

Overview of disabilities and possible adaptations

Category	Disability	Description	Concrete measures	Coaching measures
Neuro-biological disorder	AD(H)D	Attention and concentration disorders, impulsiveness and hyperactivity. Poor planning, difficulty with details, forgetting appointments. Lots of moving, restlessness, difficulty with waiting, interrupting others, not being able to focus attention on one task long, difficulty with the overall picture, difficulty with details, forgetting appointments and instructions, missing social signals, social problems arise with fellow-students and lecturers. Attendant psychiatric disorders occur frequently.	Adapted study track Extending examination time Leniency in deadlines ADHD training for adults (e.g. GGZ) SIG training course: study approach and/or motivational group memory techniques (mindmapping, literature: <i>Gebruik je hersens</i> , JW van den Brandhof) Distraction-free room, taking examinations separately Advising lecturers to pay extra attention to the structure and general overview of lectures and classes Cooperation with/advice from the physician attending the student in question Student gives a clear explanation to the people involved (e.g. working group) as to how they had best deal with him/her	Depending on the seriousness, very structural and structured coaching by SCC/tutor Extra coaching by tutor Extra study planning and text understanding Extra tutor hours in view of the above
	Allergy	Bronchi complaints, burning or itching eyes, coughing, tightness of the chest and eczema. Eczema may cause emotional stress (shame and problems in social contacts). In the case of food allergies, stomach aches, headaches and diarrhoea are also possible.	No carpeting in the classrooms Dust-free classrooms (as much as possible) Adequate ventilation to prevent contaminated air No use of strongly scented markers on the boards (huge irritation!) Examinations in specially adapted room Miticide (mite-killing) treatment of carpets and curtains	Efficient coaching by student counsellors, by mutual consultations, as a result of which studying won't pose a problem for the student
Psychological disorder	Anxiety disorders	When a person is very anxious on a regular basis, when this anxiety is out of proportion and unreal, and causes substantial limitations, which disrupt both one's personal life and one's studies, an anxiety disorder may be involved. One in eight Dutch people suffer from some kind of anxiety disorder. There are different kinds: panic disorder, various types of phobias (unreal fears), obsessive-compulsive disorders, and the generalised anxiety disorder (chronic anxiety and fear). Characteristics: anxiety and attendant stress. This may manifest itself in recurring panic attacks, sometimes coupled with hyperventilation. Some phobias involve fear for certain objects, situations or activities. These are avoided. The invisibility of and unfamiliarity with this functional disorder may give rise to a lack of understanding in one's environment. In the student him/herself, an anxiety disorder may cause susceptibility to stress, uncertainty, social limitations and isolation.	Possibility to immediately quit the study activity in the case of an anxiety attack Familiar, safe environment, acceptance Distraction-free room, taking examinations separately Restricting the number of working groups Student clearly explains to the people involved (e.g. working group) how they had best deal with him/her SIG training course: fear of failure Social skills training course Contact with fellow sufferers (see website) Website: www.fobieclub-nederland.nl	Extra coaching by tutor Guidance by means of study planning

Eating disorder	Anorexia nervosa	<p>A dangerous disorder which requires expert treatment or hospitalisation. Is more frequent among girls than boys. Extreme urge to lose weight. Eating, weight and body volume are an obsession. This leads to underweight. Fear of body fat and weight gain, often with a misperception of one's body. Often emerges in girls (and boys) with low self-respect, who feel that they have lost control over their lives. They feel that losing weight puts them back in charge. Often emerges after a profound change (e.g. embarking on a new study programme). Problems are denied or trivialised and their eating behaviour is kept secret.</p> <p>There are two types: with binge-eating and self-induced vomiting and/or misuse of laxatives. Decreasing blood pressure and underweight cause several physical problems, such as tiredness, not being able to think clearly, dizziness, depression, sleeping disturbances. Social isolation is another consequence. Misuse of laxatives may lead to kidney and liver damage, muscle cramps and cardiac arrhythmia. Sometimes even cardiac arrest.</p>	<p>SIG training course: study approach (study planning, reading tips, text understanding) Spread of examinations Distraction-free room, taking examinations separately Social skills training course, cooperating Student clearly explains to the people involved (e.g. working group) how they had best deal with him/her Relaxation exercises</p> <p>Websites: www.eetstoornis.net/start.php www.ping.be</p>	<p>Extra coaching by tutor in terms of study planning, working under time pressure, etc. Course 'In gevecht met je lichaam' (GGZ Breda; initial eating problems) Cooperation with/advice from the physician attending the student in question.</p>
