

Dean's office/Student Affairs committee  
Faculty of Medicine,  
University of Peradeniya.

## Questionnaire for identification of students with special needs

### Faculty of Medicine, University of Peradeniya

To be differently-abled is hardly a barrier to an aspiring medical graduate. Your personal experience may even be a help than a hindrance in managing differently-abled patients. The Faculty of Medicine, University of Peradeniya, supports differently-abled students by offering counseling, arranging necessary medical referrals and by provision of assistance during teaching-learning activities and examinations. By completing this form, you provide us with information necessary to arrange such assistance.

All information provided by you is strictly confidential, and will be handled by the Dean's office/ student Affairs Committee with your permission. Our objective is to empower you in handling your difficulties so that they would not prevent you from achieving your goals in medical profession.

Please note, while you have the right to refrain from providing us with information, it could be a disadvantage for you later. Also note you can report your disability any time during the course if you feel that you need some support.

For all support available, and our policy on students with special needs, please refer the student handbook, log onto the faculty website, consult the helpdesk or email directly to [helplinemed@pdn.ac.lk](mailto:helplinemed@pdn.ac.lk).

Thank you for your co-operation.

Name:

Student ID:

1. Handedness (for writing :

2. Do you have any of the following conditions? If yes, please mention further details.

- Visual Impairment :
- Colour Blindness :
- Hearing Impairment :
- Speech Impairment :
- Physical Disability :
- Specific Learning Disorders :
- Mental health issues :
- Specific allergies :
- Any other :

3. Do you need special arrangements when attending for lectures/ learning sessions? Please mention.

4. Do you need special assistance in conducting laboratory work or field work? Please mention.

5. Do you need special arrangements for examinations? Please mention.

Signature : .....

Date : .....