

DISABILITIES AND ACCOMMODATIONS POLICY

I. INTRODUCTION

- (A) *Pertinent laws and regulations.* Accommodations for disabilities at the post-secondary education level are mandated by Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA), implementing regulations and various provisions in state law. Section 504 requires all that all federally funded programs, including educational programs where students receive federally guaranteed loan funds, provide accommodations to all "otherwise qualified" persons who self-identify as having any disability that "substantially limits one or more major life activities."
- (B) *How a disability "substantially limits one or more major life activities" and requires accommodation.*
- (1) The law has defined learning as one of the "major life activities." The courts have determined that not every impairment is substantially limiting and that each need for accommodation must be made on a case-by-case basis with the key factor being the effect of the impairment on the individual's life as determined by assessment using both clinical judgment and objective evidence such as testing, which shows the individual to be significantly impaired when compared to the average person. The assessment should be completed by an appropriately qualified professional and address the current impact of the disability on academic performance along with providing a rationale for all recommended accommodations. The assessment is at the student's expense.
 - (2) Common forms of accommodation include modified test taking, interpreters, note-takers and physical access.
- (C) *Identifying students with disabilities.*
- (1) If, in the admissions process, an applicant formally discloses having a disability, the admissions office, with the student's permission, notifies the disabilities coordinator upon the applicant's acceptance to the school and commitment to enroll. The disabilities coordinator will then contact the student to inquire about accommodations and academic adjustment needs.
 - (2) Students who do not, in the admissions process, mention having a disability may contact the disabilities coordinator at any time, if they require academic adjustments.

II. PROCEDURES

- (A) The ADA coordinator is the Vice President for Administration. The disabilities coordinator is the Dean of Students.
- (B) Students with disabilities who require accommodations should seek assistance with the disabilities coordinator.
- (C) Documentation should be brought to the disabilities coordinator. It must be on letterhead, dated and have a diagnosis, and should list recommendations for accommodations. Additional details regarding necessary documentation are contained in appendices to this policy and from the disabilities coordinator.
- (D) Students should request support services as early as possible.
- (E) The disabilities coordinator will review the documentation and will make a determination in consultation with other staff members as to what, if any, accommodations will be provided.
- (F) The disabilities coordinator will ensure that disability-related documents are kept confidential and are shared with college personnel on a limited and need-to-know basis only. Ordinarily, disability documentation will not be released to a third party without the consent of the subject of the documentation except as authorized by law.
- (G) The disabilities coordinator will provide the student with a letter regarding the requested accommodation(s) for course instructors or other relevant personnel. The letter is valid for one year only. A student with accommodations must meet with the disabilities coordinator prior to the beginning of each year. Either the student or the disabilities coordinator may request a meeting at any time.
- (H) Grievance Procedure:
 - (1) All ADA complaints, excluding those filed against the disabilities coordinator, shall be addressed to the ADA coordinator. All ADA complaints filed against the ADA coordinator shall be addressed to the Vice President for Academic Affairs.

- (2) A complaint shall be in writing, contain the name and address of the person(s) filing it, and briefly describe the alleged violation.
- (3) A complaint shall be filed within 180 days after the complainant becomes aware of the alleged violation. (Processing of allegations of discrimination that took place before this grievance procedure was in effect will be considered on a case-by-case basis.)
- (4) An investigation, as may be appropriate, shall follow the filing of the complaint. The investigation shall be conducted by either the ADA coordinator or the Vice President for Academic Affairs, depending upon the nature of the grievance. These rules anticipate informal but thorough investigations, affording all interested persons and their representatives an opportunity to submit evidence relevant to a complaint.
- (5) A written determination as to the validity of the complaint and a description of the resolution shall be issued by either the ADA coordinator or Vice President for Academic Affairs, and a copy will be forwarded to the complainant.
- (6) The ADA coordinator shall maintain the files and records of the complaints and records.

