



CLC College
Students with
Disabilities:
A Reference
Guide for Faculty
&
Staff

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The Laws

Section 504 of the Rehabilitation Act of 1973

Section 504 of the Rehabilitation Act of 1973 is a national law that protects **qualified individuals** from discrimination based on their disability. The nondiscrimination requirements of the law apply to employers and organizations that receive financial assistance from any Federal department or agency. It is intended to "level the playing field" by eliminating disability related impediments to full participation in federally-funded programs. The law protects individuals whose physical or mental disabilities substantially limit one or more "major life activities," Major life activities include caring for one's self, walking, seeing, hearing, speaking, breathing, working, performing manual tasks, and learning. Some examples of impairments which may substantially limit major life activities, even with the help of medication or aids/devices, are: AIDS, alcoholism, blindness or visual impairment, cancer, deafness or hearing impairment, diabetes, drug addiction, heart disease, and mental illness.

On September 25, 2008, the President signed the [Americans with Disabilities Act Amendments Act of 2008 \(ADAAA\)](#). S. 3406. The new law amends the meaning of "disability" in the ADA and the Rehabilitation Act of 1973, of which Section 504 is a part. They now share provisions including a conforming amendment to the Rehabilitation Act of 1973 that affects the meaning of "disability" in Section 504. The Act, **effective January 1, 2009**, emphasizes that the definition of disability should be construed in favor of broad coverage of individuals to the maximum extent permitted by the terms of the ADA.

Although the Amendments Act broadens the interpretation of disability, it does not require the Dept of Education to amend its Section 504 regulations. Section 504 regulations as currently written are valid and Office for Civil Rights (OCR) is enforcing them consistent with the Amendments Act.

For purposes of education, **qualified individuals with disabilities** are persons who, with reasonable accommodation, can perform the essential functions of the course for which they have enrolled. **Reasonable accommodation** means the college is required to take reasonable steps to accommodate your disability unless it would cause the college undue hardship.

Reasonable Accommodations

Some various Accommodations, aids and services may include:

- Alternate Text- electronic version- PDF- Read Aloud
- Note Takers
- ASL Interpreters
- Readers
- Peer Tutors
- Text Enlargers
- Kursweil Reader
- Voice Amplifiers
- Dragon Speak Software –Speech to text
- Adaptive Keyboards
- Scribes
- Testing accommodations- extra time, oral exams, proctored quiet room.
- Priority Registration
- Adaptive furniture
- Lab assistants
- Digital Recorders
- Spelling Dictionaries
- Assistance with filling out forms
- Specialized gym equipment
- Accessible field work
- Proctored off Campus exams or extended time for those with physical and mental health disabilities, (hospitalized).

Technological advances have vastly improved participation by students with disabilities in Post Secondary Educational opportunities.



Student Responsibilities

Section 504 regulations defines a qualified student with disabilities for post secondary education programs as a person with a disability who meets the academic and technical standards requisite for admission to, or participation in, the college's education program or activity.

The college has no obligation to identify students with disabilities. In fact, Section 504 prohibits a post-secondary provider from making pre-admission inquiry as to whether an applicant for admission is disabled. However, the college is required to inform applicants and other interested parties of the availability of auxiliary aids, services, academic accommodations and the name of the person designated to coordinate the college's efforts to carry out the requirements of Section 504. After admission, (including the period between admission and enrollment), the college may make confidential inquiries to whether a student has a disability for the purpose of determining whether certain academic accommodations, services or aids may be needed.

Many students with hidden disabilities, such as a learning disorder, processing disorder or mental health disorder, seeking college degrees, were provided with special education services in their elementary and secondary school years. It is especially important for these students to understand that post-secondary institutions also have responsibilities to protect the rights of students with disabilities. In the elementary and secondary setting; the district or school was responsible for identifying, evaluating and providing individualized special education services to meet their needs. At the post-secondary level however, there are some important differences. The key provisions of Section 504 at the post secondary level are:

- No student may be excluded from any course or courses of study solely on the basis of handicap;
- That prohibitive rules, such as the banning of recording devices from the classroom by waived for some students with disabilities;
- That auxiliary aids must be permitted in the classroom when they are required to ensure the full participation of students with disabilities;
- That alternative testing and evaluation methods for measuring student achievement may be necessary for students with impaired sensory, manual or speaking skills (except where those are the skills being measured.);
- That special equipment or devices used in the classroom (and in some cases teaching techniques) that rely upon the sight, hearing, or mobility of students may require adaptation in individual cases; and
- That it is discriminatory to counsel students with disabilities toward more restrictive careers than non-disabled students, unless such a counsel is based on strict licensing or certification requirements in a profession.

MNSCU

Board Policies

1B.4 Access for Individuals with Disabilities

Part 1. Definitions.

Subpart A. An individual with a disability:

1. Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities.
2. Any person who has a record of such impairment which means that a person has a history of or has been classified as having a mental or physical impairment that substantially limits one or more major life activities.
3. Any person who is regarded as having such an impairment which means:
 - a) Has a physical or mental impairment that may not substantially limit major life activities but that is treated by others as constituting such a limitation;
 - b) Has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward such impairment;
 - c) Has no impairment but is treated by others as having such an impairment.

Subpart B. Personal devices and services: Examples of personal devices and services include wheelchairs; individually prescribed devices, such as prescription eyeglasses or hearing aids; readers for personal use or study; or services of a personal nature including assistance in eating, toileting, or dressing.

Subpart C. Qualified individual: A person who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for receipt of services or participation in a system office, college, or university program or activity. Essential eligibility requirements include, but are not limited to, academic and technical standards requisite to admission or participation in an education program or activity.

Part 2. General Access Policy. The system office, colleges, and universities will provide access to programs, services and activities to qualified individuals with known disabilities as required by law. Where an individual asks for an accommodation, the system office, college, or university may require the individual to provide documentation.

Part 3. Availability and Notice. Each college and university shall post notices in an accessible format to the public describing 1) college or university prohibition against

discrimination, and 2) college or university contact for requesting reasonable accommodation or information.