	Arthritis	<p>Inflammation of the joints, causing the joints to become painful and stiff. Especially in the smaller joints of the hands, feet and wrists. Over time, damage to the joints may lead to deformities.</p>	<p>Spread of examinations Studying / working at home during painful periods Individual study room Note-taking assistant Use of laptop Building in rest time at school</p>	<p>Highly efficient coaching is essential, both by student counsellors and tutors, and in addition, by fellow-students to support in note-taking, etc.</p>
	Autism and autism-related disorders	<p>There are various forms of autism, including Asperger and PDD-NOS. The attendant problems revolve around processing stimuli, qualitative impairment in social interaction, language, oversensitivity to stimuli, lack of self-confidence. Autistic persons hold on to familiar, regular patterns and are sensitive to stress in terms of differing / new situations. The invisibility of and unfamiliarity with this functional disorder may give rise to a lack of understanding in one's environment. A strong interest in a certain subject (often obsessive) and overestimation of one's own capacities, especially seen in Asperger patients.</p>		
Psychological disorder	Borderline	<p>Fear, depressiveness and being confused. Basic characteristics are: impulsiveness and emotional unstableness. Does not consider the consequences of impulsive acts (which may manifest itself in addiction/criminality). Black-and-white thinking, excessive mood changes, difficulty with making contacts, occurs more frequently in women.</p> <p>In extreme cases, psychotic symptoms (see psychosis), social isolation, self-mutilation, threatening with suicide, alcohol and drug abuse, gambling and shopping addiction, varying sexual contacts, eating disorders, separation anxiety.</p>	<p>Support by the lecturer Sitting next to the same fellow-student every time Fixed structure in class Use of relax room Cooperating with a regular partner Keeping an anxiety diary Restricting the number of working groups</p> <p>websites: www.stichtingborderline.nl www.borderline.pagina.nl</p>	<p>Coaching and guidance by a familiar person Coaching and guidance to deal with fear of failure, to become more assertive</p>

	CNSLD	Chronic non-specific lung disease, often involving an allergic reaction. Breathing problem attacks, such as shortness of breath, wheezing breath. Difficulty with heavy physical work.	No carpeting in the classrooms Dust-free classrooms (as much as possible) Adequate ventilation to prevent contaminated air No use of strongly scented markers on the boards (huge irritation!)	Efficient coaching by student counsellors, by mutual consultations, as a result of which studying won't pose a problem for the student
	Chronic skin disease	Example: psoriasis. This condition is characterised by flare-ups with symptom-free periods in between. Patches of skin (just how many depends on the level of severity) itch and are painful. Dealing with and accepting this disease may be difficult. The patient's uncertainty may inhibit social contact. Stress and uncertainty add to the complaints. Itching and pain cause concentration problems.	Studying / working at home Leniency in attendance	
	Concentration problems	Problem with focusing attention on one or more matters. Person is easily distracted. Concentration problems are often symptoms of or caused by a certain disorder. Example: ADHD, schizophrenia, back problems, anxiety disorder, RSC/CRPS (posttraumatic dystrophy).	Concentrating attention by means of a kitchen timer Individual, distraction-free study room Ready-made notes on paper Sitting close to lecturer, preferred lecturer Arranging fixed breaks Small working groups	Coaching in planning (classes and lectures, studying, and so on)
Disease	Intestinal disorders	Such as: intestinal infection, intestinal gallstones, intestinal ischemia, constipation, diarrhoea, intestinal sounds, volvulus, intestinal obstruction, intestinal bulging, inflammatory bowel disease.		
