

APPENDIX A

DEFINITIONS

Different definitions and standards exist concerning specific learning disabilities, their diagnoses and treatment. Below is a review of current thought and definitions of “specific learning disability” or “perceptual or communicative disorder.”

1. Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)

The DSM-IV criteria for learning disorders specifies there are learning disorders in reading (315.00), mathematics (315.1), written expression (315.2) and uses the assessment that the “ability, as measured by individually administered standardized tests, is substantially below that expected given the person’s chronological age, measured intelligence, and age-appropriate education.” (Note: The state of North Carolina specifies “substantially below” as 15 points below.)

2. As defined by the Center for Adult Learning of the American Council on Education,

“Learning Disabilities constitute a chronic handicapping condition of neurological origin that selectively interferes with the acquisition, integration, and/or expression of verbal and/or nonverbal abilities. It is an inherent, lifelong handicap which manifests itself in both academic and non-academic areas. It includes, but is not limited to, the following conditions which may affect an individual’s ability to be tested fairly: dyslexia, dysgraphia, dyscalculia, dyslogia, hyperactivity, attention deficit disorder, receptive aphasia, and distractibility. It may result from a variety of circumstances including trauma, illness, or arrested drug or alcohol abuse.”

3. The Federal Definition of Specific Learning Disability

“Specific learning disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. The term does not include students who have learning problems that are the result of visual, hearing or motor limitations, mental retardation, emotional disturbance or environmental, cultural, or economic disadvantage.” (U.S. Office of Education, August, 1977).

4. Definition from The National Joint Committee on Learning Disabilities

“A heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span.” (1990, p. 65)

5. As defined by the Americans with Disabilities Act, a person is disabled if s/he:

- a. has a mental or physical impairment which substantially limits one or more of the person's major life activities;
- b. has a history of such impairment; or
- c. is regarded as having such an impairment.

6. Other ADA Definitions:

Disabled person: any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such an impairment, or is regarded as having such an impairment.

Physical impairment: any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory including speech organs, cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin and endocrine.

Mental impairment: any mental or psychological disorder such as organic brain syndrome, emotional or mental illness, specific learning disabilities, and Attention Deficit/Hyperactivity Disorder.

Major life activities: functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Record of such: a history of or has been misclassified as having an impairment.

Regarded as having: does not limit a major life activity but is treated as such, is limited only as a result of attitudes of others or is treated by a recipient as having such an impairment. Individuals regarded as having such an impairment include individuals with stigmatic conditions (such as persons who have been burned) that are viewed as physical impairments even if they do not substantially limit major life activities; the person's ability to work may be substantially limited as a result of negative reactions of others to the impairment. Perceived disabilities include such conditions as those controlled by medication (epilepsy, diabetes) or cerebral palsy.

Substantially limits: prohibits or significantly restricts an individual's ability to perform a major life activity as compared to the ability of the average person.

The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, AIDS, HIV, cancer, heart disease, diabetes, mental retardation, emotional illness, and arrested drug addiction and alcoholism.

Determining whether a person is substantially limited depends on the nature and severity of the person's disabling condition. Temporary disabilities fall within the definition of disability to the extent that they "substantially limit one or more major life activities" even if only temporarily. A student's ability to mitigate the impairment also factors into whether the student is "substantially limited."

Qualified person with a disability means a person with a disability who meets the essential eligibility requirements for participation in or receipt from a program or activity given appropriate accommodations.

Documentation means a written document explaining how a disability limits an individual's ability to benefit from a particular delivery system, instructional method, or evaluation criteria. If a disability is not

obvious, an individual must provide documentation from an appropriate professional such as a psychologist, a learning disabilities specialist, or medical doctor (if the disability is health related).

Conditions excluded from the definition of disability include: homosexuality, bisexuality, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders, compulsive gambling, kleptomania, pyromania, or psychoactive substance use disorders resulting from illegal use of drugs.

Specifically included in the definition of individual with a disability are people who:

1. have successfully completed a drug rehabilitation program and who are no longer engaging in the illegal use of drugs or have been otherwise rehabilitated successfully and are no longer using drugs; and
2. are participating in a supervised rehabilitation program and are no longer using illegal drugs.
3. are not using drugs but are erroneously regarded as engaging in drug use.

However, illegal drug use is excluded from the definition of disability.

APPENDIX B

Evaluation and Documentation Criteria

1. Recommended Instruments for Assessment of Specific Learning Disabilities in Late Adolescents and Adults:

Assessment measures selected for use in any evaluation should be normed appropriately and used according to the test author's recommendations. Reliability and validity data should also be considered in the selection of test instruments. Abbreviated test batteries are not acceptable for the assessment of learning disabilities unless the test authors recommend the shortened version for this purpose.

Note: Individual learning deficits, learning styles, learning differences, or learning preferences do not, in and of themselves, constitute a significant learning disability. The evaluation must make a clear diagnosis of significant disability.

Minimal assessment of learning disabilities and their academic impact should include measures of:

- a. Intellectual/cognitive/information processing abilities (one instrument unless the diagnostician determines otherwise).
 - Halstead-Reitan Neuropsychological Battery (complete battery not indicated unless there is a head injury or suspicion of some other cognitive dysfunction)
 - Stanford-Binet IV
 - Wechsler Adult Intelligence Scale II or III
 - Woodcock Johnson Psycho-educational Battery-Revised (Part I, Tests of Cognitive Ability)
 - Wechsler Memory Scales-Revised (supplement to WAIS-R)
- b. Academic Achievement (one only)
 - Woodcock Johnson Psycho-educational Battery-Revised (Part II, Tests of Achievement)
 - Peabody Individual Achievement Test – Revised (ages 5 to 18)
 - Stanford Test of Academic Skills (grades 8 – 13)
 - Nelson-Denny Reading Test ELF (used only to determine reading rate when extended time accommodation is a consideration (grades 9+))

c. Current and Historical Socio-Emotional Adjustment

The purpose of this comprehensive interview is to screen for other factors that may contribute to learning difficulties. It is vital in making differential diagnoses and identifying current needs. Information gathered helps rule out emotional, sensory, head injury, substance abuse and educational deficiencies as the primary diagnoses or explanation for current academic difficulties. Objective personality tests may also be used for screening purposes but never in the absence of or in lieu of a thorough clinical interview.

2. Documentation of Attention Deficit/Hyperactivity Disorder (AD/HD)

To get a good evaluation of AD/HD a person should go to a qualified mental health professional (developmental pediatricians, neurologists, psychiatrists, licensed clinical or educational psychologists, or a combination of such professionals) who has experience working with individuals with attention problems.

AD/HD is considered a medical or clinical diagnosis. The diagnostician must be impartial and not a family member of the student.

A diagnosis of AD/HD is not as “clear cut” as are the diagnoses of many other disabilities. One reason is that the “symptoms” of AD/HD are also the symptoms of many other conditions, including depression, anxiety, thyroid problems, early bi-polar disorder, hearing problems, head injury, certain seizure disorders, mononucleosis, adjustment disorders, reaction to medication, other health concerns, and even boredom.

