

Medical Specialist Confirmation (Without Diagnosis) About Study-Relevant Functional Impairments

This confirmation serves the University for Continuing Education Krems as a basis for changing examination modalities for students. Please do NOT provide details of diagnosis(es) or medical history! Only the functional impairments that affect studying are relevant.

1. Personal details

Student ID number	Date of birth
First name(s)	LAST NAME(S)
Phone	Email
Title of the study program according to the curriculum (please also indicate the specialization, if applicable)	

2. Information on Study-Relevant Functional Impairment (please tick as appropriate and add)

Gross Motor Skills

- | | | |
|-----------------------------------|------------------------------------|------------------------------------|
| ☐ Running | ☐ temporary | ☐ permanent |
| ☐ Walking | ☐ temporary | ☐ permanent |
| ☐ Sitting | ☐ temporary | ☐ permanent |
| ☐ Standing | ☐ temporary | ☐ permanent |

Fine Motor Skills

- | | | |
|---|------------------------------------|------------------------------------|
| ☐ Speech impairment or speech disorder | ☐ temporary | ☐ permanent |
| ☐ Fine motor skills (hand/fingers) | ☐ temporary | ☐ permanent |

Hearing Impairments

- | | | | | |
|--|--|---|--|---|
| ☐ Mild (up to 30dB) | ☐ temporary right | ☐ temporary left | ☐ permanent right | ☐ permanent left |
| ☐ Medium (30-60dB) | ☐ temporary right | ☐ temporary left | ☐ permanent right | ☐ permanent left |
| ☐ Severe (60-90dB) | ☐ temporary right | ☐ temporary left | ☐ permanent right | ☐ permanent left |
| ☐ Deaf (90dB or more) | ☐ temporary right | ☐ temporary left | ☐ permanent right | ☐ permanent left |

Visual Impairments

- | | | | | |
|---|--|---|--|---|
| ☐ Limited contrast vision | ☐ temporary right | ☐ temporary left | ☐ permanent right | ☐ permanent left |
| ☐ Limited color vision | ☐ temporary right | ☐ temporary left | ☐ permanent right | ☐ permanent left |
| ☐ Limited field of vision | ☐ temporary right | ☐ temporary left | ☐ permanent right | ☐ permanent left |
| ☐ Severe visual impairment | ☐ temporary right | ☐ temporary left | ☐ permanent right | ☐ permanent left |
| ☐ Blindness | ☐ temporary right | ☐ temporary left | ☐ permanent right | ☐ permanent left |

Cognitive or Psychological Impairments

- | | | |
|---|------------------------------------|------------------------------------|
| ☐ Concentration and attention deficit disorder | ☐ temporary | ☐ permanent |
| ☐ Anxiety in performance situations | ☐ temporary | ☐ permanent |
| ☐ Problems understanding social situations | ☐ temporary | ☐ permanent |
| ☐ Other | ☐ temporary | ☐ permanent |

Partial Performance Disorders

- | | | | |
|---|--|--------------------------------------|--|
| ☐ Reading disorder | ☐ Spelling disorder | ☐ Dyscalculia | ☐ Developmental disorder of coordination and motor skills |
|---|--|--------------------------------------|--|

Other Study-Related Impairments (e.g. Chronic Illnesses)

- | | |
|------------------------------------|------------------------------------|
| ☐ temporary | ☐ permanent |
|------------------------------------|------------------------------------|

- | | |
|------------------------------------|------------------------------------|
| ☐ temporary | ☐ permanent |
|------------------------------------|------------------------------------|

- | | |
|------------------------------------|------------------------------------|
| ☐ temporary | ☐ permanent |
|------------------------------------|------------------------------------|

- | | |
|------------------------------------|------------------------------------|
| ☐ temporary | ☐ permanent |
|------------------------------------|------------------------------------|

3. Impact of the impairment(s) on studies (please tick as appropriate and add)

Specified impairment(s) mean(s) that it is NOT possible to perform as specified in the curriculum (e.g. attendance, examinations, homework, group work, written work, presentations, excursions...) because:

- | | | |
|--|-------------|------------------------------------|
| ☐ (Expected) duration of the impact until | <div></div> | ☐ permanent |
|--|-------------|------------------------------------|

4. Recommendation for compensation for disadvantages (please tick as appropriate and add)

- ☐ Change of examination form
- ☐ Written instead of oral examinations
- ☐ Oral instead of written examinations
- ☐ Homework instead of presentations
- ☐ Presentations instead of homework
- ☐ Individual work instead of group work
- ☐ Group work instead of individual work n
- ☐ Written performance assessment instead of participation in an excursion

☐ Extension of writing time for written examinations by

☐ Extension of preparation time for oral examinations by

☐ Extension of the working time by actual break times

☐ Examinations in separate rooms with own supervision

☐ Use of technical aids (e.g. laptop) for written examinations

☐ Writing assistance for written examinations

☐ Extension of submission deadlines for term papers and theses

☐ Compensation for frequent absences

☐ Other

5. Confirmation by specialist

LAST NAME(S)

First name(s)

Specialist for

Street, house number

Zip code

Place

Date

Signature

Stamp