Part 4. Reasonable Accommodations to Ensure Access to Programs, Services, and Activities. The system office, colleges, and universities shall make reasonable accommodations to ensure access to programs, services, and activities as required by law. Access means that a qualified individual with a disability will not be excluded from participation in or be denied the benefits of the services, programs, or activities, nor will the individual be subjected to discrimination. Reasonable accommodations may include modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, provision of auxiliary aids or the provision of equally effective programs, services, or activities. In accordance with the Americans with Disabilities Act, accommodations will not be provided 1) for personal devices or services even though the individual may be a qualified individual with a disability, or 2) that result in a fundamental alteration in the nature of a service, program, or activity or in undue financial or administrative burdens.

Part 5. Offered and/or Sponsored Services or Activities for Qualified Students with Disabilities. Colleges and universities have a responsibility to provide access to services and/or activities that are operated or sponsored by the college or university or that receive significant assistance from the college or university. Such access shall be provided in a reasonable manner as required by law. At a minimum, the following must be offered to qualified students with disabilities:

- 1) support, counseling, and information services that may include support groups, individual counseling, career counseling and assessment, and referral services,
- 2) academic assistance services that may include assistive devices, early registration services, early syllabus availability, course selection, and program advising, course work assistance, testing assistance, and modification, and tutoring, and
- 3) coordination services that may include personnel acting on the student's behalf and serving as the primary contact and coordinator for students needing services, assistance in working individually with faculty and administrators, intervention procedures, and grievance procedures.

Part 6. Procedure. In consultation with the system office, each college and university shall establish a procedure for individuals with disabilities to make requests for accommodations to access programs, services, or activities at the college or university, consistent with state and federal laws. Such procedure for access to programs for individuals with disabilities must, at a minimum, include the following:

1. The system policy statement and system definitions.
2. Assignment and identification of a staff member responsible for administering the delivery of services to individuals with disabilities.
3. Provide a process for appealing a denial of a request for program access.

Date of Implementation: 07/01/95

Date of Adoption: 06/20/95

Technology

SEC. 508. ELECTRONIC AND INFORMATION TECHNOLOGY

Section 508 establishes requirements for electronic and information technology developed, maintained, procured, or used by the Federal government. Section 508 requires Federal electronic and information technology to be accessible to people with disabilities, including employees and members of the public.

An accessible information technology system is one that can be operated in a variety of ways and does not rely on a single sense or ability of the user. For example, a system that provides output only in visual format may not be accessible to people with visual impairments and a system that provides output only in audio format may not be accessible to people who are deaf or hard of hearing. Some individuals with disabilities may need accessibility-related software or peripheral devices in order to use systems that comply with Section 508. For more information on section 508, contact:

U.S. General Services Administration
Center for IT Accommodation (CITA)
1800 F Street, N.W.
Room 1234, MC:MKC
Washington, DC 20405-0001

www.gsa.gov/section508

(202) 501-4906 (voice)
(202) 501-2010 (TTY)

<http://www.ada.gov/>



Information about Disabilities

Learning Disabilities

A learning disability is a neurological disorder. In simple terms, a learning disability results from a difference in the way a person's brain is "wired." College students with learning disabilities are as smart or smarter than their peers. But they may have difficulty reading, writing, spelling, reasoning, recalling and/or organizing information if left to figure things out by themselves or if taught in conventional ways. A learning disability can't be cured or fixed; it is a lifelong issue. With the right support and accommodations, however, students with learning disabilities can succeed in college and go on to successful, often distinguished careers later in life

Math difficulties and learning disabilities: Learning disabilities in math vary greatly depending on the student's other strengths and weaknesses. A student's ability to do math will be affected differently by a language learning disability, or a visual disorder or a difficulty with sequencing, memory or organization.

Language difficulties and learning disabilities: Language and communication learning disabilities involve the ability to understand or produce spoken language. Language is also considered an output activity because it requires organizing thoughts in the brain and calling upon the right words to verbally explain something or communicate with someone else.

Reading difficulties and learning disabilities: There are two types of learning disabilities in reading. Basic reading problems occur when there is difficulty understanding the relationship between sounds, letters and words. Reading comprehension problems occur when there is an inability to grasp the meaning of words, phrases, and paragraphs.

Writing difficulties and learning disabilities: Learning disabilities in writing can involve the physical act of writing or the mental activity of comprehending and synthesizing information. Basic writing disorder refers to physical difficulty forming words and letters. Expressive writing disability indicates a struggle to organize thoughts on paper.

Teaching Strategies helpful for Students with Learning disabilities

1. Provide structured, consistent lectures that include:
 - a. Review of previous lesson.
 - b. Overview of material to be presented.
 - c. Summary at close of the session.
 - d. Emphasis of important points, main ideas and key concepts.
 - e. Timelines for completing each assignment and segments of assignment.
 - f. Clearly defined expectations and student's responsibilities.

3. Provide feedback and monitoring (Did you understand that concept, shall I explain further?)
4. Ensure that printed materials and chalkboard writing are visually clear and well sized.
5. Present material auditorily as well as visually.
6. Clarify any concepts and define words. Keep explanations concrete.
7. Present course content in small, sequential steps.
8. Present material from concept to details- from the whole to the parts (Students with learning disabilities have strong conceptual skills).
9. Provide opportunities for participation, questions, and discussion to monitor understanding of new concepts and assignments.
10. Students may misinterpret the requirements or the major themes of the assigned reading; study questions may need to be formed; it is important never to assume anything, but to question the student first.
11. In some instances, guided reading through the assignment may be necessary (i.e. significant reading difficulty) emphasizing major points and themes. The student may have the textbook in alternate format or is working with a tutor. Provide a list of technical vocabulary.
12. Get to know the student as a person, ask them what has been helpful in the past; what is their best learning style.

Auditory processing disorder

What is it?

An auditory processing disorder interferes with an individual's ability to analyze or make sense of information taken in through the ears. This is different from problems involving hearing per se, such as deafness or being hard of hearing. Difficulties with auditory processing do not affect what is heard by the ear, but do affect how this information is interpreted, or processed by the brain.

An auditory processing deficit can interfere directly with speech and language, but can affect all areas of learning, especially reading and spelling. When instruction in school relies primarily on spoken language, the individual with an auditory processing disorder may have serious difficulty understanding the lesson or the directions.

Common areas of difficulty and some educational implications:

Phonological awareness

Phonological awareness is the understanding that language is made up of individual sounds (phonemes) which are put together to form the words we write and speak. This is a fundamental precursor to reading. Children who have difficulty with phonological awareness will often be unable to recognize or isolate the individual sounds in a word, recognize similarities between words (as in rhyming words), or be able to identify the number of sounds in a word. These deficits can affect all areas of language including reading, writing, and understanding of spoken language.