AD/HD is too quickly diagnosed so that the real problem is never addressed, leading to more frustration and a sense of inadequacy for the student. At the same time, AD/HD should not be ignored as it is a real problem for many students. One estimate is that 2 out of 3 people with AD/HD never get help because an accurate diagnosis is missed.

Recommended documentation includes:

- A clear statement of AD/HD with the DSM-IV diagnosis and a description of supporting past and present symptoms. May include a physical exam (to rule out mono, thyroid, or other possible physical causes of AD/HD symptoms); developmental history, family history, parent interview, teacher interview, in-depth clinical interview, psychological testing, TOVA.
- The diagnostic Criteria for Attention Deficit / Hyperactivity Disorder as described in the DSM-IV manual include symptoms of both inattention and impulsivity. Criteria must be seen both at home and at school. The behaviors must be seen as a real problem, not just an occasional or mild concern. For AD/HD Inattentive Type, six or more of the symptoms must be revealed. For AD/HD Impulsive-Hyperactive Type, six or more symptoms must be revealed. For AD/HD Combined Type both the above criteria must be met. (This should be one of the components chosen.)
- Current documentation, completed no more than four years prior to enrollment at Elon.
- A summary of assessment procedures and evaluation instruments used to make the diagnosis. The evaluation should include both intelligence/ability and achievement tests scores.
- A narrative summary, including all scores supporting the diagnosis.
- A statement of the functional impact or limitations of the disorder or disability on learning or other major life activity and the degree to which it impacts the individual in the learning context for which accommodations are being requested.
- A clear statement of specific recommendations and how they relate to the disability.
- Further assessment by an appropriate professional may be required if co-existing learning disabilities and/or other disabling conditions are indicated.

3. Documentation of Blindness / Low Vision

Ophthalmologists are the primary professionals involved in the diagnosis and medical treatment of individuals who are blind or who experience low vision. Optometrists provide information regarding the measurement of visual acuity as well as tracking and fusion difficulties. The diagnostician must be an impartial individual who is not a family member of the student.

- A clear statement of vision-related disability with supporting numerical description that reflects the current impact the vision loss has on the student's functioning. The age of the acceptable documentation is dependent upon the disabling condition, the current status of the student and the student's request for accommodation.
- A summary of assessment procedures and evaluation instruments used to make the diagnosis and a summary of evaluation results including standardized scores.
- Present symptoms that meet the criteria for diagnosis.5.6-d Medical information relating to the student's needs, the status of the individual's vision (static or changing), and its impact on the demands of the academic program.
- Narrative or descriptive text providing both quantitative and qualitative information about the student's abilities that might be helpful in understanding the student's profile, including functional limitation, the use of corrective lenses and ongoing visual therapy (if appropriate).
- A statement of the functional impact of limitations of the disability on learning or other major life activity and the degree to which it impacts the individual in the learning context for which accommodations are being requested. Further assessment by an appropriate professional may be required if co-existing learning disabilities or other disabling conditions are indicated.

4. Documentation of Head Injury/Traumatic Brain Injury

Head injury or traumatic brain injury is considered a medical or clinical diagnosis. Individuals qualified to render a diagnosis for these disorders are practitioners who have been trained in the assessment of head injury or traumatic brain injury. Recommended practitioners include physicians, neurologists, licensed clinical, rehabilitation and school psychologists, neuropsychologists and psychiatrists. The diagnostician must be an impartial individual who is not a family member of the student.

Recommended documentation includes:

- A clear statement of the head injury or traumatic brain injury and the probable site of lesion.
- Documentation for eligibility must reflect the current impact the head injury has on the student's functioning. The age of acceptable documentation is dependent upon the disabling condition, the current status of the student and the student's specific request for accommodation.
- A summary of cognitive and achievement measures used and evaluation results including standardized scores or percentiles used to make the diagnosis.
- A summary of present residual symptoms which meet the criteria for diagnosis.
- Medical information relating to the student's needs including the impact of medication on the student's ability to meet the demands of the postsecondary environment.
- A statement of the functional impact or limitations of the disability on learning or other major life activities and the degree to which it impacts the individual in the learning context for which accommodations are requested. Further assessment by an appropriate professional may be required if co-existing learning disabilities or other disabling conditions are indicated.

5. Documentation of Physical and Systemic Disorders

These include but are not limited to: multiple sclerosis, cerebral palsy, chemical sensitivities, spinal cord injuries, cancer, AIDS, muscular dystrophy and spina bifida.

Any physical disability or systemic illness is considered to be in the medical domain and requires the expertise of a physician, including a neurologist, physiatrist or other medical specialist with experience and expertise in the area for which accommodations are being requested. The diagnostician must be an impartial individual who is not a family member of the student.

Recommended documentation includes:

- A clear statement of the medical diagnosis of the orthopedic/mobility disability or systemic illness.
- Documentation for eligibility must reflect the current impact the physical disability or systemic illness has on the student's functioning (the age of acceptable documentation is dependent upon the disabling condition, the student's request for accommodation and the current status of the student). Therefore, disabilities that are sporadic or degenerative may require more frequent evaluation.
- A summary of assessment procedures and evaluation instruments used to make the diagnosis, including evaluation results and standardized scores if applicable.
- A description of present symptoms that meet the criteria for diagnosis.
- Medical information relating to the student's needs, including the impact of medication on the student's ability to meet the demands of the university environment.

A statement of the functional limitation of the disability on learning or other major life activity and the degree to which it impacts the individual in the learning context or in the area in which accommodations are being requested. Further assessment by an appropriate professional may be required if coexisting learning disabilities or other disabling conditions are indicated.

6. Documentation of Psychiatric / Psychological Disorders

These include depressive disorders, post-traumatic stress disorder, bipolar disorders and dissociative disorders. A diagnosis by a licensed mental health professional, including licensed clinical social workers, licensed professional counselor, psychologists, psychiatrists and neurologists is required and must include the licensee number. The diagnostician must be an impartial individual who is not a family member of the student.

Recommended documentation includes.

- A clear statement of the disability, including the DSM-IV diagnosis and a summary of present symptoms.
- Documentation for eligibility must reflect the current impact the psychiatric/psychological disability has on the student's functioning (the age of acceptable documentation is dependent upon the disabling condition, the current status of the student and the student's request for accommodation).
- A summary of assessment procedures and evaluation instruments used to make the diagnosis, including evaluation results and standardized scores if applicable.
- Medical information relating to the student's needs, including the impact of medication of the student's ability to meet the demands of the postsecondary environment.
- A statement of the functional impact or limitations of the disability on learning or other major life activities and the degree to which it impacts the individual in the learning context for which accommodation is requested. Further assessment by an appropriate professional may be required if co-existing learning disabilities or other disabling conditions are indicated.

