

# **Evaluation Tool for HEIs' Services and Support** to International Mobilities for Students and Employees with Disabilities



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In an intensively globalized academic world, higher education institutions should constantly strive to achieve authentic and real equal access to opportunities offered by internationalization, for all students. A consortium of four universities working together under the umbrella of a project financed through the EEA Grants Financial Mechanism 2009-2014 for Romania, have, in this context, decided to do more and also offer support to other colleagues in regards to one particular issue situated at the intersection of internationalization activities and equal access to educational opportunities: international mobilities for students with disabilities.

**The project:** Institutional Change for International Exchange of Students with Disabilities

**The universities:** West University of Timisoara (Romania, coordinator), in partnership with University of Agder (Norway), University of A Coruna (Spain) and University of Szeged (Hungary).

**The reason:** Too many e-mails have begun "floating around" in between higher education institutions regarding possibilities to "send abroad" or "take in" students with disabilities wishing to pursue an international academic experience. While some HEIs are more advanced, others are lagging behind, and other are finding solutions as they go through the processes. This project does not aim to offer exhaustive solutions, but rather to offer the grounds for HEIs to leave behind the fear of supporting outgoing or incoming international mobilities for all students with disabilities, by taking up actions that could eventually engender a much needed constant institutional change for all students, not only internationally mobile, not only with disabilities.

**The input:** The project aims to offer knowledge in order for HEIs administrative and academic staff, as well as students, to educate themselves in regards to the issue at stake, by combining state of the art work at University of Szeged concerning support for students with disabilities, extensive experience at University of Agder in regards to international mobilities, as well as special needs student services, University of A Coruna's high potential in research concerning the European context to which we all firstly measure our actions for institutional development at higher



education level and West University of Timisoara's new, but highly creative approach to internationalization and institutional development for all. education level and West University of Timisoara's new, but highly creative approach to internationalization and institutional development for all.

**The objective:** Advancing social and economical empowerment of students with disabilities, by creating an institutional environment/framework to equally access opportunities for personal and professional development as a result of participating in international mobilities for studies.

**The actions:** Tackling institutional development and benchmarking in the higher education sector with regard to access to and support of international mobilities for studies in the case of students with disabilities can be a marker of real, beyond paper, equal access to education and we should all contribute to that if we are involved in processes related to this matter. To this end, it is important to ensure the constant adaptation and development of Higher Education Institutions' services and overall support offered to students with disabilities who wish to pursue an international mobility for studies, by creating the framework for evaluating and developing institutional culture and strategy, services and logistics, in the sense of including, understanding and meeting all students' needs.



Based on the discussions during the preparatory stage of the "Institutional Change for International Exchange of Students with Disabilities" joint project, the University of Agder was allocated a special activity aimed at development of an evaluation tool for services offered by higher education institutions to incoming and outgoing students with disabilities pursuing an international mobility.

The University of Agder (UiA) is situated on the southern tip of Norway and is located on two campuses, in Kristiansand and Grimstad. The university has 11 000 students and 1100 faculty and staff members. It is one of the youngest universities in Norway, but its history dates back to 1839 when the first teacher training institution in the region was established. It is a public university with state-of-the-art buildings on both campuses. Research is the foundation of all teaching activities at UiA and covers a wide variety of disciplines. Being a driving force for societal and regional development, the university of Agder has close contact with industry, organisations and cultural institutions. It is an internationally oriented university in a region exposed to strong international competition. Core values of the University of Agder are: transparency, trust, integrity, generosity and collaboration. These values are reflected in a flat organisational structure which encourages students, lecturers and researchers to interact and inspire each other. As a young university, the University of Agder aims to be on the cutting edge of innovation, education and research through its six faculties and one teacher education unit. The University of Agder offers 14 PhD specialisations, 33 master's programmes and 44 bachelor's programmes. Shorter study programmes, as well as lifelong learning courses, are also available. UiA is big enough to offer variety and challenge, yet small enough for students and faculty to make their mark.

