

WELCOMING STUDENTS WITH DISABILITIES - REQUEST FOR INDIVIDUALIZED SUPPORT STUDY AND EXAMINATION ADAPTATIONS -

Students in initial training or vocational training trainees

To submit your request for accommodation and support,

- **The student or trainee with a disability or in a disabling situation completes this form**, which can be downloaded online, and sends it to the Direction of studies (direction.formation@ec-nantes.fr), who acknowledges receipt of the request to the student/trainee by e-mail, and forwards the completed form to the Centrale Nantes nurse, who will meet the student for an initial consultation.
- At the end of the interview, and with the agreement of the student or trainee, **the nurse adjusts the completed form**, and, after signature by the student, forwards it to the doctor (SSE) designated by the CDAPH, as a document to be consulted before the appointment.
- As part of the **first medical examination conducted by the doctor**, the student or trainee must bring with him or her medical records and documents attesting to the accommodations he or she has benefited from as part of his or her schooling and/or professional life
- At the end of the visit, **the doctor issues a recommendation for accommodation and support**, which he or she shares with the Centrale Nantes nurse, filling in the column reserved for him or her, and signs the document
- Finally, **a multi-disciplinary team** (Director of studies or Head of Continuing Education, Nurse, Student Life, Disability Advisor and Head of Training/Courses), the student (accompanied by his or her family, if applicable), and an external partner for an external or specialist opinion if necessary (e.g. occupational therapist), **make proposals for accommodations and support measures**.
- The document is then signed by the disability advisor and the course director. **Validation is pronounced** by the training director for study and assessment accommodations, and by the disability referent for other aspects.
- The final decision is notified and communicated to the student, with the setting up of an educational contract if studies and assessments are to be modified by the Training Department or the Continuing Education Department. This notification includes information on deadlines and appeal procedures. A copy of this document is sent to the student, the schooling department, the doctor, the disability advisor and the nurse.
- In the event of total or partial refusal of accommodation for examinations or competitive examinations, the candidate or his/her legal guardian, if he/she is a minor, has the right to appeal.

Students in initial training or trainees in vocational training who are disabled or have a disability

| 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__ |
| <u>Learner in initial training :</u> <input type="checkbox"/> Student status <input type="checkbox"/> Apprentice status | | <u>Vocational training trainee:</u> <input type="checkbox"/> Study without an internship <input type="checkbox"/> Study with an internship <input type="checkbox"/> Professionalization contract <input type="checkbox"/> VAE |
| File received on: | | |
| Handled by: | | |
| Disability Advisor | LAST NAME First name: | Mail : |
| Nurse | LAST NAME First name: | Mail : |
| Doctor | LAST NAME First name: | Mail : |
| Director of studies | LAST NAME First name: | Mail : |
| Head of Continuing Education | LAST NAME First name: | Mail : |

This plan is valid from the date of its validation for developments other than pedagogical ones. It will be tacitly renewed and may be revised at the request of either party at any time. In the event of a pedagogical adjustment, a pedagogical contract will be drawn up and signed by the student and the course director.

Students in initial training or trainees in vocational training who are disabled or have a disability

| ARRANGEMENT OF STUDIES | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------|--------------------------------------------------------------------------------|
| Desired adaptations | Students'/trainees' requests | Recommendations from the health physician | Opinion of the multidisciplinary team and decision of the Direction of studies |
| Training methods concerned : <ul style="list-style-type: none"> • Face-to-face • Distance learning • Internship | | | |
| In training discussions and activities : <ul style="list-style-type: none"> • Didactics¹ • Pedagogy² <i>For all activities, including sports, role-playing and communication exercises, etc.</i> | | | |
| Teaching resources: Adapting media <ul style="list-style-type: none"> • Instructions • Exercises | | | |
| Human help: <ul style="list-style-type: none"> • Pedagogical support • Editorial support | | | |
| Technical help: <ul style="list-style-type: none"> • Hardware • Software • E-learning platform • Videoconferencing | | | |

¹ Information exchange between teacher and learner

² Art and science of teaching

Students in initial training or trainees in vocational training who are disabled or have a disability

| AMENAGEMENT DES EVALUATIONS | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------|
| Desired adaptations | Students'/trainees' requests | Recommendations from the health physician | Opinion of the multidisciplinary team and decision of the Direction of studies |
| Competitive entrance/admission exams | | | |
| Written exams: <ul style="list-style-type: none"> • Individual • Collective | | | |
| Oral exams: <ul style="list-style-type: none"> • Individual • Collective | | | |
| Practical exams: <ul style="list-style-type: none"> • Individual • Collective | | | |
| Specific exams: <ul style="list-style-type: none"> • On the job, • Situational, • Sports, English language, or French as foreign language | | | |

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| ACCOMPAGNEMENT ET VIE ETUDIANTE | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------|----------------------------------------|
| Desired adaptations | Students'/trainees' requests | Recommendations from the health physician | Decision of the multidisciplinary team |
| Accessibility of buildings, facilities, etc. | | | |
| Students' life, campus: <ul style="list-style-type: none"> • Travel • Food • Access to healthcare • Accommodation | | | |
| Help with professional integration: <ul style="list-style-type: none"> • Partner network, Company immersions, Internships surveys | | | |
| During an internship or apprenticeship: <ul style="list-style-type: none"> • School/company relations • Codes and behaviours • HR and disability issues • Staying abroad | | | |

| | | | |
|----------------------------------|----------------------|----------------------------------|-------------------------------------------------|
| Date: __/__/20__ | Date: __/__/20__ | Date: __/__/20__ | Date: __/__/20__ |
| Signature of student or trainee: | LAST NAME First name | Signature of disability advisor: | Signature and stamp of the director of studies: |
| LAST NAME First name of nurse: | Signature of doctor | | |