**DISABILITY INFORMATION FORM**

Discovery Program for Global Learners

Okayama University

Student Support

**Name:**

**Examinee Number:**

**Email Address:**

In accordance with the Act for Eliminating Discrimination against Persons with Disabilities, Okayama University makes every effort to provide necessary and reasonable accommodations for students with disabilities.

This information you disclose helps the university and program understand your disability, identify your needs, and also helps us begin the process of arranging potential study support. This information is confidential and will not affect your admission. However, please note that the information may be released to relevant parties, including Okayama University Health Service Center and Center for Student Support, in the event of an emergency situation.

1. **SELF-ASSESSMENT CHECKLIST**

**Please tell us about the nature of your disability. Please check all that apply:**

* A social/communication impairment such as Asperger’s syndrome and autism.
* A long-term mental health condition such as depression and sleeping disorder.
* A specific learning difficulty such as dyslexia or ADHD (Attention-Deficit Hyperactivity Disorder).
* A disability, impairment or medical condition that is not listed above. Please specify. ( )

1. **STUDY SUPPORT HISTORY**

Have you received disability-related study support in the past? Yes/No

If yes, please describe disability-related provisions or examination arrangements you received previously.

1. **REQUEST FOR STUDY SUPPORT**

Please tell us about how your disability impacts your studies and the nature of support that your disability requires.

1. **EVIDENCE OF YOUR DISABILITY**

Please attach evidence of your disability to this form (e.g., doctor’s medical report). Documents in languages other than English or Japanese should be accompanied by a certified English or Japanese translation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_