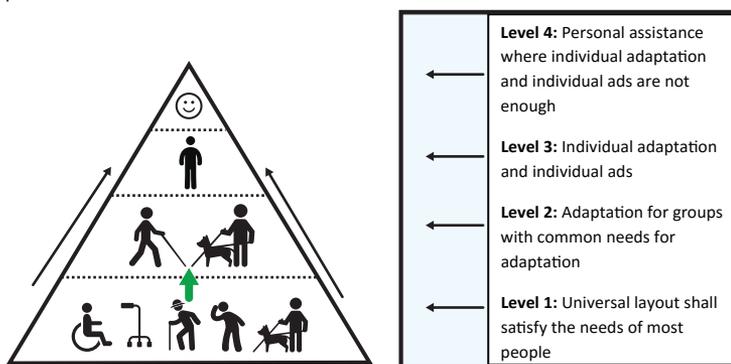
The University of Agder decided to extend the evaluation tool the project aimed to develop and include a new perspective – international mobilities for employees with disabilities. This enabled us to develop a universal tool that can be easily used by any higher education institution planning to or participating actively in the international mobilities industry, organisations and cultural institutions. It is an internationally oriented university in a



region exposed to strong international competition. Core values of the University of Agder are: transparency, trust, integrity, generosity and collaboration. These values are reflected in a flat organisational structure which encourages students, lecturers and researchers to interact and inspire each other. As a young university, the University of Agder aims to be on the cutting edge of innovation, education and research through its six faculties and one teacher education unit. The University of Agder offers 14 PhD specialisations, 33 master's programmes and 44 bachelor's programmes. Shorter study programmes, as well as lifelong learning courses, are also available. UiA is big enough to offer variety and challenge, yet small enough for students and faculty to make their mark.

The University of Agder decided to extend the evaluation tool the project aimed to develop and include a new perspective – international mobilities for employees with disabilities. This enabled us to develop a universal tool that can be easily used by any higher education institution planning to or participating actively in the international mobilities for people with disabilities. The tool is available for usage to all institutions wishing to ensure quality international mobilities for students with disabilities, through the project website, [www.iciesd.uvt.ro](http://www.iciesd.uvt.ro). Also, in its initial stages the tool can be accessed at <https://www.survey-xact.no/LinkCollector?key=F2SFT5KQC13K>.

The tool is based on the principle of adaptation pyramid presented below:



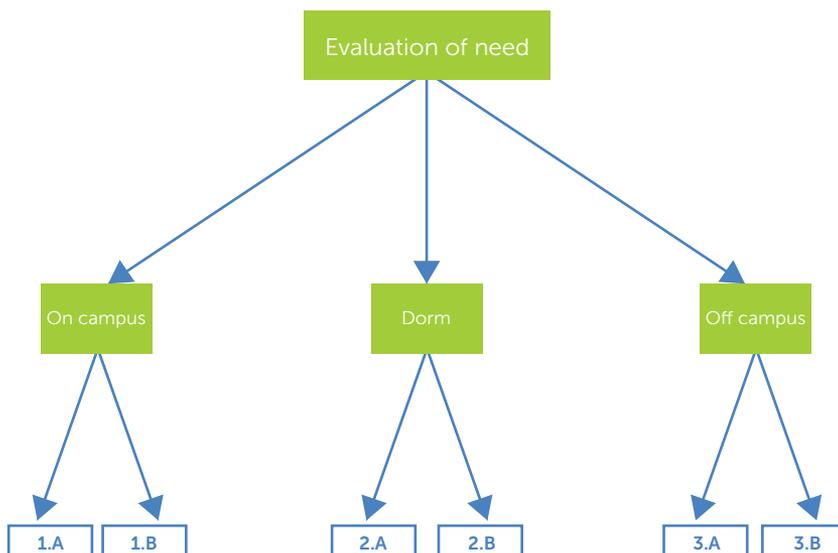
**Figure 1.** Adaptation pyramid used by the University of Agder



The main idea of the evaluation tool is to create an understanding of the state of affairs at the institutions regarding the mobilities of students and employees with disabilities. The tool consists of two parts, depending on whether the institution plans to send or to receive students/employees from the University of Agder. The questions differ depending on the part of the tool because of the fact that the need for information is different whether you want to send or receive students.

