



Disability Handbook

7th Edition

A Faculty Guide to Disabilities
and Classroom Strategies



<http://southcentral.edu/disability-services/>

Table of Contents

Introduction	1
What is a Disability?	2
Determining Eligibility for Accommodations	2
Responsibilities of the Student	3
Responsibilities of the Disability Director	3
Responsibilities of the Faculty	3
Determining Reasonable Accommodations	4
Access.....	4
Reasonable Accommodations.....	5
Complaints/Grievances	6
Confidentiality and Release of Information.....	6
Summary.....	7
Teaching Strategies	8
College and Community Resources.....	15
South Central College	15
State.....	15
National	16
Attention Deficit Disorder.....	17
Learning Disabilities	20
Psychological Disabilities	24
Anxiety Disorders	24
Depression	26
Other Psychological Disabilities	30
Asperger's Disorder (Asperger's Syndrome).....	30
Other Disorders.....	31
Traumatic Brain Injury	35
Deaf and Hard of Hearing	37
Limited Vision and Blind	41

Mobility Impairment	43
Chronic Illness.....	44
Bibliography	45
Appendix A.....	48
ADA, 504 and 508	48
Appendix B.....	49
508 Standards.....	49
Appendix C.....	53
1.B4 Access for Individuals with Disabilities	53
MnSCU Board Policy.....	53
Appendix D.....	55
Tape Recording Agreement	55
Appendix E.....	56
Student Testing Accommodation Contract	56
Appendix F	57
Student Note Taking Contract	57
Appendix G	58
Disability Related Medical Absences Contract	58
Appendix H.....	59
Sample Accommodation Letter	59
Appendix I	60
Testing Form for Instructors	60

Introduction

This guide is designed to inform South Central College faculty of the policies and procedures that provide services and accommodations for students with disabilities.

South Central College is committed to meeting the specific needs of students with disabilities and to complying fully with the provisions of Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and MnSCU Board Policy 1.B4. These policies mandate equal access and non-discrimination for students with disabilities in educational programs.

Through the Academic Support Center, students registered with the Disability Office are provided equal access to programs, services and activities. Services are provided upon request and are dependent on the assessed needs of the student. It is the responsibility of the students with disabilities to provide the Disability Director with the necessary documentation and to make their accommodation requests prior to the start of each semester.

Disability Services are located within the Academic Support Center. Students who disclose a disability to a faculty member should be referred to the Disability Director in the Academic Support Center.

Marilyn Weber, Director of Disability and Academic Support

Phone: (507) 389-7339 (North Mankato) (507) 331-4291 (Faribault)

Fax: (507) 389-7464 (*Confidential*)

Emails: marilyn.weber@southcentral.edu

Website: www.southcentral.edu/disability-services/

We appreciate your commitment and compliance in providing the necessary disability accommodations that provide equal access to SCC courses and activities.

What is a Disability?

An individual with a disability is any person who:

1. has a physical, mental or emotional impairment that substantially or materially limits one or more of their major life activities;
2. has a record of such an impairment; or
3. is regarded as having an impairment.

Major life activities include, but are not limited to, thinking, processing information, listening, seeing, hearing, breathing, walking, taking care of one's personal hygiene, working, concentrating, sitting, standing, and reading, in other words, activities that the average person can perform with little or no difficulty.

Some people have visible disabilities, such as people using wheelchairs or people who are blind. However, many people have hidden disabilities such as seizure disorders, learning disabilities, or diabetes. Disabilities should not be judged on their visibility. A hidden disability can be just as limiting as a more visible disability.

Determining Eligibility for Accommodations

The Academic Support Center requires current documentation of the disability by the appropriate licensed professional in order to evaluate a request for a reasonable accommodation. Documentation should reflect the nature of the disability and how it affects the student in an academic setting. The law allows the college to request recent documentation. If the disability has changed or fluctuates in intensity, then an up-to-date evaluation of the condition may be requested to determine reasonable accommodations.

Accommodations are arranged **each term** and students need to communicate with the Academic Support Center prior to or at the beginning of each term to arrange for academic accommodations.

Responsibilities of the Student

- Notify the Disability Director early that he/she has a disability that may affect learning and access to college programs and activities.
- Provide current documentation of the disability to the Academic Support Center office.
- Make timely arrangements for accommodations by updating their accommodation plan in the Academic Support Center office prior to each semester.
- Follow through with accommodations consistently.
- Follow all program and college policies and procedures.
- Follow the college's Student Code of Conduct.
- Meet the same essential academic standards as all students on campus.
- Report any grievance in a timely manner.