Though phonological awareness develops naturally in most children, the necessary knowledge and skills can be taught through direct instruction for those who have difficulty in this area.

Auditory discrimination

Auditory discrimination is the ability to recognize differences in phonemes (sounds). This includes the ability to identify words and sounds that are similar and those which are different.

Auditory memory

Auditory memory is the ability to store and recall information which was given verbally. An individual with difficulties in this area may not be able to follow instructions given verbally or may have trouble recalling information from a story read aloud.

Auditory sequencing

Auditory sequencing is the ability to remember or reconstruct the order of items in a list or the order of sounds in a word or syllable. One example is saying or writing "ephelant" for "elephant."

Auditory blending

Auditory blending is the process of putting together phonemes to form words. For example, the individual phonemes "c", "a", and "t" are blended to form the word, "cat".

Visual processing disorder

What is it?

A visual processing, or perceptual, disorder refers to a hindered ability to make sense of information taken in through the eyes. This is different from problems involving sight or sharpness of vision. Difficulties with visual processing affect how visual information is interpreted, or processed by the brain.

Common areas of difficulty and some educational implications:

Spatial relation

This refers to the position of objects in space. It also refers to the ability to accurately perceive objects in space with reference to other objects.

Reading and math are two subjects where accurate perception and understanding of spatial relationships are very important. Both of these subjects rely heavily on the use of symbols (letters, numbers, punctuation, math signs). Examples of how difficulty may interfere with learning are in being able to perceive words and numbers as separate units, directionality problems in reading and math, confusion of similarly shaped letters, such as b/d/p/q. The importance of being able to perceive objects in relation to other objects is often seen in math problems. To be successful, the person must be able to associate that certain digits go together to make a single number (ie, 14), that others are single digit numbers, that the operational signs (+,,x,=) are distinct from the numbers, but demonstrate a relationship between them. The only cues to such math problems are the spacing and order between the symbols. These activities presuppose an ability and understanding of spatial relationships

Non-verbal Learning Disorder

What is it?

Nonverbal learning disorders (NLD) is a neurological syndrome consisting of specific assets and deficits. The **assets** include early speech and vocabulary development, remarkable rote memory skills, attention to detail, early reading skills development and excellent spelling skills. In addition, these individuals have the verbal ability to express themselves eloquently. Moreover, persons with NLD have strong auditory retention.

Four major categories of deficits and dysfunction also present themselves:

- **motoric** (lack of coordination, severe balance problems, and difficulties with graphomotor skills).
 - **visual-spatial-organizational** (lack of image, poor visual recall, faulty spatial perceptions, difficulties with **executive function*** and problems with spatial relations).
 - **social** (lack of ability to comprehend nonverbal communication, difficulties adjusting to transitions and novel situations, and deficits in social judgment and social interaction).
 - **sensory** (sensitivity in any of the sensory modes: visual, auditory, tactile, taste or olfactory)
- *definition of **executive function**: Neuropsychological functions including, but perhaps not limited to, decision making, planning, initiative, assigning priority, sequencing, motor control, emotional regulation, inhibition, problem solving, planning, impulse control, establishing goals, monitoring results of action, self-correcting.

Typical accommodations for students with Learning Disabilities may include:

- Use of a scribe or note taker
- Tape recorded lectures and class discussions
- Taped texts
- Extended time for tests
- Alternate test format: e-format, oral.
- Use of a voice or large print output computer with word processing software
- Extended time and alternate locations for examinations
- Extended time for research requirements
- Reading lists or syllabi in advance to permit time for transferring into alternate form
- Alternate Textbooks

Visual Disability

What is it?

"Visual impairments are divided into two general categories: blindness and low vision. Individuals with blindness have absolutely no sight, or have so little that learning must take place through other senses. Only 10-15% of the visually impaired population is totally blind. People with low vision have severe impairments and need special accommodations, but are still able to learn through vision."

The term visual impairment has a broad spectrum. It may mean a person has difficulty reading, but can still see things pretty well as a whole. The person may not be able to discern shapes or colors, while others may have vision which fluctuates due to a particular disease.

For a person to be considered legally blind, he/she must have a "visual acuity of 20/200 or worse in the better eye with correction (glasses), or a visual field which subtends to an angle of not greater than 20 degrees. While a low vision person has a visual acuity above 20/200 but worse than 20/70 in their better eye with correction." (Visual Impairment)

Typical accommodations for students with Visual Disabilities may include:

- Use of a scribe or note taker
- Location (close to the chalkboard or screen without glare from windows)
- Tape recorded lectures and class discussions
- Taped texts
- Large print class materials
- Extended time for tests
- Alternate test format: e-format, oral, Braille, or large print.
- Use of a voice or large print output computer with word processing software
- Extended time and alternate locations for examinations
- Use of a closed circuit enlargement system
- Extended time for research requirements
- Reading lists or syllabi in advance to permit time for transferring into alternate form
- Textbooks ordered in the preferred medium of the student
- Handouts in the medium that the student prefers
- Clear black print on white or pale yellow paper for student with visual impairments
- Lab assistance
- Advance notice of class scheduling changes
- Videos with audio description
- Closed Circuit TVs

Hearing Disability

What is it?

Hearing impairment is best defined as a lack or reduction in the ability to hear clearly due to a problem somewhere in the hearing mechanism. A hearing impairment can occur in the outer, middle, or inner ear along the pathway to the brain (National, 43).

Classifications of hearing loss

There are three types of hearing loss: [conductive](#) , [sensorineural](#) , and [mixed](#) . A conductive hearing loss is a result of damage to outer or middle ear. Conductive losses are not severe and often times can be surgically corrected. A person with a conductive loss may reap great benefits from hearing aids. A sensorineural hearing loss is a result of damage to the hair cells of the inner ear or nerves. This type of loss ranges from mild to profound and is permanent. In other words, surgery cannot be performed to correct a sensorineural hearing loss. Often times, hearing aids are not helpful either. While the aids may amplify sounds, the sounds are still distorted. A mixed hearing loss simply means that the hearing problem occurs in the outer or middle ear and inner ear.

The Americans with Disabilities Act (ADA) requires that materials and information be available in alternate formats whenever possible and reasonable to do so. It is a good idea to assume that there will always be people in your audience who have difficulties seeing your material or hearing your presentation. When you make your presentation accessible to persons with hearing or vision loss, everyone in your audience will benefit.