The questions were developed based on our own experiences as well as Norwegian and international laws. Several moments are defined by ICS 11.180: Aids for disabled or handicapped persons and these were governing our choice of questions for the tool.

We have developed following scheme describing the process of evaluation of capabilities to take care of students/employees with disabilities by the higher education institution.



**Figure 2. Decision tree used in the development process of the evaluation tool**

In our evaluation tool, we have decided to develop 6 questionnaires in order to cover as many areas of interest as





In our evaluation tool, we have decided to develop 6 questionnaires in order to cover as many areas of interest as possible. We also group the challenges depending on the area of activity – on campus, on dorm/accommodation and off campus. The reason for doing this is simple: different types of disabilities require different types of assistance in different areas. The following matrix was developed in order to allocate questionnaires to the corresponding types of disabilities. We operate with two main groups of disabilities: Physical disabilities and Hidden disabilities. In addition, we created a list of the most typical types of disabilities within each group. We also have included a position stating “uncertain type of disability” for special cases. This gave us 7 questionnaires, marked from 1A to All in the table below.

|   | 1A | 1B | 2A | 2B | 3A | 3B | All |
|---|----|----|----|----|----|----|-----|
| <b>Physical disabilities as a group</b> |    | X  |    | X  |    | X  |     |
| Deafness                                |    |    |    |    |    |    | X   |
| Impaired hearing                        |    |    |    |    |    |    | X   |
| Blindness                               |    |    |    |    |    |    | X   |
| Moderate to profound low vision         |    |    |    |    |    |    | X   |
| Physically challenged                   |    | X  |    | X  |    | X  |     |
| Cerebral palsy                          | X  | X  |    | X  |    | X  |     |
| Asthma                                  |    | X  |    | X  |    | X  |     |
| <b>Hidden disabilities as a group</b>   | X  |    | X  |    | X  |    |     |
| Dyslexia                                | X  |    |    |    |    |    |     |
| Allergy                                 | X  |    | X  |    | X  |    |     |
| ADHD                                    | X  |    | X  |    |    |    |     |
| Asperger syndrome                       | X  |    | X  |    | X  |    |     |
| Chronic condition/disease               | X  |    | X  |    | X  |    |     |
| Psychosocial challenges                 | X  |    | X  |    | X  |    |     |
| Uncertain type of disability            |    |    |    |    |    |    | X   |

**Table 1. Matrix of questionnaires sorted in accordance with the type of disability**





Please choose the appropriate type of disability or group of disabilities from the list below and you will be forwarded to the appropriate questionnaire:

If answer is "II", the person is forwarded to the following page:

The evaluation tool starts with a welcoming page and brings the respondents to the choice of the direction of the mobility:

- 1.** Are you planning to SEND students/employees to University of Agder?
- 2.** Are you planning to RECEIVE students/employees from the University of Agder?

If answer is "1", the person is forwarded to the following page: This tool is a first stage in the evaluation process that UiA performs in order to be able to facilitate the student and staff exchange for participants with disabilities. The goal of this survey is to map the support and facilities provided by our partner institution.

After the initial questions the responded is forwarded to the corresponding scheme, based on the matrix presented in Table 1 above. After the person fills in the questionnaire, the last two pages are asking for contact information of both the advisor and the student as well as gives official information about the next steps in the process.

In order to allow broader access to the tool, as well as to offer universities to add their own inquiries, we are presenting the above described tool below and hope it will be of use to all practitioners in international relations and students services, as well as students and academic staff, out there.





**Welcome to the Evaluation tool for HEIs' services and support to international mobilities for students and employees with disabilities.**

**Please choose appropriate category below:**

- Are you planning to SEND students/employees to University of Agder?
- Are you planning to RECEIVE students/employees from the University of Agder?

**Please choose the appropriate type of disability or group of disabilities from the list below and you will be forwarded to the appropriate questionnaire.**

- Physical disabilities as a group
- Deafness
- Impaired hearing
- Blindness
- Moderate to profound low vision
- Physically challenged
- Cerebral palsy
- Asthma
- Hidden disabilities as a group
- Dyslexia
- Allergy
- ADHD
- Asperger syndrome
- Chronic condition/disease
- Psychosocial challenges
- Uncertain type of disability

**Please provide the name of your institution and your contact information**

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**Group 1. Part 1. Physical disabilities on campus.**

Please rank the need using the scale from 0 to 6 where 0 is "no need" and 6 is "great need".