Responsibilities of the Disability Director

- Review documentation from the appropriate professional verifying the disability. This is the required proof of eligibility.
- Determine if a student is eligible to receive reasonable accommodations and/or modifications and/or other support services.
- Respect individual confidentiality and maintain professional standards.
- Provide effective, appropriate accommodations in the classroom and for test taking.
- Assist students in obtaining access to specific support services, such as tutoring, counseling and advising.
- Notify the instructor about the necessary accommodations and/or modifications in writing as soon as possible and discuss the implementation of accommodations as needed.
- Provide support to the faculty member(s) for the directive.
- Provide education to faculty and staff regarding campus commitment to implementing law and policy which assures non-discrimination for people with disabilities.

Responsibilities of the Faculty

- Follow the prescribed accommodations/modifications in a fair, non-judgmental and timely manner.
- Maintain the student's right to privacy concerning the disability and any accommodations.
- Provide timely access to course materials
- Communicate any questions or problems with implementing the accommodations to the Disability Director.
- Refer students to the Disability Office if they disclose that they have a disability.

Determining Reasonable Accommodations

A reasonable accommodation is a modification or adjustment to a course, program, service, activity, job or facility to enable a qualified student with a disability to have an equal opportunity. An equal opportunity means an opportunity to obtain the same level of performance or to enjoy equal benefits and privileges as are available to a student without a disability. The college is obligated to make a reasonable accommodation only to the known limitations of the qualified disability student. To determine reasonable accommodations, the Disability Director will review the documentation that is provided by the student. Final determination of accommodations is made by the Disability Director. Reasonable accommodations are determined by the following:

- The barriers resulting from the interaction between the documented disability and the college environment
- The possible accommodation that might remove the barriers
- Whether or not the student has access to the course, program, service, activity, job or facility without the accommodations
- Whether or not essential elements of the course, program, services, job or facility are compromised by the accommodation

Access

South Central College will provide equal access to qualified students with disabilities in all programs, services and activities. 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 student be subject to discrimination. All reasonable and appropriate accommodations will be provided for students who have a qualified disability based on recent psychological or medical evaluation. The student is required to give **advanced notice** of the need for such accommodations.

In accordance with the Americans with Disabilities Act, accommodations will NOT be provided:

- for personal devices or services, even though the individual may be a qualified individual with a disability
- if the accommodation would result in fundamentally altering the nature of the program
 - when the academic requirements are essential to a program of study
 - to meet licensing prerequisites
- if the accommodation would cause undue financial or administrative burden

Reasonable Accommodations

The Academic Support Center works with students with disabilities and college officials to resolve questions of 'reasonable accommodation' and other issues related to the college's compliance with disability laws.

An accommodation is a modification or support that gives a student with a disability an equal opportunity to participate and benefit from SCC. Accommodations are adjustments to how things are usually done. The purpose of effective accommodations is to provide equal access to college courses and activities.

Reasonable accommodations can be provided in various ways. The following are brief descriptions and examples of the most common categories of accommodations that permit a qualified student with a disability to effectively participate in the educational process.

1. Changes to a classroom environment or task; examples might include:

- extended time for an exam
- the use of a dictionary or spell checker
- materials in alternative formats such as large print, Braille, or audio version

2. Removal of architectural barriers; examples might include:

- adapting a classroom to meet the needs of a student who uses a wheelchair

3. Exceptions to policies, practices or procedures; examples might include:

- priority registration
- accessing assignments early

4. Provision of auxiliary aids and services; examples might include:

- providing a sign language interpreter
- providing a note taker or scribe

In accordance with the law, there are some modifications that the college does NOT provide as a reasonable accommodation. Examples include:

- personal devices such as wheelchairs or glasses
- personal services, such as private tutoring or personal attendants (Note: Tutoring services may be available elsewhere at the campus)
- modifications that lower or change course standards or program standards
- modifications that would change the essence of a program, such as allowing a student in an auto mechanics program to take a written test on repairing an engine instead of actually repairing an engine or allowing a student in a public speaking class to substitute a written paper for an oral presentation
- services that are unduly burdensome, either administratively or financially

Complaints/Grievances

At SCC, the student is responsible for notifying the Academic Support Center if the accommodations that have been provided do not meet their needs. If they have attempted to resolve issues related to their accommodations but feel that SCC has failed to meet their needs they may file a complaint. Complaints generally are about issues such as the accommodations provided, timely implementation of accommodations, access to buildings, or access to information.

Complaints are treated seriously at SCC and it has processes in place to investigate and help resolve them. Complaints should be filed in a timely manner and are usually, but do not need to be, submitted in written form.

