

Confirmation of Study-Relevant Functional Impairments

This confirmation serves Modul University Vienna as a basis for adjusting studying and examination modalities for students. Please do not provide any medical history here. This document will only be actioned when accompanied by an official diagnosis from a specialized doctor. Only German, English or documents officially translated into these languages are accepted. Only functional impairments relevant to the studies are applicable.

Information about the student

Family name, First name	
Student ID number	
Email	
Mobile Phone number (optional)	

Information about study-relevant functional impairments

On a physical, psychological, cognitive, and/or social level.
(Please check and supplement as applicable)

1. GROSS MOTOR SKILLS

	Permanent	Temporary-occasional
<input type="checkbox"/> Walking	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Running	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sitting	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Standing	<input type="checkbox"/>	<input type="checkbox"/>

2. FINE MOTOR SKILLS

	Permanent	Temporary-occasional
<input type="checkbox"/> Speech impairment or disorder	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fine motor skills	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hand/fingers [right / left]	<input type="checkbox"/>	<input type="checkbox"/>

3. HEARING IMPAIRMENT

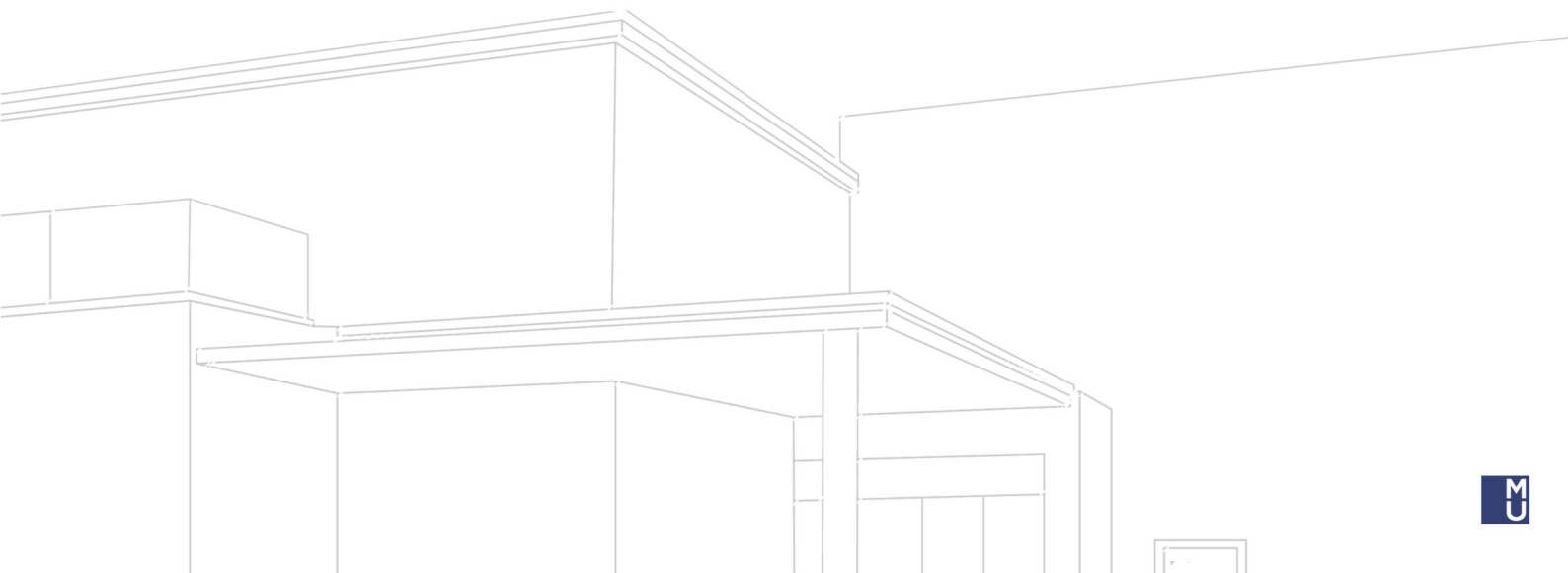
	Permanent	Temporary-occasional
<input type="checkbox"/> Mild (up to 30 dB)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Moderate (30–60 dB)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Severe (60–90 dB)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Deaf (above 90 dB)	<input type="checkbox"/>	<input type="checkbox"/>

4. VISUAL IMPAIRMENT

	Permanent	Temporary-occasional
<input type="checkbox"/> Reduced contrast vision	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Color vision deficiency	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Restricted field of vision	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Severe visual impairment - According to Bundespflegegeldgesetz §4a (4) and (5)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Blindness - According to Bundespflegegeldgesetz §4a (4) and (5)	<input type="checkbox"/>	<input type="checkbox"/>

5. OTHER SOMATIC SYMPTOMATOLOGY

	Permanent	Temporary-occasional
<input type="checkbox"/> Digestive system	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respiratory system	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cardiovascular system	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nervous system	<input type="checkbox"/>	<input type="checkbox"/>



6. OTHER SPECIFIC SYMPTOMATOLOGY

	Permanent	Temporary-occasional
<input type="checkbox"/> Chronic pain	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chronic dizziness	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chronic fatigue	<input type="checkbox"/>	<input type="checkbox"/>

7. COGNITIVE AND PSYCHOLOGICAL SYMPTOMATOLOGY

	Permanent	Temporary-occasional
<input type="checkbox"/> Reading	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spelling	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Calculating	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Executive functions	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Orientation (temporal, spatial, situational, in relation to oneself)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Attention and concentration	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Drive and/or psychomotor function	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sensory sensitivity	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Understanding social situations	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Anxiety in performance situations	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Anxiety in social situations	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fears and compulsions	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Affectivity	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Conscientiousness	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Perception	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Formal thinking	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other symptom areas; please specify below	<input type="checkbox"/>	<input type="checkbox"/>

OTHER STUDY-RELEVANT IMPAIRMENTS

IMPACT OF IMPAIRMENTS ON STUDIES

The specified impairments result in the difficulty to perform as required in the curriculum, e.g., attendance, exams, papers, written assignments, presentations, excursions, study organization, because:

RECOMMENDATION FOR COMPENSATION OF DISADVANTAGES

Please note this is only a recommendation, and any deviations in examination methods must be coordinated with the learning objectives of the respective curriculum and feasibility.

- ▶ Extended submission deadlines
- ▶ Extended absences as needed and within the allowed scope
- ▶ Change of exam format: written instead of oral exams, oral instead of written exams
- ▶ Substitute performance instead of presentations, papers, oral participation, excursion participation
- ▶ Barrier-free preparation of course and examination materials
- ▶ Extra writing time during exams
- ▶ Allowing preparation time and extension for oral exams
- ▶ Allowing breaks not counted as exam time
- ▶ Exams in separate rooms with separate supervision
- ▶ Use of laptop/computer (incl. screen reader, magnifier, aids) in written exams
- ▶ Scribing in written exams

- ▶ Permission to use noise-cancelling headphones
- ▶ Other

CONFIRMATION BY SPECIALIST / CLINICAL PSYCHOLOGIST / PSYCHOTHERAPIST

Name:

Specialized in:

Address:

Contact details (email/phone):

Stamp & Signature _____

Vienna, __/__/____