7. Documentation of Asperger Syndrome

DSM-IV-TR Diagnostic Criteria for Asperger Syndrome, 299.80

- A. Qualitative impairment in social interaction, as manifested by at least two of the following:
 - 1. marked impairment in the use of multiple nonverbal behaviors, such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.
 - 2. failure to develop peer relationships appropriate to developmental level
 - 3. a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people
 - 4. lack of social or emotional reciprocity
- B. Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:
 - 1. encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal in intensity or focus
 - 2. apparently inflexible adherence to specific, nonfunctional routines or rituals
 - 3. stereotyped and repetitive motor mannerisms (from finger twisting to whole body movements)
- C. The disturbance causes clinically significant impairment in social, communication, behavioral, occupational, or other important areas of functioning.
- D. There is no clinically significant general delay in language.
- E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior, and curiosity about the environment in childhood.
- F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.

8. Documentation of Rehabilitated Drug Addiction / Alcoholism

Professionals who are qualified for diagnosing, treating and providing documentation for individuals who have been rehabilitated for drug addiction or are under treatment for alcoholism include physicians with a specialty in addiction, clinical psychologists, psychiatrists and licensed mental health professionals or State Health Department certified addiction counselors who are supervised by psychologists or psychiatrists. The diagnostician must be an impartial individual who is not a family member of the student.

Note: Read the Elon University policy on drug abuse and student expectations in the Student Handbook.

Recommended documentation includes:

- A clear statement of successful completion of a supervised drug rehabilitation program with the DSM-IV diagnosis. A dated statement attesting to the compliance with appropriate post-rehabilitation treatment (the age of acceptable documentation is dependent upon the disabling condition, the current status of the student and the student's request for accommodation).
- A summary of assessment procedures and evaluation instruments used to make the diagnosis.
- A summary of qualitative and quantitative information that supports the diagnosis.
- Medical information relating to the student's needs, including the functional limitation and the impact of medication the student's ability to meet the demands of the university environment.
- A statement of the current functional impact or limitations of the disability on learning or other major life activities and the degree to which it impacts the individual in the learning context for which accommodation is requested. Further assessment by an appropriate professional may be required if coexisting learning disabilities or other disabling conditions are indicated.

9. Documentation of Visual Disorders (Not Acuity)

Learning-related visual disabilities include, but are not limited to, the following disorders: ocular motility dysfunction/eye movement disorders, vergence dysfunction/ inefficiency in using both eyes together, strabismus/misalignment of the eyes, amblyopia/lazy eye, accommodative disorders/focusing problems, visual sensory disorders, and motor integration. Professionals conducting assessment and rendering diagnoses of these disabilities must be qualified to do so and have experience in assessing the needs of late adolescents or adult learners. The qualified professional in this field is licensed to practice as an optometrist. The diagnostician must be impartial and not a family member of the student.

Recommended documentation includes:

- A clear statement of the learning-related visual disability with supporting numerical description (the age of acceptable documentation is dependent upon the disabling condition, the current status of the student and the student's request for accommodation). Documentation must reflect the current impact the disability has on the student's functioning.
- A summary of assessment procedures and evaluation instruments used to make the diagnosis and a summary of evaluation results, including standardized scores.
- Present symptoms that meet the criteria for diagnosis.
- Medical information relating to the student's needs and the status of the individual's vision (static or changing) and its impact on the demands of the academic program.
- Narrative or descriptive text providing both quantitative and qualitative information about the student's abilities which might be helpful in understanding the student's profile, including the use of corrective lenses and ongoing visual therapy (if appropriate).
- A statement of the functional impact or limitations of the disability on learning or other major life activities and the degree to which it impacts the individual in the learning context for which accommodations are being requested. Further assessment by an appropriate professional may be required if coexisting learning disabilities or other disabling conditions are indicated.

10. Learning Disability Not Otherwise Specified

The American Psychiatric Association has included a consideration, 315.9 Learning Disorder Not Otherwise Specified, which states:

“This category is for disorders in learning that do not meet criteria for any specific learning disorder. This category might include problems in all three areas (reading, mathematics, written expression) that together significantly interfere with academic achievement even though performance on tests measuring each individual skill is not substantially below that expected given the person’s chronological age, measured intelligence, and age-appropriate education.” (American Psychiatric Association. 1994. Diagnostic Criteria from DSM-IV, p. 52-53.)

It is Elon University’s position that the DSM-IV Learning Disorder Not Otherwise Specified will not generally be recognized. Subjective criteria will not be adequate for a diagnosis of learning disability when there are a number of recognized assessments in the field.

APPENDIX C

Information and Suggestions for Teachers of Students with Disabilities

Anne R. Thompson and Leslie Bethea of Mississippi State University prepared “A Desk Reference Guide for Faculty and Staff” as a quick reference for information, accommodations, and legal requirements in providing access for students with disabilities. Many of their suggestions are included below.

Specific Learning Disability

Specific Learning Disabilities are significant difficulties in reading, writing, speaking, listening, reasoning, or mathematics. They affect how a person acquires, integrates and/or expresses information. To support students with these disabilities faculty may consider incorporating the following suggestions into their teaching repertoire:

Select a text with a study guide when possible.

Include a statement in your syllabus inviting students to make an appointment with you during your office hours to discuss their disabilities.

Include a statement in the syllabus about Disabilities Services. For example, “Students with disabilities should request accommodations through Disabilities Services.”

Make course expectations clear.

Ask for volunteer notetakers at the beginning of the course.

With each class, briefly review the previous lecture.

Write key words, technical terms, and proper names on the board or provide a lecture handout or outline.

Begin each lecture with a brief outline of material to be covered during that class.

Provide guided lecture questions.

Face the class when speaking and always speak directly to students.

Use gestures and natural expressions to convey meaning.

Briefly summarize material at the end of each class.

Give assignments orally and in writing.

Provide frequent opportunities for questions and answers.

Well in advance of exams, provide study questions that illustrate the format as well as the content of the exam.

Explain what constitutes a good answer and why.

Write clear exam questions and include a lot of white space on the page.

Use a multisensory approach--visuals, overheads, and handouts along with lecture.

Distribute samples of good papers as examples or post a model on your web site.

Use captioned videos whenever possible. They are helpful to students with hearing loss as well as to international students.

Give frequent quizzes or short in-class writing assignments to provide frequent feedback.

Provide PowerPoint copies before the lecture.

Have students work in groups with hands-on activities or very specific group assignments.

Think about seating arrangements and match student needs with location.