Strategies to Create Information Access for Persons with Hearing Loss

- * Provide the audience with a clear and direct view of your mouth and face.
- * Speak from a well-lighted area of the room.
- * Reduce background noise by turning off slide projectors or other types of apparatus when not in use.
- * Speak clearly and naturally and at your normal pace, unless you are asked to slow down.

Interpreters

- * Sign language interpreters are certified professionals who use American Sign Language or Signed English to interpret spoken English for people who are deaf or hard of hearing.

* If a sign language interpreter is used, introduce yourself to the interpreter and go over technical and specialized vocabulary before beginning presentations.

* Interpreters at conference presentations should stand on one side of the platform at the front of the room, even with extra lighting if needed, in order to be clearly seen from anywhere in the audience.

* When replying to a query from a hearing impaired individual using an interpreter, speak to the hearing impaired person, NOT to the interpreter.

Captioning

* Captioning is the on screen text display of spoken words or sounds that are part of a video or film presentation. Captioners are usually trained as stenographers and use special software to add captions to a previously produced video.

* Video or film production services can also include captions as part of your original production.

* If showing a videotape, have it captioned. (Open captions are preferred for this purpose as closed captions can be seen only with the use of a decoder.) If there is a script or transcription already available, this will make the captioner's job easier.

* If captioning is not feasible, arrange for an interpreter to sign the audio portion of the tape. If possible, make the tape available to the interpreter a day, or so, before your presentation.

Auditory Materials

* Audiotapes, videotapes, and other auditory materials can be translated into print format to make them accessible to people who are deaf or hard-of-hearing. When transcribing video, be sure to mention any sounds and actions that may occur independent of the spoken text, and indicate settings or changes of scene as well. To find a transcriber, look in the Yellow Pages under "Transcribing Services."

* If available, use Assistive Learning Devices. These devices consist of a transmitter that sends electronically enhanced sound to receivers worn by individuals who are hard-of-hearing.

* If available, use A Computer-Aided Realtime Translation (CART), which, usually originally trained as a court or stenographer, uses a stenotype machine with a phonetic keyboard and special software. A computer translates the phonetic symbols into English captions almost instantaneously. Presenters should provide conference organizers with a copy of their presentation or outline and a list of any unusual or technical words that will be used.

Mobility Disability

What is a Mobility Disability?

An obvious physical disability that may require accommodation and assistance to access the educational setting. Mobility disabilities can stem from a wide range of causes and be permanent, intermittent or temporary. Among the most common permanent disorders are musculoskeletal disabilities such as partial or total paralysis, amputation or severe spinal injury, types of arthritis, muscular dystrophy, multiple sclerosis, head injury and cerebral palsy. Additionally, conditions such as respiratory and cardiac diseases may also impair mobility. Any of these conditions may impair the strength, speed, endurance, coordination and dexterity necessary for proper hand function. The effects of mobility disabilities may be visible or invisible. They include the inability to walk and/or use the arms, hands and fingers, often resulting in the use of aids such as wheelchairs, leg braces crutches or walkers. Attendants may be needed for personal care and the student may rely on others for transport, photocopying, study notes and library assistance. In some conditions such as cerebral palsy, multiple sclerosis and trauma from accidents, there may be associated impairments, for example, to speech, sight or learning. However, there are less obvious effects. In the case of head injury, fine motor control, balance and sometimes orientation may be affected, and fatigue is a common problem. Similarly, chronic illness may not be obvious but can cause fatigue during movement about the campus.

Instructional Strategies:

- Make sure the classroom and lab are physically accessible
- Arrange the classroom differently, if necessary, to accommodate the student's wheelchair or other mobility needs, arrange for a lab partner if needed.
- Consider emergency evacuation from the classroom and what alternatives would be necessary for the student
- Don't isolate the student in classroom seating because of mobility needs. Find a way to integrate the student into the mainstream while still giving him/her accessible seating
- If the class includes a field trip, choose an appropriate mode of transportation
- If adaptations in the lab or classroom are needed, work these out with the student so they meet their specific needs. Let the student give test answers on a tape if he/she is unable to write. Arrange for a note taker through disability services

Systemic Disability

Health and Systemic disabilities affect one or more of the human body's systems (circulatory, immunological, neurological, and respiratory). Effects and symptoms vary greatly. Health and Systemic disorders may not be immediately apparent or evident to others. Students may exhibit limited amounts of energy that can result in difficulties sitting, standing, and walking for long periods of time. Here are some brief descriptions of the more common health and systemic disorders:

- **Cancer:** A malignant growth that can affect any part of one's body. Treatment is time-consuming, painful, and may cause permanent disabilities.
- **Chemical Dependency:** This is classified as a disability when an individual is currently not using drugs or alcohol, and has formal documentation that they have received professional treatment for their addiction.
- **Chronic Fatigue Syndrome:** An autoimmune disorder causing loss of appetite, fatigue, and depression. Physical and emotional stress may adversely affect an individual who is diagnosed with this condition.
- **Diabetes Mellitus:** This condition results in the inability for one's body to regulate blood sugar levels. Diabetes is treated through strict dieting and may also require insulin injections. Symptoms of confusion, sudden personality changes, or loss of consciousness may occur during a diabetic reaction. Vision loss, cardiovascular disease, kidney failure, or the amputation of limbs often occurs in those with serious cases of diabetes.
- **Epilepsy:** Those suffering from this disorder experience a loss of consciousness due to episodes with seizures. Seizures are treated and controlled with prescribed medications, and do not usually require medical emergency attention.
- **Human Immunodeficiency Virus (HIV):** This is the virus that is thought to cause AIDS, which inhibits one's body from fighting off infection and illness. Individuals who are HIV Positive are often times stigmatized by society.
- **Multiple Sclerosis (MS):** A neurological condition causing a variety of symptoms such as numbness, vision impairments, loss of strength, and tremors. The intensity of these symptoms can vary greatly day to day. Extreme temperatures are also known to affect the condition of those with MS.
- **Renal disease/failure:** Renal disease often results in loss of bladder control, excessive fatigue, pain, and toxic reactions that may cause cognitive difficulties. Those with extreme cases must be on dialysis, which means they must adhere to a strict schedule of diet and fluid intake restrictions.

