



CLS Program Disability Certification Form

Name of Student: _____

CLS Program Site: _____

Disability(ies) for which you are requesting accommodations: _____

The above-named student has been named as a finalist or alternate in the U.S. Department of State's Critical Language Scholarship (CLS) Program. S/he has identified him/herself as a student with a disability and is requesting accommodations.

The CLS Program provides fully-funded group-based intensive foreign language instruction and structured cultural enrichment experiences in a number of countries overseas for eight-ten weeks during the summer. Students are required to attend all classes and mandatory cultural activities. Classes are held for at least four hours a day, five days a week, with additional academic requirements, including homework and structured activities on many afternoons, evenings, and weekends. Student housing varies and may include home-stay families, double-occupancy dormitories, apartments, or hotel accommodations. Adjusting to a new culture in addition to participating in an intensive language institute can be extremely stressful and can also exacerbate existing physical, psychological, or emotional issues.

Certification

By signing below, I affirm that this student is registered with this institution's Office of Disability Services as a student with a disability and is eligible for the accommodations noted in the attached CLS Accommodations Request Form. Furthermore, I certify that these are reasonable accommodations which would generally be provided to this student in a U.S. institution.

_____ (Signature and Date)

_____ (Printed Name and Title)

Together with the student, please review the attached Accommodations Request Form(s), completing only those sections that apply to the student's disability. Please print clearly or type as this form will be transmitted as is to the CLS institute overseas. In selecting accommodations, please note whether the accommodation is essential (must have to function/perform) or preferred (would like to have but would not affect participation in the program). Provide as much information as possible. Disability services, understanding of such services, and attitudes to persons with disabilities vary widely in the countries in which the CLS Program operates. Providing as much detail as possible and making suggestions for alternatives can help overseas institutes consider alternatives when a specific accommodation is not available.

Upload this form by April 1 on the 2014 CLS registration site.

I, _____ (student's name), recognize that not all accommodations may be available at CLS Program institute sites abroad but that efforts will be made accommodate my disability whenever possible. I give permission to CLS Program staff to contact overseas institute staff regarding my accommodation requests.

_____ (Signature and Date)

_____ (Printed Name)

SAMPLE RESPONSE FORM: TO BE FILLED OUT BY CLS INSTITUTE STAFF



CLS Program Accommodation Request Form for Students with Disabilities

Name of Student _____

CLS Program Site _____

Disability(ies) for which accommodations have been requested: _____

Instructions for CLS Institute Director

The above-named student has identified him/herself as a person with a disability in need of accommodations to successfully participate in the CLS Program. A list of accommodations currently utilized by the student in his/her home institution is attached. Please note that a Disability Specialist at the student's home institution has worked with this student to determine which accommodations are essential for his/her participation in the CLS Program.

Please review the student's accommodation needs and complete the response form below to comment on accommodations that the institute can provide. If there are any accommodations you feel cannot be provided, please explain why those accommodations cannot be provided at your site and suggest alternate means of accommodating those needs whenever possible.

Response from the CLS Program site to the participant is due May 1.

Please list who has been or will be informed of this student's disability-related needs, i.e., teachers, home-stay family, RD, etc.:

Name	Title	Relationship to Student
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After reviewing the student's needs, please confirm that your institution will be able to provide the requested accommodations. Provide specific information below for those accommodations which may pose difficulty, making sure to suggest alternate approaches when necessary.

Background Information

The term “person with a disability” is defined in the United States as a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, and/or is regarded as having such an impairment. The disabilities addressed in this form include:

- Chronic systemic conditions: Affect one of more systems of the body. This category includes cancer, diabetes, asthma, epilepsy, etc.
- Hearing disabilities: Can range from students who have difficulty hearing, have diminished hearing in one or more ear, or are completely deaf.
- Vision disabilities: Can range from students who have low vision, partial sight, or total blindness.
- Neurobiological disabilities: Includes students with Autism Spectrum Disorders, including Asperger’s Syndrome, Auditory Processing Disorder, or Attention Deficit Hyperactivity Disorder (ADHD).
- Learning disabilities: Significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, and/or mathematical abilities, with the presence of at least average intelligence. Includes dyslexia (reading disability), dysgraphia (writing disability), or dyscalculia (math disability).
- Physical disabilities: Can range from students with limited mobility to total paralysis. Conditions that may cause a physical disability include arthritis, spinal cord injuries, neuromuscular disorders, cerebral palsy, etc.
- Mental disabilities: Includes anxiety disorders, depression, obsessive compulsive disorder, bi-polar disorder, schizophrenia, etc.