Attention Deficit/Hyperactivity Disorder

AD/HD is officially called Attention Deficit/Hyperactivity Disorder and is a neurologically based medical problem. It is a developmental disability characterized by inattention, impulsivity; hyperactivity, difficulties with organization, and dysgraphia. Students with AD/HD may demonstrate difficulty with one or more of the following:

- Concentration
- Listening
- Starting, organizing, and completing tasks
- Providing structure for their work and assignments
- Following directions
- Making transitions
- Interacting with others
- Producing work at a consistently normal level
- Organizing problems that involve multiple steps
- Performing well in late afternoon or evening
- Following through with directions with several steps/parts
- Organizing multi-step tasks

Though accommodations are determined on a case-by-case basis, suggestions for supporting a student with AD/HD include but are not limited to:

- Front row seating
- Making assignments both orally and in writing (especially in writing)
- Providing the student help with structure
- Including a long break between classes
- Testing in private
- Extended testing time
- One-on-one clarification of material
- Frequent feedback
- Include also any of the suggestions under Specific Learning Disability.

Blind/Impaired Vision

Visual disabilities vary greatly and include disorders in the senses of vision that affect the central vision acuity, the field of vision, color perception, or binocular visual function. The American Medical Association defined legal blindness as “acuity not exceeding 20/200 in the better eye with correction, or a limit in the field of vision that is less than a 20 degree angle (tunnel vision).” Legal blindness may be caused by tumors, infections, injuries, retrolental fibroplasia, cataracts, glaucoma, diabetes, vascular impairments, or myopia.

Accommodations are determined on a case-by-case basis, but suggestions for supporting a student with loss of vision include but are not limited to the following:

- Large print for handouts, notes, tests
- Books on tape
- Reading lists and syllabi provided in advance to permit time for locating appropriate formats.

Seating in the front of the classroom and seating that reduces glare from windows.
Tape recording lectures
Note-taking services or devices
Clear black print on white, pale blue, or pale yellow paper
Testing accommodations include: taped tests, reading of tests, scribes, extended time, separate place, enlarged print, computer word processing software with speech access.
Materials presented on the board or on transparencies read out loud and later provided in large print format.
Lab assistant
Advanced notice of class schedule or location change
Professor using a black felt tip marker on whiteboards and for writing comments on written assignments
Use of a service animal or white cane.

Vision Impairment – Not Acuity

Learning related visual disabilities include, but are not limited to ocular motility dysfunction / eye movement disorders, vergence dysfunction / inefficiency in using eyes together, strabismus / misalignment of the eyes, ambliopia / lasy eye disorders, and motor integration. The functional limitation varies according to the intensity of the problem.

These disorders lead to:

Eye fatigue
Slow reading
Difficulty with maps and charts.

Though accommodations are considered on a case-by-case basis, suggestions for supporting students with non-acuity vision problems include but are not limited to:

Avoiding seats where there is a glare from light
Using a guide for reading
Taking frequent breaks to rest the eyes
Using extended time for testing
Experimenting with various colors of paper for handouts and tests
Using readers for tests
Using books on tape

Closed Head Injury/Traumatic Brain Injury

Head injury is one of the fastest growing disabilities for people 15 to 28 years old. There is a wide range of differences in the effects of a TBI on individuals, but most cases result in some type of impairment. The

functions that may be affected include memory, cognitive/perceptual communication, speed or fluidity of thinking, communication, spatial reasoning, conceptualization, psychosocial behaviors, motor ability, sensory perception, physical disabilities, and speech impairment. Students with TBI may demonstrate one or more of these effects and they may be mild, moderate, or severe:

- Difficulty organizing thoughts, cause-effect relationships, and problem solving
- Difficulty processing information
- Slow word retrieval
- Difficulty establishing routine or structure
- Difficulty generalizing and integrating skills
- Difficulty interacting with others
- Poor judgment
- Poor memory
- Difficulty with voice projection and clarity of voice
- Discrepancies in abilities (for example, reading comprehension level may be much lower than spelling ability)

Accommodations are determined on a case-by-case basis, but suggestions for supporting a student with TBI include but are not limited to:

- Providing aids to compensate for memory loss
- Establishing routines with step-by-step directions
- Providing books and lectures on tape
- Providing repetition or some type of reinforcement of information to be learned
- Providing a tutor
- Include also any of the suggestions under Specific Learning Disability.

Deaf/Impaired Hearing

More individuals in the United States have a hearing impairment than any other type of physical disability. A hearing impairment is any type or degree of auditory impairment while deafness is an inability to use hearing as a means of communication. Hearing loss may be sensorineural, involving an impairment of the auditory nerve; conductive, a defect in the auditory system that interferes with sound reaching the cochlea; or a mixed impairment involving both sensorineural and conductive. Hearing loss is measured in decibels and may be mild, moderate, or profound. A person who is born with a hearing loss may have language deficiencies and exhibit poor vocabulary and syntax. Many students with hearing loss may use hearing aids and rely on lip reading. Others may require an interpreter.

Though accommodations are determined on a case-by-case basis, suggestions for supporting a student with hearing loss or deafness include but are not limited to:

- Front row seating
- Written supplement to oral instructions, assignments, and directions
- Visual aids as often as possible
- Closed-captioned videos
- Speaker facing the class during lectures

Overhead or whiteboard
Speaker repeating the questions and statements of other students in the class
Note taker for class lectures
Test accommodations: extended time, separate place, proofreading of essay tests, access to word processing, interpreted directions.
Unfamiliar vocabulary written on the board or a handout
Small amplification system
Interpreter, seated where the student can see the interpreter and the lecturer
Excess noise reduced as much as possible to facilitate communication
Instructor facing the student who is lip reading, speaking slowly, using shorter sentences and making appropriate facial expressions and gestures
Beards and moustaches trimmed close to make lip reading easier
Alternatives to oral presentations
The use of overheads and all types of visual aids providing better communication Copies of Power Point slides.

Orthopedic/Mobility Disorders

A variety of orthopedic / mobility-related disabilities result from congenital conditions, accidents, or progressive neuromuscular diseases. These disabilities include conditions such as spinal cord injury (paraplegia or quadriplegia), Cerebral Palsy, Spina Bifida, amputation, Muscular Dystrophy, cardiac conditions, Cystic Fibrosis, paralysis, Polio / postpolio, and stroke. Functional limitations and abilities vary widely even within one group of disabilities so accommodations vary greatly.

Characteristics may include:

- Pain
- Spasticity or lack of coordination
- Flare-ups of intensity of the symptoms
- Periods of remission in which little or no symptoms are present
- Inability to walk without crutches, canes, braces, or walkers
- Inability to sit for long periods of time
- Inability to stand or walk and may use wheelchair to conserve energy or gain speed
- Limited lower body use but full use of arms and hands
- Limited lower body use and limited use of arms and hands
- Impairment of speech or hearing
- Limited head or neck movement
- Decreased physical stamina and endurance
- Decreased eye-hand coordination

Accommodations are determined on a case-by-case basis, and suggestions for supporting a student with Orthopedic / Mobility Disorders include but are not limited to:

- Accessible location for the classroom and place for faculty to meet with the student
- Extra time to get from one class to another, especially in bad weather

Special seating in the classroom

Note takers, use of tape recorders, laptop computers, photocopying of peer notes

Test accommodations: extended time, separate place, scribes, access to word processors

Special computer software: voice activated word processing, word prediction, keyboard modifications

Extra time for assignments because of slow writing speed or fatigue

Adjustable lab tables, drafting tables

Customized physical education class activities that allow the student to participate within her/his capabilities

Taped texts

Advanced planning for field trips to ensure accessibility

Other Disorders, Primarily Systemic Disorders

Some students have disabilities that originate from a system disorder. The degree to which these disabilities affect students in the academic setting vary widely. At times, it is not the condition itself but the medication that is required to control symptoms that impair academic performance. Common side effects of medications include fatigue, memory loss, shortened attention span, loss of concentration, and drowsiness. In some cases, the degree of impairment varies from time to time because of the nature of the disability or the medication. Some conditions are progressive and others may be stable. A partial list of such disabilities includes:

AIDS

Hemophilia

Arthritis

Lupus

Asthma

Motor neuron diseases

Burns

Multiple sclerosis

Cancer

Muscular dystrophy

Cardiovascular disease

Seizure disorder (See the discussion on accommodating seizure disorder at the end of this section.)

