### St. Xavier's College (Autonomous) Mumbai,



### **Inclusive Education Accommodation Continuation Form**

St. Xavier's College is committed to Inclusive Education for all students on campus. In order to ensure the best quality for all students including students with disabilities, it is imperative for students with disabilities who seek to have any accommodations during their course of study to fill and submit the Accommodation Intake Form within the first 15 days from having secured admission (for new students) and within 15 days from the start of the new academic year (For Continuing students). In exceptional cases where an unaccounted need arises in the middle of the year, the student is to reach out for filling a continuation form at the beginning of the new semester within 15 days at the start of the semester. Please Note that no middle of the semester changes will be permitted.

In using these procedures and forms, it is important to keep in mind that we need to work together so that the quality of accommodations meets your disability-related needs. This is a joint responsibility between each student and the College. So please ensure that you start and complete this process on time and in case of any queries for filling the form contact us immediately. Any delays in not meeting the deadline to submit the form will be taken as the student not needing any accommodation. It should be kept in mind that in the event that the student has not filled the accommodation intake form, the college is then not mandated to provide any accommodation services. Please also note that the college strives to provide these services to the best extent possible. Hence there might be times where on account of various exigencies all the services may not be possible. Please bear with us.

## **Section 1: Basic Information**

Name:

Year of Study:

Specific Papers Taken with Course Codes (Senior College):

Subjects Taken (Junior College)

Email Id:

**Contact No:** 

**UID No (Senior College):** 

#### **Roll No (Junior College):**

**Disability Type:** (Please tick the disability appropriate to you)

- □ Locomotor including Orthopedic Disability
- Leprosy Cured
- Cerebral Palsy
- Dwarfism
- Muscular dystrophy
- Acid Attack victims
- Blindness
- Low Vision

- □ Hearing impaired (deaf and hard of hearing)
- □ Speech and language disability
- □ Intellectual Disability/Slow Learners
- □ Specific learning disabilities
- □ Autism spectrum disorder
- □ Multiple disabilities including deaf-blindness
- Mental Illness
- □ Chronic neurological condition
- Multiple sclerosis
- □ Parkinson's disease
- □ Haemophilia
- □ Thalassemia
- □ Sickle cell disease

# Section 2: ACCOMODATION REQUEST

Please Select the Appropriate Option:

- I would like to request no additional accommodation compared to my last academic year.
  Please issue me the same accommodations
- □ I would like to Request for changes in my accommodations

If selected for changes, please fill Continuation Form Annexure I.