St. Xavier's College (Autonomous) Mumbai,



Inclusive Education Accommodation Intake Form Junior College: 2018-19

St. Xavier's College is committed to Inclusive Education for all students on campus. In order to ensure the best quality for all 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 the Accommodation Continuation Form within 15 days from the start of the new academic year (For Continuing students). The Intake/Continuation forms are filled for the complete academic year at the beginning of the year (for both semesters). 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.

Name: Year of Study: **Subjects of Study: Email Id: Contact No: Roll No: 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

Section 1: Basic Information

 □ 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 		
*Please attach a copy of your disability certificate here		
Any other Medical condition that the College should know about? Please specify:		
Section 2: Current Status (Please attach a separate sheet if the space below does not suffice)		
1. State below the current examination accommodation used (List the accommodations taken for the last exam taken.)		
2. State below the current study practices: s		
 Your preferred way of reading books and textual content: Braille/Large Font /Ink Print Books/Audio Books/E Books/Human Readers/simplified bulleted content/Any Other 		
2. Your preferred way of writing: Braille/Computer with screen readers/Computer with magnifiers/Regular Computer/Regular pen and paper writing /large font writing/writing with magnification/dictating to someone		
3. Your preferred way of studying content: Self-study/study in groups/study with a tutor for explanation		

SECTION 3: ACCOMODATION REQUEST (Please select from below the accommodations that you would like to have)

I: INCLUSIVE EXAMINATIONS

- Examination provisions for students with disabilities for Junior College are as per HSC Board guidelines of 8th January 2016.
- For Students with disabilities who fail to clear, a concession of 20 marks for a single subject or 20 marks divided totally amongst all subjects would be given to a student who fails his/her examinations.(11th and 12th Std)

SECTION II NOTE TAKING AND IN CLASS ASSISTANCE OPTIONS		
Please	select which of the following provisions you would like to avail of:	
	I would like to record the classroom lecture and make my own notes from the recordings	
	I would like to take Assistive Technology tools to class to take notes (Laptops, tablets etc)	
	I would like to have a note taker assigned to me in class for taking notes and aiding me for	
	reading blackboard content or assisting me to follow things in class.	
	I would like to have a lab assistant assigned to me in lab work classes for aiding me and to follow things in lab work classes.	
	I would like to have the permission to bring my sign language interpreter to class	
	I would like to have permission to bring my personal note taker to class (Only offered to	
	special cases on approval from principal)	
SECTION III: ACCESSIBLE CONTENT SERVICES		
Please state which of the following formats would you like content to be made available for you*:		
	Е сору	
	Audio Files	
	Easy to Read Content	
	Tactile Diagrams of Images	
	Audio Visuals to be subtitled/transcript for AVs	
(*These resources will be made available to the maximum extent possible.)		
	SECTION IV: TEACHING LEARNING SUPPORT	
Please	select which of these teaching support options you would like:	
	I would like to have a student teaching assistant assigned to me for out of class reinforcement and learning.	
	If opting for student teaching assistant mention the subjects and frequency of support needed for each subject:	
	I would like to have a student teaching assistant assigned to me for working on	

projects/assignments/presentations. Please indicate frequency of help_____

	I would like to have a Special Educator assigned to me for out of class reinforcement and learning (This facility is dependent on availability.)	
	SECTION V: ACCESSIBLE INFRASTRUCTURE SERVICES	
Please	select which of these provisions you would like:	
	I would want my classroom to be relocated to the ground/first floor (available only for students with orthopedic disabilities)	
	I would want access to the lift (Available only for students with orthopedic disabilities)	
ANY OTHER: PLEASE SPECIFY BELOW IF THERE IS ANY OTHER REQUEST THAT YOU HAVE:		