**To what extent will the student/employee need special aids?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**What aids will be needed?**

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---

**To what extent will the student/employee need personal assistance on campus?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**In which areas/tasks will the student/employee need personal assistance?**

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**To what extent will the student/employee need assistance from a fellow student/employee?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |





In which areas will the student/employee need assistance by a fellow student/colleague?

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To what extent will the student need adaptation during the exams?

1      2      3      4      5      6      n/a  
                 

What type of adaptation will be needed?

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**Group 1. Part 2. Physical disabilities at the dormitory/accommodation.**

Please rank the need using the scale from 0 to 6 where 0 is "no need" and 6 is "great need".

**To what extent will the student/employee need an adaptation of the accommodation?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**What type of adaptation will be needed?**

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**To what extent will the student/employee need personal assistance at the dormitory? (For example sanitary conditions)**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**To what extent will the student/employee need a special diet?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**In which areas/tasks will the student/employee need personal assistance?**

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In which tasks/areas will the student/employee need a special adaptation?

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To what extent will the student/employee have demands with regards to the shared apartment? (location, floor, gender-related questions, number of residents and other related issues)

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

What type of adaptation will be needed?

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**Group 1. Part 3. Physical disabilities off campus.**

Please rank the need using the scale from 0 to 6 where 0 is "no need" and 6 is "great need".

**To what extent will the student/employee need assistance related to the transportation?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**To what extent will the student/employee need assistance related to the transportation?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**To what extent will the student/employee need assistance related to the transportation?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**What aids will be needed?**

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**To what extent will the student/employee need assistance during the leisure time?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |





In which areas/tasks will the student/employee need assistance?

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To what extent will the student/employee need special means of transportation?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

What type of adaptation will be needed?

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Please give a short description of the need for adaptation as well as current support mechanism:

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## Group 2. Part 1. Disabilities on campus.

Please rank the need using the scale from 0 to 6 where 0 is "no need" and 6 is "great need".

**To what extent will the student/employee need aids and adaptation for moving/participation?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**Will the person also need pedagogical aids?**

Yes                       No

**If YES, which aids will be needed?**

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**To what extent will the student/employee need personal assistance on campus? (For example sanitary conditions)**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**In which areas/tasks will the student/employee need personal assistance?**

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To what extent will the student/employee need personal guidance by a professional supervisor / fellow student / colleague / mentor?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

Additional comments:

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To what extent will the student need adaptation during the exams?

|                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | n/a                      |
| <input type="checkbox"/> |

What type of adaptation will be needed?

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Please give a short description of the need for adaptation as well as current support mechanism:

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## Group 2. Part 2. Disabilities at the dormitory/accommodation

Please rank the need using the scale from 0 to 6 where 0 is "no need" and 6 is "great need".

**To what extent will the student/employee need an adaptation of the accommodation?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

What type of adaptation will be needed?

---

---

**To what extent will the student/employee need personal assistance at the dormitory? (For example sanitary conditions)**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**To what extent will the student/employee need a special diet?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**In which areas/tasks will the student/employee need personal assistance?**

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In which tasks/areas will the student/employee need a special adaptation?

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To what extent will the student/employee have demands with regards to the shared apartment? (location, floor, gender-related questions, number of residents and other related issues)

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

What type of adaptation will be needed?

---

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## Group 2. Part 3. Disabilities off campus

Please rank the need using the scale from 0 to 6 where 0 is "no need" and 6 is "great need".

**Will the student/employee experience problems related to the moving/transfer as well as getting informed and updated in new places?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**What type of aids will be needed?**

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---

**To what extent will the student/employee need assistance during the leisure time?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**In which areas/tasks will the student/employee need assistance?**

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**To what extent will the student/employee need special means of transportation?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |





**What type of adaptation will be needed?**

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---

**Please give a short description of the need for adaptation as well as current support mechanism:**

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**Group 3. Cerebral palsy**  
**Part 1. On campus (hidden disability)**

Please rank the need using the scale from 0 to 6 where 0 is “no need” and 6 is “great need”.

