



SAIIE

"Your Life Experience; Your Education"

Disability Self-Disclosure

To the Physician:

Providing this information regarding the program participant is voluntary, but it will help us in assisting the participant to prepare for his time abroad. Because a study abroad experience can be both physically and emotionally demanding, we ask that you provide evaluation of the participants current condition. A certain amount of stress due to culture shock or the change in living conditions and facilities is a normal part of the experience. In some cases, however, such stress and change may cause difficulties with disabilities.

With this form we encourage you to alert us to any disability issues that may have an impact on the participants time abroad. We want the participant to have the most positive experience possible, and this will help us work with him/her to make appropriate arrangements for their time abroad. Information on this form is confidential to the Spanish-American Institute of International Education (SAIIE) staff. Please be aware that all accommodations and services available in the United States may not be available in Spain.

PLEASE notify our office of any changes that may take place between submission of this information and your departure from your country.

FULL NAME OF PARTICIPANT STUDENT (Please print):

1. Does the student have any disability or chronic condition that we should know about? (brain injury, intellectual disability, epilepsy, attention deficit, disorder of learning disability, etc). Please specify:



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PHYSICIAN FULL NAME (Please print):

Name and Location of Health Care Facility:

Phone

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Signature of Physician: _____

Date: ____/____/____