	Depression	According to the Dutch depression foundation, it is a disease. A depression or depressive feelings may also be a symptom or result of another disability. Everyone has depressive feelings occasionally or goes through a depressive period at some point in time. This manifests itself in a gloomy mood, feeling of emptiness, loss of interest and enjoyment. A depression manifests itself in at least 7 of the following items: a feeling of uselessness or guilt, little energy or tiredness, slowness or lack of initiative, motivation problems, restless behaviour, recurring thoughts about death or suicide, sleeping disorders, memory problems. A depression may occur on a once-only basis, but also periodically. The invisibility of a depression and the attendant mood of the student may give rise to a lack of understanding in one's environment.	Recommended websites: www.zwaarweert.nl is aimed at 'the blues', a test to find out whether you are dealing with just a 'bad patch' or a depression. Also a great deal of tips. www.depressiestichting.nl, also featuring a test to assess the seriousness of the complaints.	Extra coaching by tutor Study planning, observing agreements, and structure Rest time, relax room Coaching by a familiar person Fixed rules regarding deadlines and attendance SIG training course: study approach (memory techniques, reading techniques, planning) Memory techniques (mindmapping, literature: <i>Gebruik je hersens</i> – JW van den Brandhof) Relaxation methods (yoga, CD relaxation exercises SenN) Student clearly explains to the people involved (e.g. working group and other fellow-students) how they had best deal with him/her Course 'Grip op je dip' (GGZ, afd. preventie)

	Bad patch, the blues	This occurs more often in students than a 'real depression'. If you match only some of the items mentioned above, we prefer to speak of a 'bad patch'. The symptoms are often less serious. Nevertheless, this bad patch should be taken seriously, because it causes a great deal of trouble and may be a prelude to a depression.		
Arithmetic disorder	Dyscalculus	Arithmetic disorder. Sometimes because of problems with short-term memory. Occurs in 10 % of primary school children. Problems with learning certain basic arithmetic skills, i.e. the meaning of numbers and quantities, learning arithmetic procedures and three-dimensional understanding. No problems with the understanding of arithmetics. Dyscalculus may frustrate talent, have emotional consequences, such as depression and fear of failure.	Use of calculator Working with preprinted work sheets (?) Extra time in examinations and assignments involving arithmetics Extra explanation in units of study involving arithmetics Oral examination of units of study involving arithmetics Possible exemption from units of study involving arithmetics, officially acknowledged by the Minister of Education in April 2006 Websites www.balansdigitaal.nl	
	Dyslexia	Dyslexia is a disorder which interferes with the acquisition and processing of language. Dyslexics have trouble with the units of language called phonemes. Dyslexia is an inherited condition.	Extra examination time Use of computer or laptop in examinations (with spelling checker) Written summaries of lectures in advance Quiet examination room Oral examination instead of written Ignoring spelling mistakes in examinations or applying an adapted marking scheme Clear guidelines Do computer examinations on paper An enlarged copy of the examination	Confidential relationship with and/or commitment by lecturer or supervisor Coaching aimed at the problem (not: remedial teaching) Possibly, helping the student deal with fear of failure
Eating disorder	See Anorexia nervosa			
Neurological disorder	Epilepsy	Epilepsy is a chronic neurological condition characterised by recurrent seizures that are caused by abnormal cerebral nerve cell activity. Seizures may vary from temporary decreased conscience (absence) to falling, shock-like contractions and muscle spasms, combined with falling. Patients can suddenly fall, make strange sounds and movements, smell, see or taste something strange. After the seizure, patients usually don't remember anything about it and they function normally again. Epilepsy may affect a person's functioning, e.g. stiff muscles after a seizure, injuries from falling, shame and isolation owing to (a fear of) the seizures in public, having to abstain from all sorts of activities (e.g. driving a car, swimming). Anti-epileptics are strong medicines and are often used in combination. There are many side-effects which influence a person's functioning (periodically or structurally), e.g. sleeping trouble, concentration problems, anxiety attacks	The school needs to know what type of seizures the patient suffers from, employees and fellow-students need to be informed and know how to act A major seizure, which doesn't stop automatically after 5 minutes, needs to be stopped by means of strong medication, because of the risk of hypoxia and as a result, brain damage. Patients often carry medication (warn someone from NHTV's emergency response team). Possibly, postponement of examinations, assignments, and if necessary, extra opportunities	

		or hallucinations, eating disorders, drowsiness or (hyper)activity, depression and other psychological consequences.		