Dysgraphia—inability to write words with appropriate syntax or physical difficulty with handwriting

Dysphasia—inability to speak with fluency or sometimes to understand others

Figure-ground perception—inability to see an object from a background of other objects

Visual discrimination—inability to see the difference in objects

Auditory figure-ground perception—inability to hear one sound among others

Auditory sequencing—inability to hear sounds in the right order

Individuals with these disabilities may exhibit an inability to perform in accordance with the norm in such areas as:

- Oral language—understanding, word recall, grammar, pronunciation
- Listening comprehension
- Written expression—spelling errors, sentence structure, organization and development
- Basic reading skills—slow reading rate and retention, tracking skills, difficulty with syntax and tests
- Mathematical reasoning and calculation—basic operations, number reversals and confusion of symbols, copying problems, concept of time
- Social skills—spatial disorientation, low frustration level, low self-esteem, problem resolution
- Study skills and time management

Accommodations are determined on a case-by-case basis, but suggestions for supporting students with Systemic Disorders may include but are not limited to:

- Reduced course load (i.e., the number of semester hours--not course requirements)
- Extended time to complete assignments
- Tape recorders
- Note taking
- Taped texts
- Extended time for in-class assignments
- Assistive technology (calculator, word processing)
- Extended time for testing in a distraction-reduced environment

Asperger Syndrome

Asperger Syndrome is a pervasive developmental disorder in the group of disorders commonly known as Autism Spectrum Disorders. Asperger Syndrome is generally thought of as one of the higher functioning forms of Autism. It is characterized by impairments in social interaction, communication, imagination, and often a rigid repetitive pattern of activities. AS results from anomalies in the physical brain, not emotional or behavioral problems. The impact of AS varies greatly from person to person.

Individuals with Asperger Syndrome may have some of the following characteristics:

Strengths:

- Average or higher intelligence
- Often academically precocious
- Interested in adult topics, intellectual topics
- May have amazing concentration
- May be good conversationalist on certain topics
- Are incredibly courageous, given what they have to deal with every day

Difficulties:

- Marked social impairment

Inability to read nonverbal communication cues, body language, gestures
Inability to make or keep eye contact
Inability to express emotions appropriately with a tendency to under or over express emotion
Preoccupation with one or more “special interests”
Strict adherence to routine
Repetitive mannerisms
Unusual facial grimaces or tics
Constant stress, easily upset
Unusual fear or distress due to ordinary sounds, touch, smells, tastes, visual stimulation, common objects, noisy and crowded places
Motor clumsiness
Difficulty with generalizing, difficulty with abstractions

Accommodations for individuals with Asperger Syndrome are determined on a case-by-case basis, but suggestions for supporting a student with AS include but are not limited to the following:

Provide explicit instructions, directions; written instructions are best
Provide clear expectations and rules
Teach flexibility, cooperation
Be as concrete as possible in presenting new concepts, show examples
Seat the student in the front of the classroom
Help the student learn when to ask for help
Help him see how other people react as they do
Pause before restating questions or prompts
Provide oral material in writing as well
Allow tape recording of class
Consider the student’s resistance to change as an indicator of stress
Use examples, models
See also general suggestions for student with Specific Learning Disability

Rehabilitated Substance / Alcohol Abuse

A rehabilitated substance abuser’s performance is dependent upon the length of time the substance was abused, the age of onset, and the type of substance(s) abused.

Characteristics and suggestions for supporting the individual may be similar to AD/HD or there may be comorbid psychological disabilities. Actual accommodations are granted on a case-by-case basis.

Temporary Medical Conditions

Though not required by law, accommodation of temporary medical conditions is a humane consideration that might be accommodated through various student services on campus. Students who are recovering from surgery, injury, trauma, or severe illness may receive reasonable accommodation for a limited time period.

Encouragement to contact Disabilities Services to request temporary support may prevent a student from dropping out of school.

Documentation is requested for temporary medical conditions needing accommodation. Reasonable accommodations are based on the nature of the medical condition.

Suggestions for supporting students with temporary medical conditions may include but are not limited to:

- Using a liaison with faculty regarding absences
- Requesting a volunteer to copy class notes and gather handouts
- Determining if the student qualifies for an incomplete and collaborating with the instructor
- Taking make-up exams
- Testing in isolation
- Relocation of classroom
- Other accommodations as appropriate

Medical Emergencies

It is not uncommon to have students on campus who may be prone to heart attack, seizure, diabetes, or other disorders that require immediate medical response. One procedure that has been most beneficial is to have the student sign a release of information form or even to establish an emergency protocol. Then, Disabilities Services, Health Services, Campus Safety and Police, Student Development, and classroom instructors can be provided with the approved emergency protocol—as needed. This protocol will vary depending on the person and the medical condition.

Seizure Disorder

Student Life, Health Services, and Disabilities Services have adopted the following plan for assisting a student with a seizure disorder.

The student provides information regarding:

- The particular seizure disorder, the frequency, duration and intensity
- The best method of assistance
- Documentation for a physician
- A signed self-disclosure and release of information form

A protocol is established and is signed by the student. It includes instructions as to how long to wait before calling Health Services, Campus Safety and Police or an ambulance. Other relevant information may be included as needed. A copy of this protocol is furnished to persons (including professors) and offices that “need to know” the established protocol.

***General Seizure Occurrence Protocol**

The faculty member instructs a class member to call Campus Safety and Police at x5555.

The faculty member instructs students to clear an area and wait in the hall to give the student privacy. The faculty member (or Campus Safety officer, or nurse) assists the student by following the established protocol. Generally, this means making the student comfortable, placing a soft object under her/her head. If the seizure lasts longer than the time indicated in the disclosure, security may call an ambulance.

When the student recovers, she/he may elect to continue class, or Campus Safety may need to assist the student to her/ his room or to Health Services.

Following a seizure, individuals frequently experience fatigue, cloudy thinking, disorientation, even temporary amnesia, which can last from several minutes to a few days.

