ELE USAL STRASBOURG

Course adjustment request form

Version: October 2026 — English

This optional form helps us consider adjustments that may support your participation in a course. You may also request a conversation with our disability support contact without completing it. Please do not disclose your diagnosis or attach medical records.

Requests are considered individually. This form does not constitute course registration or confirmation of the requested adjustments. Please read the privacy notice and consent section on page 4 before submitting it.

1. Your contact details

Full name:

.....

Email address or telephone number:

.....

Preferred contact method: [ ] Email [ ] Telephone [ ] Other: .....

Suitable times to contact you (optional):

.....

Your name and a contact method are necessary for us to respond to an individual request. All other answers are optional.

2. Your course plans

Course or level you are considering:

.....

Intended start date or period:

.....

[ ] Enquiring before registration [ ] Already registered [ ] Attending a course

Format to consider: [ ] At school [ ] Online [ ] At home [ ] To be discussed

Our premises are on the second floor, without a lift, and are not accessible to wheelchair users. Lessons at your home depend on teacher availability, travel feasibility and suitable conditions for teaching.

3. Difficulties to take into account

Please select only the situations relevant to your participation:

[ ] Travelling to or accessing the course venue.

[ ] Reading documents or information on a screen.

[ ] Hearing discussions or audio materials.

[ ] Understanding instructions or following several pieces of information.

[ ] Speaking and participating in discussions.

[ ] Writing, taking notes or using learning materials.

[ ] Concentrating or organising my work.

[ ] Keeping up with the pace or length of sessions.

[ ] Using digital tools or video calls.

[ ] Another difficulty affecting my participation.

Relevant details, without detailed medical information:

.....

.....

.....

4. Adjustments to consider

[ ] More readable documents: text size, contrast or layout.

[ ] Written, rephrased or step-by-step instructions.

[ ] Materials provided in advance where possible.

[ ] Adjustments to the pace, breaks or activities.

[ ] Online lessons or the possibility of lessons at my home.

[ ] An individual conversation to explore a solution.

Other adjustments you would like us to consider, or tools that already help you:

.....

.....

.....

Adjustments and their practical, teaching and pricing arrangements will be agreed with you. These examples are not automatically available.

5. If you are considering online lessons

Equipment or condition	Yes	No	To check
Device suitable for video calls	[ ]	[ ]	[ ]
Suitable internet connection	[ ]	[ ]	[ ]
Suitable space to attend lessons	[ ]	[ ]	[ ]

Would you like a conversation or technical trial? [ ] Yes [ ] No [ ] To discuss

Any particular needs relating to digital tools or materials:

.....

.....

6. If you are considering a DELE examination

Are you considering a DELE examination? [ ] Yes [ ] No [ ] I do not know yet

Would you like us to contact you about adjustments? [ ] Yes [ ] No

DELE examination adjustments follow a separate procedure. Deadlines, supporting documents and options are checked for the examination session concerned. Course adjustments do not constitute approval of examination arrangements. Do not attach medical documents to this general form.

7. How to submit your request

Paper: hand it directly to Diana BRAVO MORENO, or use a sealed envelope marked “Confidential — disability support contact”.

Email: contact dbravom@strasbourg-eleusal.com first. If your completed form contains sensitive information, ask for secure submission instructions before sending it.

Online: use the school’s “Adaptation needs” form when available. You may also request a telephone conversation.

8. Your contact

Diana BRAVO MORENO — President and disability support contact
dbravom@strasbourg-eleusal.com
06 67 53 77 41
General contact: info@strasbourg-eleusal.com

9. Protection of your personal data

Data controller: INSTITUT DE LANGUE ESPAGNOLE ELE USAL STRASBOURG, 9 rue Saint-Aloïse, 67100 Strasbourg. Contact: info@strasbourg-eleusal.com.

Purposes and legal bases: to consider your request, communicate with you and follow up on agreed adjustments. Processing is based on your consent (GDPR Article 6(1)(a)) and, where answers reveal your health or disability, your explicit consent (Article 9(2)(a)).

Choice and recipients: this form is optional. You may request a conversation without completing it. Your name and a contact method are needed for an individual reply; other answers may be limited to relevant information. Further details may be needed to assess an adjustment. Diana BRAVO MORENO handles your request. Teachers receive only the instructions needed for adjustments, not the full questionnaire. Access to stored responses must be restricted to authorised persons.

Retention: if you do not register, responses are deleted no later than six months after the last exchange about your request. If you register, they are kept during the course and deleted no later than six months after it ends, or sooner if no longer needed.

Withdrawal: you may withdraw consent at any time by contacting the disability support contact or info@strasbourg-eleusal.com. This does not affect the lawfulness of earlier processing. Processing based on that consent will stop and the relevant data will be deleted, unless a separate legal justification requires certain information to be retained, in which case you will be informed.

Refusing or withdrawing consent does not, in itself, constitute grounds for refusing registration. It may limit assessment or continuation of an adjustment if the necessary information can no longer be used. We will discuss the available options with you.

Your rights: access, rectification, erasure, restriction and portability where its conditions are met. Contact: info@strasbourg-eleusal.com. You may complain to the CNIL, the French data protection authority: www.cnil.fr.

10. Explicit consent

[ ] I consent to my answers being used to consider my request and follow up on agreed adjustments. If they reveal information about my health or disability, I explicitly consent to its processing for these purposes only. I have read the notice above and may withdraw my consent at any time.

Full name: .....

Date: ..... / ..... / ..... Signature: