Guidelines for filling the form:

Request for accommodations due to medical disabilities

This form is not required for students with learning issues/ADHD

The Dean of students helps students with physical, sensory, or cognitive disabilities, temporary or permanent, to reach their studying potential by guidance, support, mentoring and accommodations during their studies.

Please fill in the following form and attach all medical documents required according to the specific medical disability (as specified below). These should be submitted to the academic coordinator at the beginning of the semester, no later than 5 weeks before the semester ends.

Guidelines for attaching the documents:

- A student who is recognized as disabled by the "National Insurance Institute" or "Ministry of Defense" will attach the documents stating this and in addition will add medical documents from a medical expert.
- A student who is not recognized as disabled by the "National Insurance Institute" or "Ministry of Defense" will attach only the medical documents from the medical expert.

The medical documents from the expert should include the following information:

- Illness and disability history
- Medical diagnosis and how the problem reflects on the student's ability to study, and therefore what accommodations are required.
- Medications that justify accommodations during the studies or during exams. (E.g. Injection of insulin, medication that affects frequent toilet use, painkillers with various side effects etc.)
- Other information if required

IDC has the option to discard any medical document that does not contain the above information.

The following medical documents are required:

- For Visual Impairment
  - Photocopy of the Certificate of Blindness/Visual Impairment or any other document from the "National Insurance Institute".
  - Those with low vision will deliver a medical document with a detailed description of the visual impairment and its severity, including a short and long sight evaluation with / without spectacles or contact lenses.
- For Hearing Loss
  - Audiogram proving Hearing Loss.
  - A medical report from a specialist (ear nose & throat specialist, or Communications clinician)
- Other disability
  - Medical documents reporting the disability (Can be the documents submitted for getting the percentage of disability)
  - Document from the "National Insurance Institute" or "Ministry Of Defense" approving the percentage of disability.

Please Note that we will not be able to handle requests that will be submitted later than 5 weeks before end of semester, or without all the required documentation detailed above.
Form: Request accommodations due to medical disabilities

Date submitting the request: ________________________

Full Name: ________________________  ID: ________________________

Degree: First/Second

1. When in the Past did you get accommodations?

☐ Matriculation Exams  ☐ University/College  ☐ P.E.T

If Yes, please specify what accommodations did you get from each institute (attach documentation).

_____________________________________________________________________________
_____________________________________________________________________________

2. Does the “National Insurance Institute” or “Ministry of Defense” recognize you as disabled? 
Yes/No. If Yes Please specify:

a. Percentage of disability _________________

b. Disability ________________________________

c. Permanent/Temporary Disability ____________________________

d. Date Of Disability approval _________________

e. Status of your Entitlement for professional rehabilitation Plan (did you get one in the past or are you in the process of receiving one?)

_____________________________________________________________________________

3. Are you getting any accessibility support from any other organization? Yes/No?

Please provide Details of your Medical/Physical disability

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

4. Please provide details of the difficulties you might have during your studies. Physical accessibility and mobility in the Campus.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
5. Which assistive technologies could help you? (Hearing equipment, software for enlarging text, text to speech software, Etc.)

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

6. Do you intend to also hand in a request for accommodations on the grounds of Learning Issues and/or ADHD to the offices of the Psychological Counseling Services?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please Note that the decision for providing accommodations will be given by the appropriate functions at IDC, and will be according to other accommodation given at IDC with no relations to the ones given elsewhere in the past.

Permission to share information

The IDC is working to provide accessibility to all academic studies to all students with disabilities.

I know that in order to provide this accessibility, the information in this form will be accessible to IDC support departments to enable maximum accessibility.

I hereby agree to share the information in this form.

Full Name: ………………………… Signature: ………………………

Date: …………………