Considerations

It is your legal responsibility to provide the student anonymity from the other students (e.g., avoid pointing out the student or explicitly mentioning their accommodation need to the

class). The physical condition of those with systemic disabilities is unstable, at any time their health conditions can change.

Instructional Strategies

Include a statement in your course syllabus regarding accommodation issues for students with disabilities. See the Suggested Disability Statement for course syllabi.

Depending upon the condition of the individual, students with systemic disabilities would benefit from other instructional strategies that were listed for the other areas of disability.

Common Accommodations

The following list includes examples of accommodations that are commonly used by students with a systemic disability. Not all students with a systemic disability are eligible to receive all of following listed accommodations, nor are they limited to those listed when receiving accommodations. Eligibility for receiving any kind of accommodation depends upon factors specific to the nature of the student's disability and the nature of the course in which the accommodations are to be used. The accommodations approved by Disability Services and are considered to be both appropriate and required for that particular student.

- Extensions on papers/projects on a case-by-case basis (as negotiated with the faculty member)
- Additional absences beyond what might normally be allowed
- Extended time (exams)

Psychiatric Disabilities:

Definition of Mental Illness and Some Common Diagnoses*

Mental illness is a term that describes a broad range of mental and emotional conditions. Mental illness also refers to one portion of the broader ADA term mental impairment, and is different from other covered mental impairments such as mental retardation, organic brain damage, and learning disabilities. The term 'psychiatric disability' is used when mental illness significantly interferes with the performance of major life activities, such as learning, working and communicating, among others.

Someone can experience a mental illness over many years. The type, intensity and duration of symptoms vary from person to person. They come and go and do not always follow a regular pattern, making it difficult to predict when symptoms and functioning will flare up, even if treatment recommendations are followed. The symptoms of mental illness often are effectively controlled through medication and/or psychotherapy, and may even go into remission. For some people, the illness continues to cause periodic episodes that require treatment. Consequently, some people with mental illness will need no support, others may need only occasional support, and still others may require more substantial, ongoing support to maintain their productivity.

The most common forms of mental illness are [anxiety disorders](#), [mood disorders](#), and [schizophrenia disorders](#). Brief introductory information about these conditions is presented in this section for educational purposes only.

Anxiety Disorders

Anxiety disorders, the most common group of mental illnesses, are characterized by severe fear or anxiety associated with particular objects and situations. Most people with anxiety disorders try to avoid exposure to the situation that causes anxiety.

- Panic disorder - the sudden onset of paralyzing terror or impending doom with symptoms that closely resemble a heart attack
- Phobias - excessive fear of particular objects (simple phobias), situations that expose a person to the possible judgment of others (social phobias), or situations where escape might be difficult (agoraphobia)
- Obsessive-compulsive disorder - persistent distressing thoughts (obsessions) that a person attempts to alleviate by performing repetitive, intentional acts (compulsions) such as hand washing

- Post-traumatic stress disorder (PTSD) - a psychological syndrome characterized by specific symptoms that result from exposure to terrifying, life-threatening trauma such as an act of violence, war, or a natural disaster

Mood Disorders

Mood disorders are also known as affective disorders or depressive disorders. These illnesses share disturbances or changes in mood, usually involving either depression or mania (elation). With appropriate treatment, more than 80% of people with depressive disorders improve substantially.

- Major depression - an extreme or prolonged episode of sadness in which a person loses interest or pleasure in previously enjoyed activities
- Bipolar disorder (also referred to as manic-depressive illness) - alternating episodes of mania ("highs") and depression ("lows")
- Dysthymia - continuous low-grade symptoms of major depression and anxiety
- Seasonal affective disorder (SAD) - a form of major depression that occurs in the fall or winter and may be related to shortened periods of daylight

Schizophrenia Disorders

Research has not yet determined whether schizophrenia is a single disorder or a group of related illnesses. The illness is highly complex, and few generalizations hold true for all people diagnosed with schizophrenia disorders. However, most people initially develop the symptoms between the ages of 15 and 25. Typically, the illness is characterized by thoughts that seem fragmented and difficulty processing information.

Symptoms of schizophrenia disorders are categorized as either "negative" or "positive." Negative symptoms include social isolation or withdrawal, loss of motivation, and a flat or inappropriate affect (mood or disposition). Positive symptoms include hallucinations, delusions, and thought disorders.

*Adapted from Zuckerman, D., Debenham, K. & Moore, K. (1993) *The ADA and People with Mental Illness: A Resource Manual for Employers*. Available from the National Mental Health Association, 1021 Prince Street, Alexandria, VA 22314-2971, (703)684-7722.

“English” Examples of Disclosing a Mental Illness

New Enforcement Guidance on the ADA and People with Mental Illness. In it, ADA states that someone who has a mental illness can tell their employer/college about the illness using “English”. This means that the **employee/student is not required** to use certain terms such as clinical diagnoses, mental illness or psychiatric disability to disclose mental illness and

request accommodations. Some examples of the terms and phrases that an employer/college may hear are:

- I have a medical condition that requires more frequent breaks to do my work.
- I need some time off /a leave of absence because I am stressed and depressed.
- I take medication for a disorder that makes it difficult to get up early in the morning.

If the employee's need for accommodation is not obvious to the employer/college, the employer/college can ask for documentation of the disability and functional limitations by a professional. Similarly, most instructors may not have specific information about the diagnosis, but Disability Services Offices in colleges and universities require professional documentation of the disability. If the instructor has any concerns they should contact the Disability Coordinator located on campus- phuss@clcmn.edu or 218-855-8175.

Characteristics of Psychiatric Disability that Affect Functioning

- **The irregular nature of mental illness** - The irregular nature of mental illness may create problems in establishing or maintaining consistent work or school patterns. Some individuals may need time off for medical appointments or to recuperate. The irregular nature of mental illness might also impair an individual's performance.
- **Stress associated with non-disclosure** - Anxiety often accompanies the effort to hide an illness and its symptoms. Many individuals do not disclose an illness for fear of stigma and discrimination. This fear may be compounded if an employee feels that a job is in jeopardy or a student worries that admission may not be offered.
- **Side effects of medications** - Despite their effectiveness for many people, medications can also have side effects that create difficulties at work or in school. Each person has an adjustment period after starting, changing the dose of, or stopping medication. Some of the most common side effects include:
 - drowsiness
 - dizziness
 - dry mouth
 - nervousness
 - headaches
 - shakiness
 - confusion
 - weight gain
- **Interrupted education or training** - Many people first develop symptoms of mental illnesses between the ages of 15 and 25 and traditional educational or vocational training may be delayed. This may affect their credentials for jobs or educational programs.