APPENDIX E

Disability Verification and Notice of Accommodation

To: Professors of _____ Class _____

From: Disabilities Services

Date:

Re: Disabilities and appropriate accommodations

Section 504 of the Rehabilitation Act of 1973 and the ADA both protect the rights of individuals with disabilities (i.e., the rights to participate in and benefit from programs and activities and to be protected from discrimination) and provide for reasonable accommodations for them.

The student named above has provided documentation of a disability and has been determined to be eligible for accommodation.

Appropriate accommodations for this individual include:

___ extended time for tests, quizzes, exams, in-class work

___ testing in distraction-reduced environment

___ a copy of class notes or a recording of the class lecture (Please ask for a volunteer from the class.)

___ preferential seating

___ use of word processors for writing and tests requiring writing

___ other:

I have encouraged this student to see you so that together you might discuss the student's particular strengths and disabilities and perhaps plan some strategies for his/her success in your class. Please be sure to contact me if you see a need for further accommodation or if the student seems to have difficulty completing academic expectations.

APPENDIX H

Student Responsibilities When Working with an Interpreter

- 1) Arrive a few minutes early on the first day of class to meet your interpreter, introduce yourself and your interpreter to the instructor, and to find an appropriate seat. It is important to inform the interpreter where you prefer him/her to be positioned in the classroom. Keep in mind your preferences may change during class. (Teachers may use overheads, films, or move through the classroom; the interpreter can move to different positions if necessary).
- 2) **Before** the first day of class, inform your professors that note-takers are essential.
- 3) It is always your decision whether or not to use your voice while you sign or cue. However, it is important to inform your interpreter ahead of time of your preference.
- 4) Remember all course-related questions should be directed to your instructor—not your interpreter. If you have any questions, the interpreter is available to interpret for you and the instructor. Class notes and assignments are your responsibility.
- 5) Inform Disabilities Services as soon as possible when you know you will be late or absent from class. The interpreter will wait only 15 minutes unless he/she has been informed otherwise. Notify Disabilities Services immediately if you are aware that a class will be cancelled. After one failure to notify Disabilities Services and the interpreter of a class absence **BEFOREHAND**, the payment of the interpreter for any missed classes will be the student's responsibility.
- 6) Tutoring services are available in the Library. You may request an interpreter by filling out an interpreter request form in the Coordinator's Office in Alamance 101.
- 7) Meet with your interpreter to discuss technical signs or to invent signs for specialized vocabulary. If you do not understand a sign the interpreter has used, ask for clarification. If you have problems understanding an interpreter, try discussing it with him/her before seeing the Coordinator.
- 8) You are expected to have a professional, respectful attitude toward your interpreter at all times. If a conflict arises between you and an interpreter, you should first address your concerns with the interpreter. If the issue is not resolved you should bring your concerns to the Disabilities Services Coordinator. This office will make every effort to ensure reasonable and appropriate accommodations.
- 9) When taking an exam, you may wish to excuse your interpreter. However, it is a good idea to check with the instructor first. Many times an instructor will continue a lecture after an exam or quiz.
- 10) If you opt to keep your interpreter in the room for the exam, the interpreter **will not interpret the exam** in any way. If you are unsure of a question's meaning, direct your questions to the instructor only. The interpreter can then interpret the instructor's answer to you.
- 11) Familiarize yourself with the RID Code of Ethics for Interpreters. A copy is attached. Also, read the Responsibilities of Interpreters so that you can be clear on their role and responsibilities.
- 12) Students should regularly meet with the Coordinator to discuss progress and interpreting services.
- 13) If a student schedules an interpreter without first going through the Coordinator's office, payment of that interpreter will be the student's responsibility.
- 14) When requesting interpreters for class-related meetings, remember to make the request as soon as possible to give us ample time to locate an interpreter. Also class-related meetings must be scheduled to meet on campus and during the week—preferably during business hours, unless specifically approved by the Coordinator beforehand.
- 15) In the event of an interpreter shortage, priority will be given in the following order:
 - 1) regularly scheduled classes
 - 2) academic events and meetings required by classes
 - 3) meeting with faculty

4) other campus activities

16) If for some reason your interpreter is habitually late or does not show up, please report this immediately to the Interpreter Coordinator.

I acknowledge that I have read and understand these guidelines.

Student's signature

Date

Interpreter's signature

Date

APPENDIX I

REGISTRY of INTERPRETERS for the DEAF (RID)

The Registry of Interpreters for the Deaf, Inc., (RID) is the only national association dedicated to the professional development of interpreters and transliterators. Founded in 1964, RID has played a leading role in establishing a national standard of quality for interpreters and transliterators. The association encourages the growth of the profession, educates the public about the vital role of interpreters and transliterators, and works to ensure equal opportunity and access for all individuals.

RID's mission is to provide international, national, regional, state and local forums and an organizational structure for the continued growth and development of the profession of interpretation and transliteration of American Sign Language and English.

The Registry of Interpreters for the Deaf
8630 Fenton Street, Suite 324
Silver Springs, MD 20910
(301)608-0050 (v/tty), (301)608-0562 (tty)
(301)608-0508 (fax)

Registry of Interpreters for the Deaf CODE OF ETHICS

In an effort to protect and guide interpreters, transliterators, and consumers RID members established principles of ethical behavior. The organization enforces this Code of Ethics through its national Ethical Practices System. Underlying these principles is the desire to ensure for all the right to communicate.

This Code of Ethics applies to all members of the Registry of Interpreters for the Deaf, Inc., and to all certified non-members. All interpreters whose services are used at Elon University are expected to uphold the Code of Ethics.

Registry of Interpreters for the Deaf (RID) Code of Ethics:

1. Interpreters/translitterators shall keep all assignment-related information strictly confidential.
2. Interpreters/translitterators shall render the message faithfully, always conveying the content and spirit of the speaker using language most readily understood by the person(s) whom they serve.
3. Interpreters/translitterators shall not counsel, advise or interject personal opinions.
4. Interpreters/translitterators shall accept assignments using discretion with regard to skill, setting, and the consumer involved.
5. Interpreters/translitterators shall request compensation for services in a professional and judicious manner.
6. Interpreters/translitterators shall function in a manner appropriate to the situation.
7. Interpreters/translitterators shall strive to further knowledge and skills through participation in workshops, professional meetings, interaction with professional colleagues, and reading of current literature in the field.
8. Interpreters/translitterators, by virtue of membership in or certification by RID, Inc., shall strive to maintain high professional standards in compliance with the Code of Ethics.