Appendix A:
Documentation Requirements for Medical Conditions, Affective and Anxiety Disorders

I. DOCUMENTATION PREREQUISITES

- (A) The documentation requirements in Appendix A apply to all forms of disability except those described in Appendices B and C of this policy. Appendix A applies to medical conditions including but not limited to visual impairment, hearing impairment and physical impairment.
- (B) Documentation must include the name, title and professional credentials of the evaluator, information about licensure or certification, the area of specialization and the state or states in which the individual is authorized to practice. Documentation should be completed by a licensed medical practitioner, psychiatrist or licensed psychologist who has direct knowledge of the disability. All reports must be on letterhead and must be typed, dated and signed by the evaluator.

II. DOCUMENTATION MUST BE CURRENT.

- (A) Documentation must be current. Documentation will presumptively be considered current if it was written within the past 36 months. Because the provision of reasonable accommodations and services is based upon RRC's assessment of the current impact of the disability on academic performance, it is in a student's best interest to provide recent and appropriate documentation. RRC reserves the right to require periodic updates of documentation.
- (B) It is important to recognize that accommodation needs can change over time and are not always identified through the initial diagnostic process. Conversely, a prior history of accommodations does not, in and of itself, warrant the provision of a similar accommodation.
- (C) If documentation is inadequate in scope or content or does not address the individual's current level of functioning and need for accommodations, re-evaluation may be required.

III. DOCUMENTATION NECESSARY TO SUBSTANTIATE THE DIAGNOSIS MUST BE COMPREHENSIVE.

- (A) To properly document a need for accommodations for individuals with medical conditions, clinicians shall use the appropriate medical testing.

- (B) The profile of the student's strengths and weaknesses must be shown to relate to functional limitations that may necessitate accommodations.
- (C) Markers of the diagnosis are less well established for mood and anxiety disorders than for other medical illnesses or conditions. Therefore, confidence in the validity of the diagnosis increases in direct proportion to the ability to document the presence of the following:
 - (1) A characteristic pattern of clinical symptoms that meet DSM-IV criteria.
 - (a) Mood disorders
 - (b) Anxiety disorders
 - (c) Adjustment or stress disorders are unlikely to form the basis for an ADA accommodation request because of their transience.
 - (2) Documentation of the characteristic age of onset and course of illness for each disorder
- (D) Test anxiety is not a psychiatric disorder; therefore, test anxiety is not sufficient evidence of a mental illness as classified by DSM-IV. The patient must meet the criteria for generalized anxiety disorder or one of the other anxiety-related illnesses.
- (E) The report must include a specific diagnosis of the disability. The diagnostician should use direct language in the diagnosis of the disability, avoiding such terms as "suggest" or "is indicative of".

IV. EACH ACCOMMODATION RECOMMENDED BY THE EVALUATOR MUST INCLUDE A RATIONALE.

- (A) The evaluator must describe the impact of the diagnosed disability on a specific major life activity as well as the degree of impact on the individual. The diagnostic report must include specific recommendations for accommodations that RRC can reasonably provide.
- (B) The documentation must include any record of prior accommodations or auxiliary aids, including information about specific conditions under which the accommodations were used and whether or not they benefited the individual.
- (C) If no prior accommodations were provided, the evaluator must include an explanation of why no accommodations were needed in the past and why

accommodations are needed at this time.

- (D) The disabilities coordinator will make the final determination as to whether appropriate and reasonable accommodations are warranted and can be provided to the student.

Appendix B:
**Documentation Requirements for Attention-Deficit Disorder/Attention-Deficit
Hyperactivity Disorder (ADD/ADHD)**

I. DOCUMENTATION PREREQUISITES

- (A) Documentation must include the name, title and professional credentials of the evaluator; information about licensure or certification; the area of specialization; and the state or states in which the individual is authorized to practice. Documentation should be completed by a psychologist, psychiatrist or other relevantly trained medical doctor who has direct knowledge of the disability. Comprehensive training in the differential diagnosis and the full range of psychiatric disorders as well as direct experience with an adolescent or adult ADHD population is essential. It may be appropriate to use a clinical team approach consisting of a variety of educational, medical and counseling professionals with training in the evaluation of ADHD. All reports must be on letterhead and must be typed, dated and signed by the evaluator.