- **Co-morbidity** - The National Institute of Mental Health (NIMH) reports that 30% of adults with a mental illness also have had a diagnosable alcohol and/or drug abuse disorder during their lives. In addition, 53% of adults who have had substance abuse disorders have had one or more mental illnesses during their life times. Treatment and accommodation in these cases address both the effects of substance abuse as well as the effects of the person's mental illness.

Academic accommodations

For college students with disabilities, academic accommodations may include adaptations in the way specific courses are conducted, the use of auxiliary equipment and support staff, and modifications in academic requirements. A college or university has both the diversity of resources and the flexibility to select the specific aids or services it provides, as long as they are effective. Such aids and services should be selected in consultation with student who will use them.

Classroom Accommodations

- **Preferential seating**
Seating in front, by door, helps reduce audio/visual distractions
- **Coach / Mentor**
Having someone (another student, or a counseling staff member) to accompany a student to class and/or stay in class with the student.
- **Assigned classmate as volunteer assistant**
Similar to an accompanier, an assistant may help take notes or provide informal support.
- **Beverages permitted in class**
Helps alleviate dry mouth or tiredness caused by medications.

Lecture accommodations

- **Pre-arranged breaks**
Helps student anticipate and manage anxiety, stress, or extreme restlessness caused by medication.
- **Tape / Digital Recorder**
Alleviates pressure of notetaking, freeing student to attend and participate more fully in class.

- **Notetaker**
Similar to above, having someone in class to take notes alleviates anxiety of having to capture all the information; sometimes the anxiety of attending class interferes with effective notetaking.
- **Photocopy or Email attachment of another's notes**
If notetakers are not available, then securing from another student helps free him or her to attend and participate more fully in class.

Examination accommodations

- **Permit use of computer software programs or other technological assistance**
Writing may be difficult due to medication side effects that create muscular or visual problems.
- **Extended time**
Allowing a specific extra amount of time, to be negotiated before the exam, allows the student to focus on the exam content instead of the clock, and lessens the chance that anxiety or other symptoms will interfere with his or her performance.
- **Segmented**
Dividing an exam up into parts and allowing student to take them in two or three sessions over 1-2 days helps reduce the effect of fatigue and focus on one section at a time.
- **Permit exams to be individually proctored, including in hospital**
A non-distracting, quiet setting helps reduce interference from anxiety or other symptoms or medication side effects.
- **Increase frequency of tests or examinations**
Giving student more opportunities to demonstrate knowledge creates less pressure than having just a midterm or a final.
- **Permit exams to be read orally, dictated, scribed or typed.**
Anxiety, other symptoms, medication side effects, or a learning disability may interfere with mental focus, concentration, ability to retrieve information, and/or writing capacity during a typical paper-pencil test. Reducing the amount of external pressure and distractions gives the student an equal opportunity to demonstrate his or her expertise without the disability skewing the results.

Assignment accommodations

- **Advance notice of assignments**
Helps a student anticipate and plan time, energy, and workload, and arrange for any support or academic adjustments.

- **Delay in assignment due dates**
A student may need to go into the hospital for week for a medication check or a brief emergency; extra time on a due date might be all that is needed for a student to pass the course. The delay should be specified; i.e., a new due date should be negotiated and formalized, not be left open-ended.
- **Assignment assistance during hospitalization**
Staying connected to a student during a course while he or she is in the hospital may mean the student can finish the course as planned, and not have to take an incomplete or withdrawal grade, lose their money, or repeat the course again. (The exacerbation of psychiatric symptoms does not necessarily preclude the student's ability to complete schoolwork, and in some cases seems to help them leave the hospital sooner because they academic responsibilities to meet.)
- **Use alternative forms for students to demonstrate course mastery**
A student may be better able to demonstrate his or her knowledge in ways that don't require lots of writing (e.g., a narrative tape instead of a written journal) or time pressure (an essay exam rather than only multiple choice, or an extra paper if the student has not performed well on the exam due to his or her disability).
- **Textbooks on tape**
May help a student whose vision or concentration interferes with their reading ability.

Administrative accommodations

- **Providing modifications, substitutions, or waivers of courses, major fields of study, or degree requirements on a case-by-case basis.**
These adjustments should be considered on an individual basis, and only if the changes requested would not substantially alter essential elements of the course or program, or if courses are required for licensure)
- **Provide orientation to campus and administrative procedures.**
Increasing a student's familiarity with an environment and the system help him or her to feel more confident and confident, and allow the student to plan, strategize, anticipate trouble spots, and know where to go for assistance.
- **Provide assistance with registration/financial aid.**
Helping a student cut through red tape and coaching them thorough the intricate but critical process of financial aid eliminates a potentially debilitating amount of stress and hassle.
- **Flexibility in determining "Full Time" status (for purposes of financial aid and health insurance).**
A school often has the power to declare a student "-time" even if s/he is part-time. If

the disability is such that a part-time load is equal in burden to a full time load for a student without disability, such a case can be made. (This adjustment does not entitle a student to full time financial aid).

- **Assistance with selecting classes and courseload.**
Early morning classes or high stress classes can set a student up for failure.
- **Parking passes.**
Anxiety and other psychiatric symptoms can physically and emotionally prevent a student from crossing the campus or sustaining energy for a day of classes, when they would otherwise be capable of attending class. These supports make the environment more accessible and “-friendly,” and are usually cheap and easy to obtain.
- **Incompletes rather than failures or withdrawals if relapse occurs.**
If a student has finished most of the coursework but is unable to complete the remainder before the semester’s end, negotiating an incomplete usually means that a student will not have to repay or retake the entire course in order to finish it.
- **Identified place to meet on campus that feels “safe” before or after class.**
Having a place that is safe may help a student attend class more regularly and help lessen the effects of anxiety and “in the bud” stresses that can exacerbate other psychiatric symptoms.

Acquired/Traumatic Brain Injury

What is it?

