



## Additional Support Request Questionnaire

*If you feel that you need additional support, please fill in this questionnaire and return it to [studentwellbeing\\_bsog@vub.be](mailto:studentwellbeing_bsog@vub.be)*

Completing this questionnaire is strongly recommended to ensure that you receive the most informed assistance during your programme.

The information provided will only be accessible to specific Student Services staff, stored electronically, and deleted upon programme completion. Your responses will not impact your application, and sharing information with third parties requires your consent.

The questionnaire aids in tailoring support to your individual needs, facilitating accurate emergency responses, preventing unfair disadvantages, and promoting a focused approach to studies.

Your cooperation is appreciated, and we thank you for your time.

**First name:**

**Last name:**

**Programme at BSoG:**

## Gender

- Female
- Male
- Prefer not to say
- Prefer to self-describe:

## Do you identify as Trans?

- Yes
- No
- Prefer not to say

## Would you like information about your pronoun preferences passed on to your direct teaching and support staff?

- Yes (Please indicate your pronouns):
- No

## Disability

Please indicate for which disability you wish to request support:

- Motor function limitation: You have a physical impairment or mobility issues, such as difficulty using your arms, walking short distances or you use a wheelchair.
- Visual Impairment: you are blind or have a visual impairment not corrected by glasses.
- Auditory impairment
- Chronic illness: you have a long-standing illness or health condition such as diabetes, epilepsy, sickle cell, a heart condition, cancer or HIV.
- Learning disability (such as dyslexia or dyscalculia)
- Social/communication impairment such as Asperger's syndrome or another autistic spectrum disorder

You have a specific learning difficulty such as dyslexia, dyspraxia or ADHD. Please specify:

- Tic disorder
- Developmental coordination disorder
- Developmental dysphasia
- Development stuttering
- Psychiatric disability, You have a mental health condition, such as depression, anxiety, bi-polar affective disorder or schizophrenia
- Other functional limitation:

You have a disability, impairment or medical condition that is not listed here (Please specify) :

No disability

### **Mental health and medical care**

Have you ever been diagnosed with a mental health difficulty?  
(e.g. depression etc)

Yes

No

Who supports you in your home country (e.g. disability officer, study supervisor/guidance, psychiatrist, doctor/specialist, therapist, physiotherapist)? How often do you see them?

Would you like to be put in touch with the counsellor at BSoG?

Yes

No



If you have a severe mental health episode would you like us to inform a family member or friend?

Yes

No

If yes please complete the below information

Their name:

Their phone number:

Their email address:

Do you take medication? If yes, do you experience side effects that impact your studies?

## Academic career information

What obstacles did you encounter because of your disability?

What measures or guidance did you receive to deal with those obstacles?

Which of those measures and guidance do you find really supportive?

## Study path at BSoG:

These are the various teaching and evaluation methods that are used in higher education.

- Lectures
- Practical lessons
- Group work in pairs
- Group work with more than two
- Independent research work
- Independent study
- Field trips
- Internships
- Individual writing assignments such as papers, thesis
- Presentations
- Fieldwork outside the school
- Written exam with open questions
- Multiple choice exam
- Open book exam
- Oral examination

Do you experience certain obstacles with certain forms of teaching and evaluation methods? If so, which ones?

Do you foresee difficulties in following lessons (being present, paying attention, understanding assignments, taking notes, daring to ask questions, making contact with fellow students or teachers...)? If so, which ones?

Do you foresee difficulties in taking exams (being present, paying attention, understanding assignments, taking notes, answering in a structured way, daring to ask questions,...)? If yes which one?

Which education and examination accommodation measures do you think you need?

Do you need specific adjustments made to study material (large print, braille conversions, supply of digital files in function of software)?

Would you like to inform your teachers and fellow students about your disability? Why/why not? How would you like to handle that?

Do you have strict religious observance obligation that may impact your attendance to classes or exams, or for which you will need a prayer room?

**Mobility and accessibility** How will you move to BSoG? Are there specific needs in that area (adapted transport, personal assistance)?



Are there specific points of attention in terms of the accessibility of buildings (elevator, wheelchair, classroom, etc.)?

## Your questions

Are there any other questions or topics you would like to discuss in person?

## Documents

To be eligible for education and examination accommodations, you must have your disability recognised by a medical professional. Accommodations will be awarded based on documentation supplied.

Please return this form and supporting documents to [studentwellbeing\\_bsog@vub.be](mailto:studentwellbeing_bsog@vub.be)

Once we receive your completed questionnaire, you will receive a confirmation email with an invitation to meet with us.

Your BSoG Wellbeing Team.