**To what extent will student/employee need pedagogical tools/software?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**What type of tools/software/aids will be needed:**

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**To what extent will the student/employee need personal guidance by a professional supervisor?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**To what extent will the student/employee need assistance by a fellow student/colleague**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**In which areas will the student/employee need assistance by a fellow student/colleague?**

---

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To what extent will the student need adaptation during the exams?

- |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | n/a                      |
| <input type="checkbox"/> |

What type of adaptation will be needed?

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---

Please give a short description of the need for adaptation as well as current support mechanism:

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## Part 2. On campus (physical disability)

Please rank the need using the scale from 0 to 6 where 0 is "no need" and 6 is "great need".

To what extent will the student/employee need special aids?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

What aids will be needed?

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To what extent will the student/employee need personal assistance on campus?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

To what extent will the student/employee need assistance from a fellow student/employee?

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

In which areas will the student/employee need assistance by a fellow student/colleague?

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To what extent will the student/employee need assistance from a fellow student/employee?

- 1       2       3       4       5       6

In which areas will the student/employee need assistance by a fellow student/colleague?

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To what extent will the student need adaptation during the exams?

- 1       2       3       4       5       6       n/a

What type of adaptation will be needed?

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### Part 3: At the dormitory/accommodation

Please rank the need using the scale from 0 to 6 where 0 is "no need" and 6 is "great need".

**To what extent will the student/employee need an adaptation of the accommodation?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

What type of adaptation will be needed?

---

---

**To what extent will the student/employee need personal assistance at the dormitory? (For example sanitary conditions)**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**To what extent will the student/employee need a special diet?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**In which areas/tasks will the student/employee need personal assistance?**

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---





In which tasks/areas will the student/employee need a special adaptation?

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To what extent will the student/employee have demands with regards to the shared apartment? (location, floor, gender-related questions, number of residents and other related issues)

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

What type of adaptation will be needed?

---

---





#### Part 4: Off campus

Please rank the need using the scale from 0 to 6 where 0 is "no need" and 6 is "great need".

**To what extent will the student/employee need assistance related to the transportation?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

What aids will be needed?

---

---

**To what extent will the student/employee need assistance during the leisure time?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

In which areas/tasks will the student/employee need assistance?

---

---

**To what extent will the student/employee need special means of transportation?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |





**What type of adaptation will be needed**

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---

**Please give a short description of the need for adaptation as well as current support mechanism:**

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#### Group 4. Dyslexia

Please rank the need using the scale from 0 to 6 where 0 is "no need" and 6 is "great need".

**To what extent will student/employee need pedagogical tools/software?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**What type of tools/software/aids will be needed:**

---

---

**To what extent will the student/employee need personal guidance by a professional supervisor?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**To what extent will the student/employee need assistance by a fellow student/colleague**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**In which areas will the student/employee need assistance by a fellow student/colleague?**

---

---





To what extent will the student need adaptation during the exams?

- 1      2      3      4      5      6      n/a

What type of adaptation will be needed

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Please give a short description of the need for adaptation as well as current support mechanism:

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**Group 5. Part 1. Hidden disabilities on campus (Examples could be dyslexia or similar).**

Please rank the need using the scale from 0 to 6 where 0 is “no need” and 6 is “great need”.

**To what extent will student/employee need pedagogical tools/software?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**What type of tools/software/aids will be needed:**

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**To what extent will the student/employee need personal guidance by a professional supervisor?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**To what extent will the student/employee need assistance by a fellow student/colleague**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**In which areas will the student/employee need assistance by a fellow student/colleague?**

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To what extent will the student need adaptation during the exams?

- 1      2      3      4      5      6      n/a

What type of adaptation will be needed?

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Please give a short description of the need for adaptation as well as current support mechanism:

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**Group 5. Part 2. Hidden disabilities at the dormitory/accommodation (Examples could be Asperger syndrome or similar).**

Please rank the need using the scale from 0 to 6 where 0 is "no need" and 6 is "great need".