An **acquired brain injury (ABI)** is brain damage caused by events after birth, rather than as part of a genetic or congenital disorder. It usually affects cognitive, physical, emotional, social or independent functioning and can result from either traumatic brain injury (e.g. physical trauma due to accidents, falls, assaults etc.) or non-traumatic injury derived from either an internal or external source (e.g. stroke, brain tumors, infection, poisoning, hypoxia, ischemia, encephalopathy or substance abuse). Most definitions of ABI exclude neurodegenerative disorders.

A **traumatic brain injury (TBI)** is defined as a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. Not all blows or jolts to the head result in a TBI. The severity of such an injury may range from "mild," i.e., a brief change in mental status or consciousness to "severe," i.e., an extended period of unconsciousness or amnesia after the injury. A TBI can result in short or long-term problems with independent function.

Active duty and reserve service members are at increased risk for sustaining a TBI compared to their civilian peers. This is a result of several factors, including the specific demographics of the military; in general, young men between the ages of 18 to 24 are at greatest risk for TBI. Many operational and training activities which are routine in the military are physically demanding and even potentially dangerous. Military service members are increasingly deployed to areas where they are at risk for experiencing blast exposures from improvised explosive devices (IEDs), suicide bombers, land mines, mortar rounds, rocket-propelled grenades etc. These and other combat related activities put our military service members at increased risk for sustaining a TBI.

Acquired/Traumatic brain injury is not to be confused with intellectual disability. People with a brain injury may have difficulty controlling, coordinating and communicating their thoughts and actions, but they retain their intellectual abilities. However, the intellectual abilities of a person with a brain injury are likely to be interfered with by the aforementioned thought coordination and communication difficulties, which can make it difficult for them to express themselves in a manner intelligible to others, which in turn might offer the perception of a damaged intelligence to others, even though such is not the case.

Academic Implications:

Many students with TBI will exhibit characteristics of learning and or behavioral disabilities. Some areas of difficulty may include all or some of the following items:

- Difficulty with logic, thinking and reasoning
- Slower to respond, react and complete activities and tasks
- Difficulty focusing attention
- Physical limitations
- Inappropriate social behaviors
- Difficulty remembering
- Frequently puzzled or challenged by college level work
- Difficulty learning
- It is believe that TBI has a profound effect on new learning even though previous learning may remain in tact
- Never underestimate the potential for growth and development
- Some TBI students will have speech and language deficits

Accommodation Examples

Classroom

- Note taking assistance provided by a peer note taker. Please assist the student in finding a student in the class to provide copies of their notes. Disability Services will provide an announcement for you to read to the class explaining this process
- Preferred seating. Please allow student to choose seating in the classroom
- Short breaks to leave classroom
- Always remember that it takes the student longer to process information!

Coursework Adaptation

- Student initiates class participation. If possible, call on student **only** when he/she raises his/her hand
- Discussion topics provided in advance when feasible

Testing

- Extended time for all exams: time and one half
- Private, quiet non-distracting room
- Short breaks during exam not to exceed the above time extension

Best Practices/Universal Design

- Regular feedback sessions to discuss key concepts and lecture topics in order for student to better integrate course materials and to monitor course progress
- Instructor repeats questions or comments made by other students
- Instructor provides notes, outlines, or presentation slides to the student prior to the class
- Providing review or study sheets for exams is helpful

- Break information into small steps while instructing on new tasks.
- Clearly define course requirements such as assignments and their deadlines. Be sure to provide advance notice of any schedule changes.
- Keep instructions brief and uncomplicated as much as possible. When repeating instructions, repeat exactly without paraphrasing.
- Teaming the student with a strong reader would be helpful, when appropriate.

Attention Deficit Disorders (AD/HD)

In the past, Attention Deficit Disorder was believed to be a condition that affected children and some adolescents. Although it was known that children with AD/HD were more likely to have difficulties in adulthood, clinicians usually diagnosed and treated these as other conditions. During the past two decades, we have recognized attention deficit disorder in older adolescents and adults.

Many adults were never correctly diagnosed, even when they were children. Sometimes this was because their main symptoms were inattention and impulsivity rather than physical hyperactivity. In other cases, the individual used his or her high intelligence or great determination to mask the AD/HD symptoms. Often this compensation occurred at great emotional cost. Many high-functioning individuals with AD/HD may harbor feelings of poor self-worth. They may see themselves as failures and feel that they constantly let others down. Over the years, the individual adapts to the situation. These adaptations, positive or negative, become part of one's personality, layered over the AD/HD symptoms.

Characteristics:

Adults with AD/HD are often bored with tedious, repetitive tasks. They may also trouble with planning and organization. Procrastination is common. Impulsivity may lead to frequent job changes, troubled romantic relationships, financial problems and a tendency to interrupt others. College students may have trouble staying focused on paperwork or lectures. The AD/HD adult often becomes frustrated or angry rapidly, but may cool off equally quickly. He or she is then left wondering why everyone else is still upset at the blow up. Because of difficulties following through on commitments, the individual is often called selfish and immature.

Best Practices/Universal Design:

- Include a statement in your course syllabus regarding accommodation issues for students with disabilities. See the Suggested Disability Statement for course syllabi.
- Students who have been diagnosed with ADD/ADHD often find it helpful when the course syllabus is written with clearly defined assignment deadlines as organization may be challenging for them.
- If a student appears to be distracted, it might be appropriate to recommend to the student that they sit in the front of the classroom, away from windows, doorways, heating/cooling systems, or any other sources of potential distraction.
- Break information into small steps while instructing on new tasks.
- Students with ADD/ADHD frequently find it difficult to stay on task for long periods of time. If a class is longer than the traditional, 50-60 minute session, then offering a break after 45 minutes would be helpful.
- Keep instructions brief and uncomplicated as much as possible. When repeating instructions, repeat exactly without paraphrasing.

- Encourage the usage of spell-check and grammar-assistive devices.
- For students needing other academic assistance, remind them of campus services such as Tutoring Services at the ACE center.
- Providing review or study sheets for exams is helpful.

Accommodations:

- Use of a scribe or note taker
- Tape recorded lectures and class discussions
- Taped texts
- Extended time for tests
- Alternate test format: e-format, oral.
- Use of a voice or large print output computer with word processing software
- Extended time and alternate locations for examinations
- Extended time for research requirements
- Reading lists or syllabi in advance to permit time for transferring into alternate form
- Alternate Textbooks

Autism Spectrum Disorders:

- Autistic Disorder
- Asperger's Disorder
- Pervasive Developmental Disorder

What is it?

