**UMAC - Assessment Referral Form**

**The purpose of the DSA study needs assessment is to determine what difficulties you may face with your study due to your disability and to consider what support can be provided to overcome those difficulties. In order to get the best outcome from this assessment, we require the following information in advance. This will enable us to do any prior research needed, so that we can consider the full range of support available and also enable us to check we have all your correct contact and course details**

**Personal Details**

|  |
| --- |
| Name |
| Home address |
| Term time address  |
| Telephone no(s) |
| Email |
| Date of Birth |
| Disability Details as listed on your funding body approval letter |

**Institution Details**

|  |
| --- |
| College / University Name and Address |
| Student ID number |
| Course of Study: |
| Year start: Year finish: Current year of Study: |
| We will not disclose your identity to your university/college without your permission. However, it may be helpful for us to contact your disability officer/course leader for information regarding your course. Please confirm if you are happy to give your permission? **Yes/No** |
| Disability Support Service Details –Phone No/Email |
| Course Leader Name and Contact Details |

**Course information - Please tick all that apply to your course ‎✓**

|  |  |  |
| --- | --- | --- |
| **Teaching structure** | **✓** | **Any further details, you feel may be important** |
| Lectures |  |  |
| Seminars |  |  |
| Tutorials |  |  |
| Labs / Practical(s) |  |  |
| Field trips, visits |  |  |
| Placement(s) |  |  |
| Other – please specify: |  |  |

|  |  |  |
| --- | --- | --- |
| **Course assessment** | **✓** | **Any further details – numbers / length etc.** |
| Examinations |  |  |
| Written Assignments |  |  |
| Project(s) |  |  |
| Placement |  |  |
| Oral / presentations |  |  |
| Practical Assignments |  |  |
| Lab / practical reports |  |  |
| Dissertation |  |  |
| Other please specify |  |  |

**How do you feel your disability Impacts on Study… Please tick all that impact ‎✓**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Handwriting |  | Typing |  | Mobility |  |
| Reading speed |  | Reading accuracy |  | Reading comprehension |  |
| Concentration |  | Processing speed |  | Short-term memory |  |
| Spelling |  | Grammar |  | Structure in writing |  |
| Time management |  | Organisation |  | Note taking |  |
| Mood |  | Motivation |  | Confidence |  |
| Physical health |  | Energy levels |  | Coordination |  |
| Vision |  | Hearing |  | Communication |  |
| Helpful support in previous study including AT (computers, software etc.) support? |
| What type of equipment do you already own that might be adapted for use in your studies? |
| Do you currently use any assistive technology software? Y/N if yes please give details |
| Have you been previously awarded DSA funding? If yes\*, please give date and details. |

**\*Please provide with a copy of your previous Needs Assessment Report if available**

**If you have indicated on your application for the Disabled Students Allowance (DSA), that you own a computer then you must provide us with the following information about your computer:**

|  |  |
| --- | --- |
| **Make and Model** |  |
| **Year Purchased or Age** |  |
| **Processor type e.g**Intel Core i5-3210m CPU @ 2.5GHZ |  |
| **Installed Memory****e.g 8Gb** |  |

**Instructions on how to find the above information.**

**Windows**

Windows 7: go Start menu>right-click on ‘Computer’>choose ‘Properties’.

Windows 8 or 8.1: point to the top-right of the screen until the Charms bar appears>click ‘Settings’>choose ‘PC Info’

Please note down the Processor Type and Installed Memory details.

Then note down the make and model of your laptop. This can usually be found in full on the reverse of the machine.

**Mac**

On the Apple menu (top-left of the screen), choose ‘About this Mac’.

Please note down the model – it will say something like ‘Macbook Pro 2,1’.

Please also note down the serial number.

**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**