**To what extent will the student/employee need an adaptation of the accommodation?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**What type of adaptation will be needed?**

---

---

**To what extent will the student/employee need personal guidance by a professional supervisor?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**To what extent will the student/employee need a special diet?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**In which areas/tasks will the student/employee need personal assistance from a fellow student/colleague?**

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To what extent will the student/employee have demands with regards to the shared apartment? (location, floor, gender-related questions, number of residents and other related issues)

1

2

3

4

5

6

What type of adaptation will be needed?

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---

Please give a short description of the need for adaptation as well as current support mechanism:

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**Group 5. Part 3. Hidden disabilities off campus (Examples could be asthma, allergy or similar).**

Please rank the need using the scale from 0 to 6 where 0 is "no need" and 6 is "great need".

**Will the student/employee experience problems related to the moving/transfer as well as getting informed and updated in new places?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>1</b>                 | <b>2</b>                 | <b>3</b>                 | <b>4</b>                 | <b>5</b>                 | <b>6</b>                 |
| <input type="checkbox"/> |

**What type of aids will be needed?**

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**To what extent will the student/employee need assistance during the leisure time?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>1</b>                 | <b>2</b>                 | <b>3</b>                 | <b>4</b>                 | <b>5</b>                 | <b>6</b>                 |
| <input type="checkbox"/> |

**To what extent will the student/employee need special means of transportation?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>1</b>                 | <b>2</b>                 | <b>3</b>                 | <b>4</b>                 | <b>5</b>                 | <b>6</b>                 |
| <input type="checkbox"/> |

**What type of adaptation will be needed**

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**Please give a short description of the need for adaptation as well as current support mechanism:**

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### Group 6. ADHD. Part 1. On campus

Please rank the need using the scale from 0 to 6 where 0 is "no need" and 6 is "great need".

**To what extent will student/employee need pedagogical tools/software?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**What type of tools/software/aids will be needed:**

---

---

**To what extent will the student/employee need personal guidance by a professional supervisor?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**To what extent will the student/employee need assistance by a fellow student/colleague?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**In which areas will the student/employee need assistance by a fellow student/colleague?**

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To what extent will the student need adaptation during the exams?

|                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | n/a                      |
| <input type="checkbox"/> |

What type of adaptation will be needed?

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Please give a short description of the need for adaptation as well as current support mechanism:

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### Group 6. ADHD. Part 2. At the dormitory/accommodation

Please rank the need using the scale from 0 to 6 where 0 is "no need" and 6 is "great need".

**To what extent will the student/employee need an adaptation of the accommodation?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

What type of adaptation will be needed?

---

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**To what extent will the student/employee need personal guidance by a professional supervisor?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**To what extent will the student/employee need a special diet?**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**In which areas/tasks will the student/employee need personal assistance from a fellow student/colleague?**

---

---





To what extent will the student/employee have demands with regards to the shared apartment? (location, floor, gender-related questions, number of residents and other related issues)

1

2

3

4

5

6

What type of adaptation will be needed?

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---

Please give a short description of the need for adaptation as well as current support mechanism:

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**Alternative 2: If you are planning to receive students from UiA**

This tool is a first stage in the evaluation process that UiA performs in order to be able to facilitate the student and staff exchange for participants with disabilities. The goal of this survey is to map the support and facilities provided by our partner institution.

**Please provide the name of your institution and your contact information.**

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**Are there any special criteria that disabled students/employees have to meet to be able to receive support? (if yes, please describe the criteria shortly or insert a link to a webpage)**

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**What experiences does your university have serving students and/or employees with disabilities?**

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**Does your university specialize on a special type of disability (physical or hidden as a group or a special type)?**

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**Please describe the level of accessibility of the facilities at your institution (IR equipment, assistance in moving around the campus, universal design of campus, access for wheelchairs etc):**

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**What kind of "in class"-support does your institution provide to the students and/or employees?**

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**What kind of "exam"-support does your institution provide to the students and/or employees (extended time during exams, writing/typing aids, personal support etc)?**

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**Does your institution provide any support to the students/employees with disability at the dormitory/accommodation? If yes, please describe shortly.**

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**What kind of support (if any) does your institution (alone or in cooperation with other stakeholders) provide to the students and/or employees with disabilities off campus?**