	Fear of failure	Underachievement as a result of fear. Fear for a task, assignment or examination may fully control the student. It may also cause physical reactions, such as heart palpitations, sweating, stomach and intestinal complaints, headache, sleeplessness, hyperventilation and/or shaking. The invisibility of this functional disorder may give rise to a lack of understanding in one's environment. Fear of failure usually goes hand in hand with a negative self-image, perfectionism and/or unreal negative thoughts.	Safe environment, gaining positive experiences SIG training course: reducing fear of failure Memory techniques (mindmapping, literature: 'Gebruik je hersens', JW Brandhof) Relaxation methods (yoga, CD relaxation exercises S and N) Presenting in a small group Distraction-free room, taking examinations separately Use of relaxation room Website: www.ggd.nl/ggdinfo/faalangst	Structure, clarity Extra coaching by tutor, extra placement supervision Attention for study planning
	Fibromyalgia	A chronic condition causing pain and stiffness of the muscles, tendons and joints. Pain and loss of power mainly occur after physical strain or after long periods of sitting or standing. Patients experience morning stiffness and fatigue.	Doing examinations on the computer A locker for textbooks Use of a laptop in workshops or lectures Leniency in attendance Possibility to work/study at home, when symptoms are worse	Efficient coaching by student counsellors, by mutual consultations, as a result of which studying won't pose a problem for the student In addition, adequate support by other offices/services in view of muscle pains and use of laptop within school
	Phobia	See anxiety disorders		
	Hearing impairment	Students who are deaf or whose hearing is impaired. Various problems such as: trouble with hearing or no hearing at all, trouble with hearing certain tones, trouble with distinguishing sounds. Certain tones may also cause pain. Examples: tinnitus (whistling ears), Meniere's disease and prelingual deafness.	Written support by lecturer Recording lectures Arrangements regarding the provision of information (e-mail) Sitting close to the lecturer Use of microphone Regular, suitable place in classroom / lecture hall Working in small groups, making arrangements regarding work methods Solo equipment (sound amplification) Writing interpreter	
Illness	Cancer	An illness characterised by abnormal cell division. There are more than hundred types of cancer. A distinction is made between solid (in one place) cancer and non-solid (spreads everywhere) cancer in benign or malignant form. As there are so many different types, it is difficult to describe general characteristics. Loss of weight and fatigue may be visible in the patient, but there are many other physical characteristics, also caused by medication.	Adapted study programme (more time) Exemption from excursions Oral instead of written examinations or the other way around Take-home examinations Permission to use the lift Permission to eat in class Good chair / wheelchair in class	
Neurological disorder Temporary handicap	Hernia	Bulge of the intervertebral disc which presses against a nerve, causing pain to one leg, often preceded by backpain. Pressure to a nerve may result in a loss of function of that nerve, paralytic symptoms or a tingling or numb feeling of one or more muscles. Hernia can be	Use of lift Postponed or alternative examinations / assignments Extra examination opportunities Adaptations at placement or graduation	Study coaching and feedback by lecturers via e-mail during recovery period at home

		cured by rest and physiotherapy (70-80 %), sometimes an operation is called for. Recovery after the operations takes weeks to months. The work load has to be increased slowly and gradually.	company Leniency in attendance	
	Immunologic disease, autoimmune disease	Characterised by the body's immune responses being directed against its own tissues, causing prolonged inflammation and subsequent tissue destruction. The disease has an unknown cause. It is manifested by muscle weakness and fatigue. Also: coughing, rash, etc. owing to the quickly contracting of infections.	Extended examination time Adapted study programme (more time) Extra examination opportunities (frequent and spontaneous infections) Adapted placement (less hours over extended period of time) Leniency in attendance Permission to use the lift Exemption from excursions / case studies	
	M.E.	Periods of enormous mental and physical exhaustion. Recovery often takes long and progress is slow. Complaints vary from day to day, and even from hour to hour. There is a minimum chance of healing. Often / possible: the fatigue is often accompanied by a loss of power in the muscles and pain in the joints. The following complaints also frequently occur: concentration and memory problems, depression, mental confusion, anxiety attacks, headache, sore throat, intestinal disorders, allergies, trouble with speaking or writing, blurry or double vision.	Separate relax room Use of lockers for textbooks Adapted placement Leniency in attendance Permission to use the lift Adapted study programme Spread of examinations and assignments Working/studying at home in the case of extreme fatigue.	Highly efficient coaching is essential, both by student counsellors and tutors, and in addition, by fellow-students to support in class. Also by supporting services.