APPENDIX J

Interpreter Responsibilities

1. Interpreters are expected to abide by RID's Code of Ethics and to comply with the policies and procedures of Elon University. Please refer any questions about our expectations to Priscilla Lipe, Disabilities Services, 336-278-6500.
2. If a student receiving services is late to an appointment, an interpreter is expected to wait 15 minutes unless she/he has been instructed otherwise. If After that time, the student has not arrived, the interpreter will leave and inform the Coordinator. Interpreters will report absences and consistent tardiness to the Coordinator.
3. If an interpreter needs a text book to prepare vocabulary and review names, etc.,s/he should make the request in a timely manner.
4. Interpreters on the Elon campus are to wear solid contrasting colors to their skin tone to provide a contrasting background for the hand while interpreting. Clothing may be business casual. Sweatshirts and torn jeans, for example, are inappropriate. In addition, nails will be kept clear and limited jewelry should be worn on the hands and wrists while interpreting.
5. In adhering to the Interpreter Code of Ethics and Elon University's policies, interpreters are to interpret all audible information (i.e., lecture, class comments/discussions) as well as voicing for the deaf/heard-of-hearing student as needed. Interpreters are not to engage in casual conversation while interpreting.
6. Interpreters are not to accept jobs directly from students, but should refer any requests to the Coordinator. Any assignment accepted that was not approved by the Coordinator will be the student's financial responsibility.
7. Interpreters should not accept any outside interpreting jobs (even for Elon) which conflict with arranged interpreting obligations at Elon University.
8. Interpreters should not take it upon themselves to interpret any part of a test or quiz. If the student has questions (even about the meaning of words or phrases) s/he should direct them to the instructor. The interpreter can then interpret the conversation between them.
9. When available for interpreting during tests, please stay on assignment until the test is turned in. If the student feels comfortable enough to take the test without an interpreter, s/he will let you know.
10. Interpreters are not editors and must transmit everything that is said exactly the way it is intended. If the interpreter's feelings interfere with rendering a message accurately, s/he may need to withdraw from the assignment.
11. Interpreters working at Elon University have an obligation to both the student and the instructor. It is normal for interpreters to talk with an instructor before or after class regarding classroom logistics, material to be covered, etc. However, it is not appropriate for the instructor to discuss the student with the interpreter. If the instructor has questions regarding reasonable academic accommodations for the student, those questions should be referred to the Coordinator. Although such questions may seem simple, they are specific to each student and should be addressed by the Coordinator only. If the questions are of a more personal nature, they should be referred directly to the student for answers.
12. Students at Elon University are adults and are responsible for themselves. Interpreters are not expected to act as parents or "guardian angels." Rather, they should allow students to make phone calls for themselves and make decisions for themselves (i.e., sleeping in class) and take responsibility for their decisions.
13. Interpreters should arrive early enough to be prepared when the class or event begins. Arriving more than five minutes late or missing an assignment must be reported to the Coordinator. Failure to do so could result in being pulled from an assignment.
14. If an interpreter knows s/he cannot work a scheduled class or other event, s/he should notify disabilities Services as soon as possible. Though interpreters are not responsible for finding their own replacement,

recommendations will be appreciated. Disabilities Services will make every effort to find a replacement, given the restraints of time and availability.

15. Interpreters are responsible for reporting any location or time changes (temporary or permanent to the Coordinator as soon as they are announced).
16. If you need to discuss an interpreting situation with another interpreter, please do so only in private.
17. Interpreters do not eat while on assignment.
18. Team interpreting:
 - a) Only one interpreter is needed to interpret during testing. The interpreters assigned to the class may decide among themselves who will interpret each test/exam, or they can ask the Coordinator to assign them.
 - b) The interpreter who is not interpreting is expected to be supportive of the working interpreter in the classroom by listening to the speaker and helping with anything that is missed, letting the working interpreter know what is going on behind him/her visually (i.e., writing on the board), helping with sign choices, etc.
 - c) Collaboration on sign choices helps make the transition between interpreters easier for the client.
 - d) Interpreters should decide together if feedback/critique will be offered.
 - e) Both interpreters should stay the whole time and arrive early enough to agree on logistics.
 - f) An interpreter in rest should leave the room only if necessary and return promptly.
19. The coordinator is available for feedback so that we can improve our service.
20. All information you share with us or we share with you is strictly confidential.

I have read and I understand the information explained above.

Interpreter's Signature

Date

Student's Signature

Date

APPENDIX K

Emergency Medical Protocol

Student

ID#

Date

I request that information concerning my medical needs be provided to (generally Kernodle Health Center, Campus Safety and Police, professors, advisor, professional residence staff)

_____.

I understand that this information will be treated confidentially.

INSTRUCTIONS REGARDING MY MEDICAL CONDITION

1. Nature of condition _____

2. Frequency, duration, intensity _____

3. Best method of assistance _____

4. Before calling an ambulance, wait (length of time) _____

5. Family member to call _____

6. Family member's phone number _____

7. Other information _____

_____.

Student's Signature _____

On the back of this sheet is general information on handling seizures.

General Instructions for a Seizure Episode

1. The attending person (faculty or other supervisor) instructs a class member to call Campus Safety and Police at x5555.
2. The attending person instructs other students to clear the area and wait in the hall to give the student privacy.
3. The attending person helps the student lie down (assuming this is the plan of action described above.)
4. The attending person places a soft object under the student's head.
5. If the seizure continues longer than the time stated above, Campus Safety, at their discretion, may call the ambulance.
6. If the seizure ends in the specified time and feels recovered, s/he may rejoin the class.
7. If s/he is fatigued or confused, the attending person may have Campus Safety escort the student to Health Services or to her/his room.

APPENDIX L

Tape Recording Agreement

Lecturer _____

Student _____ ID# _____

Class _____ Term _____

Students who require an accommodation for note taking have a right to record class lectures and presentations for their personal study only. (84.44 of Section 504 of the Rehabilitation Act of 1973 P.L. 93-112, amended P.L. 93-516). Lectures taped for this purpose are not to be shared with other people without the consent of the lecturer.

Tape-recorded lectures may not be used in any way against any lecturer or a student whose remarks in class are recorded. All information contained in the tape-recorded lecture is protected under federal copyright laws and may not be published or quoted without the express consent of the lecturer or speaker without giving proper identity and credit to the person. Tapes of class lectures or discussions are to be erased at the end of the semester.

Student Pledge

I have read and understand the above agreement on tape-recorded lectures. I pledge to abide by the above policy with regard to any lectures I tape while enrolled in this class.

Student signature _____

Witness signature _____

Date _____

APPENDIX M

Testing Accommodations
Disabilities Services -- Duke 108 X6500

Please note: Unless there is an emergency, the student **will not be allowed to leave** the Advising Center once s/he begins the test without the professor's written permission on this form. Also, the **student may not use her/his own lap top or disc** for testing.