II. DOCUMENTATION MUST BE CURRENT.

- (A) Documentation must be current. Documentation will presumptively be considered current if it was written within the past 36 months. Because the provision of reasonable accommodations and services is based upon RRC's assessment of the current impact of the disability on academic performance, it is in a student's best interest to provide recent and appropriate documentation. RRC reserves the right to require periodic updates of documentation.
- (B) It is important to recognize that accommodation needs can change over time and are not always identified through the initial diagnostic process. Conversely, a prior history of accommodations does not, in and of itself, warrant the provision of a similar accommodation.
- (C) If documentation is inadequate in scope or content or does not address the individual's current level of functioning and need for accommodations, re-evaluation may be required.
- (D) Changes may have occurred in the individual's performance since the assessment, or new medications may have been prescribed or discontinued, which would result in the necessity of an update in the evaluation report. The update must include a detailed assessment of the current impact of the ADHD.

III. DOCUMENTATION NECESSARY TO SUBSTANTIATE THE DIAGNOSIS MUST BE COMPREHENSIVE.

- (A) The particular profile of the student's strengths and weaknesses must be shown to relate to functional limitations that may necessitate accommodations.
- (B) The evidence of current impairment must include the following:
 - (1) **Statement of Presenting Problem:** A history of the individual's presenting attentional symptoms should be provided, including evidence of ongoing impulsive/hyperactive or inattentive behaviors that significantly impair functioning.
 - (2) **Diagnostic Interview:** The information collected for the summary of the diagnostic interview should consist of more than a self-report, because information from third party sources is critical in the diagnosis of ADHD.
 - (3) **Relevant Testing Information:** Neuropsychological or psychoeducational assessment is important in determining the current impact of the disorder on the individual's ability to function in academically related settings. The evaluator must objectively review and include with the evaluation report relevant background information to support the diagnosis. Test scores or subtest scores alone should not be used as a sole measure for the diagnostic decision regarding ADHD. Selected subtest scores from measures of intellectual ability, memory functions tests, attention or tracking tests or continuous performance tests do not in and of themselves establish the presence or absence of ADHD. Checklists and surveys can serve to supplement the diagnostic profile but in and of themselves are not adequate for the diagnosis of ADHD and do not substitute for clinical observations and sound diagnostic judgment. All data must logically reflect a substantial limitation to the learning for which the individual is requesting the accommodation.
 - (4) **Identification of DSM-IV Criteria:** A diagnostic report must include a review and discussion of the DSM-IV criteria for ADHD both currently and retrospectively and must specify which symptoms are present (see DSM-IV for complete criteria).

- (5) **Specific Diagnosis:** The report must include a specific diagnosis of the disability. The diagnostician should use direct language in the diagnosis of the disability, avoiding such terms as "suggest" or "is indicative of." The report must include a specific diagnosis of ADHD based on the DSM-IV diagnostic criteria. Individuals who report only problems with organization, test anxiety, memory or concentration in selective situations do not fit the prescribed diagnostic criteria for ADHD.

IV. EACH ACCOMMODATION RECOMMENDED BY THE EVALUATOR MUST INCLUDE A RATIONALE.

- (A) The evaluator must describe the impact of the diagnosed ADHD on a specific major life activity as well as the degree of impact on the individual. A detailed explanation as to why each accommodation is recommended must be provided and should be correlated with specific functional limitations determined through interview, observation and/or testing. The diagnostic report must include specific recommendations for accommodations that RRC can reasonably provide.
- (B) The documentation must include any record of prior accommodations or auxiliary aids, including information about specific conditions under which the accommodations were used and whether or not they benefited the individual.
- (C) If no prior accommodations were provided, the evaluator must include an explanation of why no accommodations were needed in the past and why accommodations are needed at this time.
- (D) The disabilities coordinator will make the final determination as to whether appropriate and reasonable accommodations are warranted and can be provided to the student.

**Appendix C:
Documentation Requirements for Learning Disabilities (LD) and
Cognitive Impairments**

I. DOCUMENTATION PREREQUISITES

- (A) Documentation must include the name, title and professional credentials of the evaluator; information about licensure or certification; the area of specialization; and state or states in which the individual is authorized to practice. Documentation should be completed by a licensed psychologist or licensed or certified school psychologist who has direct knowledge of the student and his/her disability. All reports must be on letterhead and must be typed, dated and signed by the evaluator.

