#### A...kademie der bildenden Künste Wien

#### Agreement on alternative modes of assessments

According to the Universities Act section 59(1)(12) and the statutes of the Academy of Fine Arts Vienna section 42

#### 1. Student data

Last name:	
First name(s):	
Matriculation number:	
Study program:	
E-mail address (Academy):	@student.akbild.ac.at

# 2. Declaration of study relevant Functional Impairment (physical, mental health related, cognitive and/or social impairment):

Functional impairments: Below you can find examples of functional impairments that we are familiar with. Please do not list any details related to a medical diagnosis or history but only information about functional impairments that can affect your ability to study. Please describe which impairments apply using key words.

Gross motor impairment	
(walk, sit, stand):	
Fine motor impairment	
(write, type, manual	
activities):	
Speech impairment:	
Auditory impairment:	
Visual impairment	
(contrasts, colours, visual	
field, blindness):	
Cognitive or mental	
impairment	
(concentration, attention,	
study-related fears):	
Dyslexia, dyscalculia,	
coordination:	
Other impairments	
(social situations, time	
management, study-related	
organisation):	

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## 3. Medical professional declaration

Last name:	
First name(s):	
Address:	
Date:	
signature, stamp:	

#### 4. Alternative teaching support and assessments

a) Course and/or exam title(s)/type(s) Please indicate for which courses and exams you will need support and an alternative assessment.

Course(s):	
Exam(s):	

b) Course and teaching adjustments : Please make suggestions which adjustments would be necessary.

Adjustments:			
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c) Alternative assessment types: Please make suggestions how the assessment should be adapted in order to overcome potential limitations. (ex: extra time, written rather than oral test, on the computer rather than by hand)

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## 5. Agreement

Agreement between the student, the head of the course/lecturer and the advisor for accessible studies of the Academy of Fine Arts Vienna. Please fill in your name and signature:

Student	
(name, signature):	
Teacher	
(name, signature):	
Contact person accessible	
studies (name, signature):	

## 6. Decision of the Vice-Rector for Art and Teaching

– Date:	
Signature:	Mag.ª Dr. <sup>in</sup> Ingeborg Erhart, Vice-Rector for Art and Teaching