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*Thank you very much for your feedback. We will now review your answers and will contact you as soon as possible for further clarifications. If you have any questions, please do not hesitate in contacting us by e-mail or phone.*





What our project has done is put together some solutions four universities in different parts of Europe have managed to find in their quest for constant development in order to ensure high quality international mobilities for all students, with a special focus on students with disabilities. The work on this matter, however, is far from being done and results will constantly need to be adjusted. We will definitely do so. At the same time, administrative staff, academic staff, student organizations, national/government agencies or transnational associations in higher education should all assume and come to the realization, if they haven't already, that they have a role in supporting high quality international mobilities for students with disabilities. We all have a part in this.

**Project website where you can find more:** [www.iciesd.uvt.ro](http://www.iciesd.uvt.ro)

**Project outcomes for learning and doing:**

- "Evaluation" tool for HEIs' services and support to international mobilities for students with disabilities
- "State of the Art report" concerning the issue of internationalization and social equity in regards to students with disabilities
- "White Paper" on the situation of international mobilities for students with disabilities
- "Manual" on institutional change for international exchange of students with disabilities
- International Mobility ends Disability HEI network

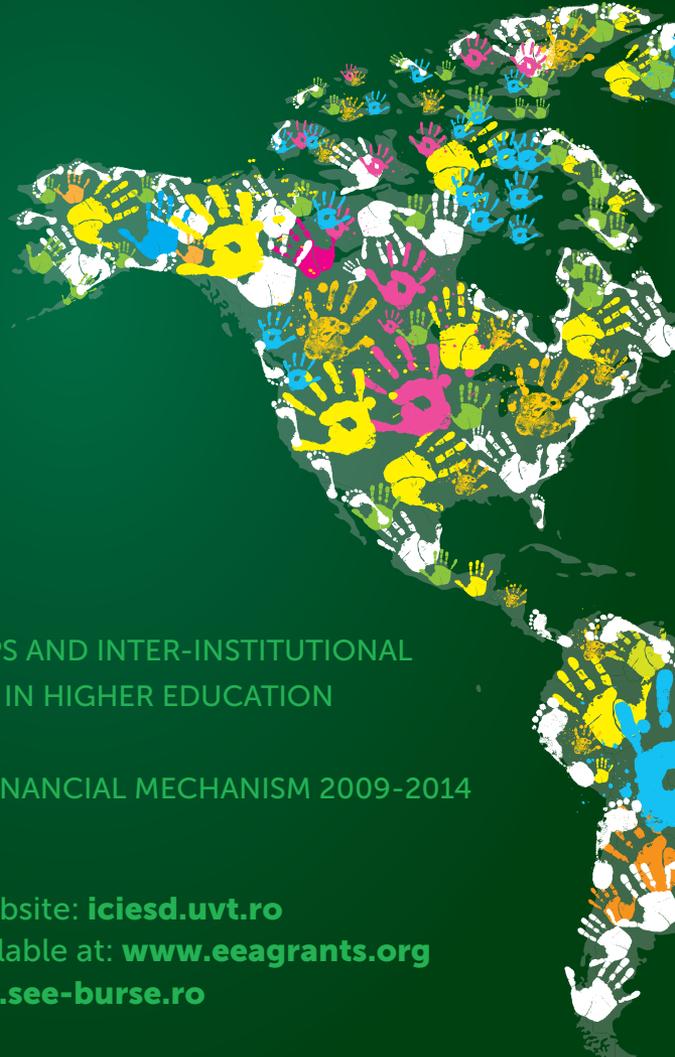
**Project events:**

**Mutual Learning Workshop:** "Internationalization and equity in higher education- the case of international mobility for students with physical disabilities"

**Conference:** "International mobility for students with disabilities: challenges and opportunities"







RO-15 SCHOLARSHIPS AND INTER-INSTITUTIONAL  
COOPERATION IN HIGHER EDUCATION

FINANCED BY THE EEA FINANCIAL MECHANISM 2009-2014

Project website: [iciesd.uvt.ro](http://iciesd.uvt.ro)  
More details are available at: [www.eeagrants.org](http://www.eeagrants.org)  
[www.see-burse.ro](http://www.see-burse.ro)