Neurological disorder	Migraine	Hundreds of thousands of patients suffer from forms of serious chronic headache. Social and societal impacts are often underestimated and treatment leaves much to be desired, there is often a lack of understanding in one's environment. Migraine and related headaches are not psychological diseases, but they may cause stress and tension attacks. Patients are often on medication. Duration and frequency of the attacks vary. Chronic headache and migraine attacks may seriously hamper studying, e.g. because of concentration problems, sleeping disturbances, isolation due to a lack of understanding, missing classes, etc.	Study materials and examinations in larger typeface If the student has to work behind a computer screen: not too long Small, quiet places to work / examination rooms Postponed examinations / assignments and extra opportunities Oral instead of written examination	
Neurological disorder	Multiple sclerosis	A chronic, inflammatory disease that affects the central nervous system. MS can cause a variety of symptoms, including changes in sensation, visual problems, muscle weakness, depression, difficulties with coordination and speech, severe fatigue, and pain.	Permission to use the lift and a chair Extended examination time Text enlargement	Mental guidance, in serious cases, help.
Neurological disorder	Narcolepsy	Narcolepsy is a chronic neurological disorder caused by the brain's inability to regulate sleep-wake cycles normally. At various times throughout the day, people with narcolepsy experience fleeting urges to sleep. If the urge becomes overwhelming, patients fall asleep for periods lasting from a few seconds to several minutes. In rare cases, some people may remain asleep for an hour or longer.	Medication treatment (stimulants) No concrete, physical means required	Inform the team (and class) of the disorder in order to avoid unjust reproaches

	RSC/CRPS (posttraumatic dystrophy)	Reflex sympathetic dystrophy and complex regional pain syndrome are nerve disorders characterised by chronic severe burning pain, pathological changes in bone and skin, excessive sweating, tissue swelling and extreme sensitivity to touch. Conditions that can bring RSD about are sprains, fractures, surgery, damage to blood vessels or nerves and certain brain injuries. The symptoms can be described as continuous, intense pain that is out of proportion to the severity of the injury and which gets worse rather than better over time. It most often affects the arms, legs, hands or feet. Symptoms deteriorate after physical strain. The pain may cause concentration problems.	Ergotherapeutical ED (everyday life) adjustments and aids (e.g. adapted PC equipment) Doing examinations on a laptop Oral instead of written examinations if the patient's hands are painful Provision of transparency sheets (if not available on ELO) by lecturer if taking notes is too painful Leniency in deadlines Website: pdver.atcomputing.nl	
	PPDNOS, see autism			
	Psychosis, for lingering symptoms, also see schizophrenia	Strange, bizarre behaviour. Patients have their own reality due to delusions and hallucinations (hearing, seeing, feeling and smelling things that others don't) and confused mental state. The patient thinks too quickly, slowly or chaotically. The thoughts cannot be controlled, trouble with absorbing and remembering information. Sensitive to stress, avoiding stressful situations, structure in life and a good balance between rest and activity.	Support by the lecturer Sitting next to the same fellow-student every time Fixed structure in class Use of relax room Cooperating with a regular partner Keeping an anxiety diary Restricting the number of working groups	Coaching and guidance by a familiar person Coaching and guidance to deal with fear of failure, to become more assertive
Disease, sometimes with handicap	Rheumatism	Rheumatism is a collective name for various illnesses with pain in the joints, hands and fingers or the entire body as the main characteristics. Rheumatism is a disease that is virtually incurable. However, different types of rheumatic therapy can reduce pain and inflammation. The most well-known rheumatic illnesses are: rheumatoid arthritis, arteritis temporalis, reactive arthritis, youth rheumatism, Bechterew's disease, arthrosis, fibromyalgia, gout, EDS, polymyalgia rheumatica, SLE, Sjogrens syndrome, Paget's disease.	Ergotherapeutical ED (everyday life) adjustments and aids (e.g. adapted PC equipment) Doing examinations on a laptop Oral instead of written examinations if the patient's hands are painful Provision of transparency sheets (if not available on ELO) by lecturer if taking notes is too painful Leniency in deadlines Website: www.jongwans.nl/reuma.html	Referring the student to psychological help
	RSI	Repetitive Strain Injury is the term applied to a variety of conditions affecting the muscles, tendons, ligaments, nerves, or joints. RSI is often work-related, and can result when a person makes too many of the same motions over a long period of time. It is characterised by numbness, pain, and a wasting and weakening of muscles, particularly in a person's neck, arm or hand. Not dangerous, but very inconvenient. If the symptoms are neglected, permanent damage and pain may be the result.	Furniture and facilities based on ergonomics. Particularly computer equipment (monitor set-up, keyboard) and seating furniture (chair / desk chair / height of desk)	Monitoring by <i>Arbodienst</i> / NHTV's facilities officers