II. DOCUMENTATION MUST BE CURRENT.

- (A) Documentation must be current. Documentation will presumptively be considered current if it was written within the past 36 months. Because the provision of reasonable accommodations and services is based upon RRC's assessment of the current impact of the disability on academic performance, it is in a student's best interest to provide recent and appropriate documentation. RRC reserves the right to require periodic updates of documentation.
- (B) It is important to recognize that accommodation needs can change over time and are not always identified through the initial diagnostic process. Conversely, a prior history of accommodations does not, in and of itself, warrant the provision of a similar accommodation.
- (C) If documentation is inadequate in scope or content, or does not address the individual's current level of functioning and need for accommodations, re-evaluation may be required.
- (D) Changes may have occurred in the individual's performance since the assessment, or new medications may have been prescribed or discontinued, which would result in the necessity of an update in the evaluation report. The update must include a detailed assessment of the current impact of the LD.

**III. DOCUMENTATION NECESSARY TO SUBSTANTIATE THE DIAGNOSIS
MUST BE COMPREHENSIVE.**

- (A) The particular profile of the student's strengths and weaknesses must be

shown to relate to functional limitations that may necessitate accommodations.

- (B) Testing must be comprehensive in the assessment of a learning disability. Testing must include assessment of cognitive ability, achievement and information processing. The following list is provided as a helpful resource but is not intended to be definitive or exhaustive.

(1) Aptitude/Cognitive Ability:

- *Wechsler Adult Intelligence Scale-III (WAIS-III)*
- *Woodcock-Johnson Psychoeducational Battery-Revised: Tests of Cognitive Ability*
- *Kaufman Adolescent and Adult Intelligence Test*
- *Stanford-Binet Intelligence Scale (4th ed.)*

The *Slosson Intelligence Test-Revised* and the *Kaufman Brief Intelligence Test* are primarily screening devices, which are not comprehensive enough to provide the kinds of information necessary to make accommodation(s) decisions.

(2) Academic Achievement:

- *Scholastic Abilities Test for Adults (SATA)*
- *Stanford Test of Academic Skills (TASK)*
- *Woodcock-Johnson Psychoeducational Battery-Revised: Tests of Achievement*
- *Wechsler Individual Achievement Test (WIAT)*

(3) Information Processing:

- *Detroit Tests of Learning Aptitude-3 (DTLA-3)*
- *Detroit Tests of Learning Aptitude-Adult (DTLA-A)*
- Information from sub-tests on the *WAIS-R* or *Woodcock-Johnson Psychoeducational Battery-Revised: Tests of Cognitive Ability*, as well as other relevant instruments, may be useful when interpreted within the context of other diagnostic information.

IV. DOCUMENTATION MUST INCLUDE A SPECIFIC DIAGNOSIS.

- (A) The report must include a specific diagnosis of the disability. The diagnostician should use direct language in the diagnosis of the disability,

avoiding such terms as “suggest” and “is indicative of”.

- (B) Nonspecific diagnoses, such as individual “learning styles,” “learning differences,” “academic problems,” “computer phobias,” “slow reader,” and “test difficulty or anxiety” in and of themselves do not constitute a learning disability.

V. EACH ACCOMMODATION RECOMMENDED BY THE EVALUATOR MUST INCLUDE A RATIONALE.

- (A) The evaluator must describe the impact of the diagnosed disability on a specific major life activity as well as the degree of impact on the individual. A detailed explanation as to why each accommodation is recommended must be provided and should be correlated with specific functional limitations determined through interview, observation and/or testing. The diagnostic report must include specific recommendations for accommodations that RRC can reasonably provide.
- (B) The documentation must include any record of prior accommodations or auxiliary aids, including information about specific conditions under which the accommodations were used and whether or not they benefited the individual.
- (C) If no prior accommodations were provided, the evaluator must include an explanation of why no accommodations were needed in the past and why accommodations are needed at this time.
- (D) The disabilities coordinator will make the final determination as to whether appropriate and reasonable accommodations are warranted and can be provided to the student.