_____ Professor's name	_____ Course & section	_____ Prof's email or phone
_____ Student's name	_____ Student's email or phone	_____ Test date and time
Time allotted in-class	+ _____ extended time	= _____ total test time
<p>Students are not generally allowed to leave once testing has begun. Do you wish to alter this procedure for this test? If so, how? _____</p>		
<p>How will Disabilities Services receive the exam?</p> <p>____ Instructor will deliver it. ____ The student will bring it with her/him. (in a sealed envelope if you choose.)</p>		<p>What materials may the student use?</p> <p>a. none _____ b. book _____ c. notes _____ d. calculator _____ e. computer _____ f. dictionary _____ g. internet _____ h. other _____ i. blue book _____ ... turned in _____ (#)</p>
<p>How do you want the test returned to you? (We do not use campus mail and we do not recommend having the student slide the completed test under your door.)</p> <p>a. The professor will pick it up. _____ b. The student will return it to the professor in a sealed envelope. _____</p>		
Instructor's signature	Date _____	

OFFICE USE	
Student began test at _____ am/pm	Student should stop by _____ : _____
Student left at _____ am/pm	
Proctor's signature _____ (to be signed by person collecting the completed test)	Date _____

On my honor, I will abide by (or have abided by) the Elon University Honor Code. Student's signature:

APPENDIX N

Service Animal Policy

Animals are generally not permitted in university facilities. However, it is possible that a reasonable accommodation for certain individuals with disabilities will be the use of a service animal. As with other accommodations, a person who needs the accommodation of a service animal should contact the Disabilities Services Coordinator to make this request.

Service Animals are animals trained to assist people with disabilities in the activities of normal living. The Americans with Disabilities Act (ADA) defines a service animal as "...any...animal individually trained to do work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals who are hearing impaired to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair or fetching dropped items." If an animal meets this definition, it is considered a service animal regardless of whether it has been licensed or certified by a state or local government training program.

Pet: A domestic animal kept for pleasure or companionship. Pets are not permitted in university facilities.

Service Animal: Any animal, usually a dog, individually trained, to do work or perform tasks for the benefit of a person with a disability. If there is a question about whether an animal is a service animal, contact Disability Services in Academic Advising. A service animal is also sometimes called an assistance animal.

Types of Service Animals

A guide dog

has been carefully trained to serve as a travel support for a person with a severe visual impairment or who is blind.

A hearing animal

has been trained to alert a person with significant hearing loss or who is deaf when a sound, such as a knock on the door, occurs.

A service animal

has been trained to assist a person who has a mobility or health impairment. Types of duties the animal may perform include: carrying, fetching, opening doors, ringing doorbells, activating elevator buttons, steadying a person while walking, and helping a person up after the person falls.

A psychiatric / comfort service animal

has been trained to work or perform tasks for the benefit of an individual with a mental/psychiatric disability. For example, it may remind an individual to take medication at specified times, turn on lights, search rooms, warm bodies during panic attacks, interrupt checking and other repetitive behaviors, interrupt dissociative episodes or flashbacks, stay with the person during acute emotional distress, and alert the owner to manic episodes or panic attacks.

A seizure response animal

is trained to assist a person with a seizure disorder. How the animal serves the person depends on the person's needs. The dog may stand guard over the person during a seizure or may go for help. A few dogs have learned to predict a seizure and warn the person in advance.

Requirements for Faculty, Staff, and Students

The following guidelines are important so that service animals may best serve their partners.

The campus will allow a service animal to accompany the partner at all times and in all public access areas. Exceptions to this policy will be made on a case by case basis and requests for exceptions should be directed to the Coordinator for Disability Services.

Do not pet a working service animal. Petting a service animal when the animal is working distracts the animal from the task at hand.

Do not feed a service animal. The service animal may have specific dietary requirements. Unusual food or food at an unexpected time may cause the animal to become ill.

Do not deliberately startle a service animal.

Do not separate or attempt to separate a partner/handler from the service animal.

Requirements of Service Animals and Their Partners/Handlers

The service animal must be immunized for common diseases. Dogs must maintain current general maintenance vaccine series, including distemper, and parvovirus. Other animals must maintain the appropriate vaccination series for that type of animal. Most animals (dogs and cats for example) must wear a rabies vaccination tag. Proof of current vaccination must be on file with Disabilities Services.

The handler must be able to demonstrate that the animal has been individually trained to provide a service. Some handlers carry a certification from a school that trained the animal. Many service animals will wear a harness, cape or backpack; but others will have only a leash.

The Director of Residence Life, will make on campus housing assignments in consultation with the student and the Coordinator of disabilities Services.

The animal must be in good health. Animals to be housed in campus housing must have an annual physical examination by a licensed veterinarian certifying that the animal has a clean bill of health. Documentation must be on file with Disabilities Services Coordinator

The partner/handler must demonstrate that s/he can control the animal. For example, the animal may be on a leash. The care and supervision of a service animal is solely the responsibility of its partner/handler.

The partner/handler is responsible for the disposal of any waste. The partner/handler must carry equipment sufficient to clean up the animal's feces whenever the animal and partner are off the partner's property. The handler must dispose of the feces in outside trashcans (generally near the entrance of any outside door)—not inside residence halls or other campus buildings. Individuals with disabilities who cannot clean up after their service animal may not be required to pick up and dispose of feces. However, a nearby person should be asked to assist. If no one is nearby to assist and if the service animal has an accident in a campus facility, the handler should contact Campus Safety immediately and ask them to notify a Physical Plant staff person to assist with safe disposal of the feces

Conditions for Keeping a Service Animal

The partner of an animal that is so unruly or disruptive that it interferes with the educational environment may be asked to limit his/her use of the animal. If the improper behavior happens repeatedly, the partner may be told not to bring the animal into any university facility until the partner takes significant steps to mitigate the behavior.

Policy appeals

An individual who needs to request a modification to or clarification of this policy may contact the Disabilities Services Coordinator in Duke 108, 278-6500 or the Section 504 Coordinator in Moseley 206.

APPENDIX O

A Discussion of Extended Testing Time

Dr. Arlene Halper at UCLA conducted a study of the amount of extended time appropriate for students with learning disabilities. She accumulated data bases from 1000 tests on types of disability, test format, and time needed. She learned:

There is a great variability among test taking needs of students with learning disabilities.

The use of readers, scribes, and large print format requires the most extended time of any testing format or situation for a student with disabilities.

The more time allotted for a test/exam, the less extra time students with learning disabilities required. A three-hour exam required .07 to .16 extended time, whereas a 50-60 minute test required .69 more time.

The average amount of extended time used was 33 to 39 percent more time.

Twenty-five percent of the disabled students needed 40 to 60 percent more time to complete their exams.

Twenty-five percent completed their exams within the time limit for all students.

Eight percent of learning disabled students required more than double time to complete tests/exams.

The length of the test definitely affects the amount of time needed.

Test takers needed the most extended time for short answer exams (affecting retrieval of information, ID words, terminology) and the least extended time for multiple-choice formats.

English exams required the most extended time (.55); the math and the physical sciences were second (.45); and the social sciences required the least amount of extended time (.36).

As a result of this study, students with learning disabilities at UCLA receive 75 percent to 100 percent more time to complete their tests and mid-term exams, and 50 percent extended time for three-hour final exams. However, each student's case must be considered individually as individual differences (sometimes the combination of learning disabilities) and the severity of a disability determine actual needs.