

CENTRALE SPECIAL ARRANGEMENTS AND INDIVIDUAL SUPPORT

Students with disabilities and medical conditions requiring special arrangements

ADMINISTRATIVE INFORMATION

LAST NAME:			First Name:				
DATE OF BIRTH:			Student number:				
ADRESS:							
MAIL:			Phone:				
STUDY							
TARGETED DIPLOMA OR CERTIFICATION:							
YEAR OR DATES OF STUDY: 20 – 20			Du /	/ 20	au	/	/ 20
INITIAL TRAINING App			Apprenticeship programmes				
STUDENT STATUS			Contrat d'apprentissage				
			Contrat de professionnalisation				
FILE HANDLED BY:							
DISABILITY ADVISOR	LAST NAME First name:			Mail:			
NURSE	LAST NAME First name:			Mail:			
DOCTOR	LAST NAM		Mail:				
DEAN OF STUDIES	LAST NAM		Mail:				
FILE RECEIVED ON:							
These arrangements ar They will be automatica						_	

In the event of special teaching arrangements, a learning contract will be drawn up and signed by the student and the Dean of Studies.

If you are moving to or undertaking a work placement in another institution (university or company), you will need to follow the procedures in the host institution. (this document can be attached to your new request).



SPECIAL ARRANGEMENTS AND INDIVIDUAL SUPPORT

STUDY ARRANGEMENTS				
ADJUSTMENTS	Student's requests	Advice - Recommendations from the doctor	Opinion of the multidisciplinary team and decision of the Dean of studies	
TRAINING METHODS: • FACE-TO-FACE • DISTANCE LEARNING • INTERNSHIP				
TEACHING METHODS: (ADJUSTMENTS DURING THE COURSE, CLASSROOM SET-UP, PARTICIPATION IN SPORTS ACTIVITIES, ROLE-PLAYING, COMMUNICATION EXERCISES, ETC.)				
LEARNING RESOURCES: ADAPTING MEDIA INSTRUCTIONS EXERCISES				
HUMAN ASSISTANCE: • TEACHING SUPPORT • EDITORIAL SUPPORT				
TECHNICAL ASSISTANCE: • HARDWARE • SOFTWARE • E-LEARNING PLATFORM • VIDEOCONFERENCING				



SPECIAL ARRANGEMENTS AND INDIVIDUAL SUPPORT

ASSESSMENT ARRANGEMENTS				
ADJUSTMENTS	S tudent's requests	Advice - Recommendations from the doctor	Opinion of the multidisciplinary team and decision of the Dean of studies	
WRITTEN EXAMS: • INDIVIDUAL • GROUP				
ORAL EXAMS: • INDIVIDUAL • GROUP				
PRACTICAL EXAMS: • INDIVIDUAL • GROUP				
SPECIFIC EXAMS: ON THE JOB , SITUATIONAL, SPORT, LANGUAGES				



SPECIAL ARRANGEMENTS AND INDIVIDUAL SUPPORT

STUDENT AND CAMPUS LIFE ARRANGEMENTS					
ADJUSTMENTS	S tudent's requests	Advice - Recommendations from the doctor	Opinion of the multidisciplinary team and decision of the Dean of studies		
ACCESS TO BUILDINGS, EQUIPMENT, ETC.					
STUDENT LIFE - CAMPUS: • TRAVEL • FOOD • ACCESS TO HEALTHCARE • ACCOMMODATION					
HELP WITH JOINING THE WORKFORCE: • PARTNER NETWORK, COMPANIES IMMERSIONS, JOB SURVEYS, INTERNSHIPS					

Date: / /20	Date: / / 20	Date: / / 20	Date: / /20
Signature of student:	LAST NAME First name	Signature of disability advisor:	Signature and stamp of Dean of studies:
Le: / /20	Doctor's signature and		
LAST NAME First name of nurse:	stamp:		