psychology/psychotherapy/clinical psychologist/psychotherapist (no general practitioner)

Last name, first name:		
Specialisation:		
Adress:	Street, house number:	
	Postal code:	City:
Date	Stamp	Signature