	Schizophrenia, also see psychosis	Psychological disorders especially characterised by recurring psychotic episodes. A person may also have chronic complaints, which are called lingering symptoms. Continuous medication is important. Negative lingering symptoms: few emotions, absent and reserved behaviour. Not being able to arrange one's	Support by the lecturer Sitting next to the same fellow-student every time Fixed structure in class Use of relax room Cooperating with a regular partner	Coaching and guidance by a familiar person Coaching and guidance to deal with fear of failure, to become more assertive

		thoughts, neglecting oneself, one's studies and social contacts. The disorder (or its medication) may cause a lack of initiative, fatigue, lack of motivation and ability to concentrate. Result: social problems, fears and depression. After a psychosis, the patient is often very tired.	Keeping an anxiety diary Restricting the number of working groups websites: www.schyzofrenieplein.nl www.anoiksis.nl	
	Muscular disease	There are countless muscular diseases. The seriousness of muscular diseases and possible attendant handicaps vary greatly with each diagnosis. The diagnosis and the consequences, possibilities and limitations resulting from it (and any relevant adaptations) will have to be established for each student suffering from a muscular disease individually.	If the student uses a wheelchair, walking aids or has difficulty walking: use of the lift, disabled toilet, doorstep-free study environment as much as possible, no heavy swing doors, access to canteen, library and so on, handicapped parking space (marked by the vehicle's registration number, or general – for taxis, e.g.) All classrooms, lecture halls, workspaces and in general rooms such as the Mediatheek and canteen must be suitable for wheelchair users If necessary, a table at wheelchair height Adapted PC equipment (keyboard, mouse) Adapted study track probably necessary Adapted examinations / assignments, examinations on adapted PC Adapted examination location Extended examination time Adaptations in practical components ED help from employees and fellow-students	Coaching / guidance
	Muscular weakness	Muscular weakness is characterised by a weak feeling in one's limbs, weak muscles, loss of power and fatigue. Myasthenia gravis (grave muscle weakness) is an autoimmune disease that affects the transmission of signals from nerves to muscles. The hallmark of MG is muscle weakness that increases during activity. It may even lead to paralysis. Other symptoms are: double vision, sagging facial muscles, weakness of chewing, talking and swallowing muscles, neck and arm muscles.	See muscular disease	
	Metabolic disease	A metabolic disease is a disorder caused by a problem with the accumulation of chemicals produced naturally in the body, many of which interfere with the ability to produce energy from protein, fats and carbohydrates in the diet. Usually caused by a lack of enzymes, which is manifested as a specific syndrome in one or more organs. Some of these diseases are inherited, these patients usually know very well how to deal with it and what their possibilities and limitations are. Other diseases crop up at a later stage. There are over 600 hereditary metabolic diseases and many are still unknown. Some can be treated with medication, a diet or an organ transplantation. Examples are diabetes, phenylketonuria, porphyria, cystic fibrosis, gout.	Permission to eat in class (on account of diet) Lecturers show consideration for coming late or leaving the classroom during class (e.g. for the purpose of inhalation because of tightness of the chest or insulin injections because of diabetes) For the rest, depending on the nature and consequences of the disease	

	Diabetes	Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for daily life. Blood glucose levels are above normal. Symptoms: frequent urination, excessive thirst and weight loss.	Necessity to eat more often and/or use medication and probably going to the toilet more often Permanent permission to eat or drink and use the toilet	
	Whiplash	Headache and neckache are common complaints. Patients may develop a fear to move. Dizziness, equilibrium disturbances, trouble finding words, nausea, poor vision, sensitivity to light and noise. Loss of energy, fatigue and tingling in arms and legs.	Individual room (extra time, speech recognition) Breaks Distraction-free room Support in writing Spread of examinations (over the day, over the term) Coaching / training in study skills Oral examination instead of written Extended examination time	
	Chrohn's disease	Relatively infrequent, but potentially dangerous disease. It is an inflammatory bowel disease, particularly the large intestine is affected. Symptoms include pain, intestinal obstruction and major problems with nutrition. Problems are also caused by sleeping disturbances.	Student may be absent on a regular basis Medication may desensitise the nervous system, as a result of which the student appears to be absent-minded Permission to be absent unannounced and to be less alert in class.	Guidance in the form of "a listening ear"