Autism is a neurological development disorder that triggers a series of behavioral maladies such as impairment in social skills, impairment in language learning and communication abilities.

The spectrum of autism is of two kinds namely low functioning and high functioning autism. In a low functioning category the afflicted person will have difficulty in speech and communication and they also will lack in self-caring abilities. In the case of high functioning autism, the afflicted person will have high IQ and is regarded as genius some times, but they lack in understanding non-verbal communication and social skills.

- *Impairment of social relationships:* An individual may not use or understand nonverbal behavior or develop peer relationships that are appropriate to his developmental level, or may appear aloof and indifferent to other people.
- *Impairment of social communication:* There may be a total lack of or delay in the development of speech (with no attempts to communicate by gestures). The individual does not sustain or initiate conversation, or uses language in a stereotyped and repetitive manner.
- *Impairment of imaginative thought:* An individual may have an all-encompassing, intense preoccupation with one interest or topic; or have inflexible, nonfunctional rituals or routines. Repetitive motor mannerisms such as hand flapping or spinning of objects may be observed. Often there is a lack of make-believe or social imitative play.

Students with autism who also have the potential for successful employment, community integration and independent living are arriving at colleges and universities in great numbers. Additionally, these students have been ill-prepared by their public high schools to transition to college.

What you may see in a student with an Autism Spectrum Disorder

- Passionate about areas of special interest
- Uneven profile of skills, attention deficits, and cognitive disorganization
- Language comprehension tends to be concrete; interprets meanings literally
- Difficulty reading social cues
- Speaking out inappropriately in class

- Difficulty asking for clarification when concepts are not understood
- Obsessive compulsive tendencies which may prevent timely completion of tasks
- Difficulty establishing and/or maintaining appropriate relationships with faculty, staff, and peers
- Easily overwhelmed

Best Practices/Universal Design:

- Provide a detailed course syllabus with clear explanation of course expectations and adhere to it as closely as possible.
- Use visual supports (e.g., graphs, charts, lists, and pictures), concrete examples, and/or hands-on material to illustrate concepts.
- Give instructions in both verbal and written form. Rephrase instructions as needed.
- When asking questions in class, allow extra “wait time” before expecting a response from the student.
- Provide a review session and study questions before an exam which illustrate both the content and format of the exam.
- Provide specific, concrete feedback regarding both academic and behavioral issues.
- Take into consideration that you may not know a student’s thoughts, feelings, and reasons for a behavior.
- If certain behaviors (e.g., perseveration on a discussion topic or calling out answers) are problematic, it may be helpful to consult with the Disability Coordinator regarding ways to alleviate these concerns.

Accommodations:

- Advocacy
- Professor notification
- Note taking assistance
- Audio recording of classes
- Computer use for essay exams and in-class writing assignments
- Exam adaptations (e.g., extended time to take exams, distraction-reduced setting, use of computer)

Accommodations Summary:

Accommodations are necessary for ensuring complete access to, and full participation in, the educational process. Academic standards are not to be lowered, nor should there be an alteration in the essential nature of the course or degree requirements.

All accommodations must be “reasonable”.

The college does not have to eliminate an essential function, i.e., a fundamental aspect of the course. This is because a person with a disability who is unable to perform the essential functions, with or without reasonable accommodation, ⁽¹³⁾ is not a "qualified" individual with a disability within the meaning of the ADA. Nor is the college required to lower standards -- whether qualitative or quantitative ⁽¹⁴⁾ -- that are applied uniformly to students with and without disabilities. However, the college may have to provide reasonable accommodation to enable a student with a disability to meet the standard. While college is not required to eliminate an essential function or lower a standard, it may do so if it wishes.

The college does not have to provide as reasonable accommodations personal use items needed in accomplishing daily activities. Thus, a college is not required to provide a student with a prosthetic limb, a wheelchair, eyeglasses, hearing aids, or similar devices if they are also needed off campus. Furthermore, the college is not required to provide personal use amenities, such as a hot pot or refrigerator, if those items are not provided to students without disabilities. However, items that might otherwise be considered personal may be required as reasonable accommodations where they are specifically designed or required to meet course requirements rather than personal needs. ⁽¹⁵⁾

Note: Instructors will be notified of the student’s approved accommodations in a Request for Accommodation Letter of Notification presented by the student. If the student is not registered with CLC Disability Services, please refer her or him to the office.

Faculty must, by law, have a “Disability Statement” in their syllabi.

Example:

Students with Disabilities:

Central Lakes College values diversity in our college community and is committed to ensuring equal access and opportunity to qualified students with learning disabilities, speech impairments, information processing disorders, vision and hearing impairments and physical or mental health disabilities. Central Lakes College recognizes that students with disabilities may have special needs that must be met to give them equal access to college programs and facilities. Inquiries regarding Central Lakes College’s policies and guidelines for accommodations to students with disabilities may be directed to the Disabilities Coordinator, Paula Huss- office C111, 218-855-8175 or email at phuss@clcmn.edu. If you need an immediate accommodation for a disability (e.g. wheelchair accessibility, interpreter or audiotape) such an accommodation can be made upon 48 hours advance request.

General Suggestions for Working with Students with Disabilities:

- Remember, students with Disabilities are “qualified students”. They have met the same requirements as their non-disabled peers to enter college. They have, more often than not, very high intelligence, and can be over achievers in some areas, but have some type of learning disorder that makes it very difficult to achieve at the same level of their peers in other areas.
- Students with disabilities will sometimes be shy or too embarrassed to ask for help. If you see any warning signs, please refer the student to Disability Services.
- Learning Disabilities are often inconsistent and may be more or less apparent given the demands of the environment.
- Students with Disabilities can take up to 3 to 4 times longer to read than their non-disabled peers and have to go back and re-read 2 to 3 times to understand what is being read.

The reason the student is allowed extra time to complete exams is because of the length of time it takes them to read and re-read a question! They are in no way given an advantage over their non- disabled peers!

If you have questions about working with Student’s with Disabilities that has not been answered by this booklet... Please call or email the Disability Coordinator:

Paula Huss
Disability Coordinator
218-855-8175
phuss@clcmn.edu
Office: C 111
Located in the Counseling and Career Center

Sources:

www.ada.gov

www.eeoc.gov/policy/docs/accommodation.html

www.state.gov/s/ocr/

www.mnscu.edu/students/disabilities/index.html

www.clcmn.edu/disabilityservices/index.html