The complaint process is as follows:

- Talk to the Disability Director in the Academic Support Center about the concern. Usually a complaint can be resolved at this informal level.
- File a grievance using the procedure found in the College Catalog. The college's ADA Compliance Officer will work with the student to resolve the complaint.
- File a complaint directly with the U.S. Department of Education, Office for Civil Rights by calling 1-800-421-3481 or the Minnesota Department of Human Rights by calling 1-651-296-5663 (Voice) or 1-651-296-1283 (TTY).

If the student believes that they have been discriminated against or harassed because of their disability, they may bring a complaint under the MnSCU Board Policy 1.B.1. Nondiscrimination in Employment and Educational Opportunity. To do so, they need to contact the Director of Human Resources.

Confidentiality and Release of Information

The Academic Support Center staff is committed to ensuring that all information regarding a student is maintained as confidential as required and permitted by law. Any information collected is used for the benefit of the student. This information may include test data, biographical history, disability information, performance reviews and case notes.

Guidelines concerning the treatment of such information have been adopted by the Academic Support Staff and are rigorously followed and shared with students.

1. All disability information must be filed in the ASC offices on the Faribault and North Mankato campuses to protect confidentiality by assuring limited access. No one will have immediate access to the student files in the Academic Support Center except for the ASC staff facilitating accommodations. Any information regarding a disability shall be shared with others within the college on a need-to-know basis only. Disability related information is to be treated the same as medical information is treated. College faculty and staff do not have the right or a need to access any information regarding a student's disability. They only need to know what accommodations are necessary or appropriate to meet the student's disability-related needs. If a student has requested an accommodation, the student will be informed as to what information is being provided to the faculty or staff regarding the request.

2. Information in the files will not be released except in accordance with federal and state laws, which require release in the following circumstances if a student:
 - states that intends to harm themselves or another person(s)
 - reports or describes any physical abuse, neglect or sexual abuse of children or vulnerable adults within the last three years
 - reports the use of an illegal drug from nonmedical purpose during pregnancy
 - reports of describes sexual exploitation by a counseling or health care professional
3. A student's file may be released pursuant a court order or subpoena.
4. A student may give written authorization for the release of information when they wish to share it with others. Before giving such authorization, the student should understand the information being released, the purpose of the release, and to whom the information is being released. Information will not be released without consent unless is it required by federal or state law.
5. The ASC may charge a reasonable fee for costs incurred in the connection with copying the information that is requested by the student.
6. ASC will retain a copy of the information released.
7. A student has the right to review their own file in the ASC office.

Summary

- ❖ The student informs the Academic Support Center that they have a disability.
- ❖ The student provides the ASC with the required documentation of their disability.
- ❖ The Disability Director reviews the documentation and then meets with the student to determine what reasonable accommodations are needed so that the student will have access to classes or programs.
- ❖ The Disability Director notifies the instructors of needed accommodations.
- ❖ The instructor carries out the accommodations according to the accommodation plan.
- ❖ The student informs the Academic Support Center of any changes to disability information, class information, or if they no longer need accommodations.
- ❖ The student updates their accommodation plan each semester.

Teaching Strategies

Introduction

College faculty has an opportunity to make a special connection with students because they see them frequently in the classroom. If a student discloses that they have a disability, encourage them to discuss their learning needs with the Disability Director. This information is considered private data, at all levels, and the faculty must take care to respect the student and ensure confidentiality.

Instructors can build upon this connection by considering two instructional concepts that benefit the diverse needs of students in the classroom: Learning Styles and Universal Instructional Design. You can bring these concepts into actuality by infusing a variety of teaching strategies into the classroom.

Learning Styles

Each student has their own approach to learning; they intake and process information in their own way. There are three main learning styles:

1. Auditory – these students learn best through verbal lectures, discussions, talking things through and listening to what others have to say.
2. Visual – these students may think in pictures and learn best from visual displays including diagrams, illustrated textbooks, overhead transparencies, videos, flipcharts and handouts.
3. Tactile/Kinesthetic – these students learn best through a hands-on approach.

Universal Instructional Design

College faculty will notice that strategies for teaching students with disabilities will benefit the diverse learning needs of all students in the classroom. With a focus on the needs of students with disabilities, we can actually create a more dynamic classroom for all.

A framework for Universal Instructional Design, developed by Shaw, Scott & McGuire (2002), consists of nine general principles to guide faculty in thinking about and developing instruction for a broad range of students. It is quoted here with some modifications:

1. Equitable use – designing instruction to be useful and accessible to students with varying abilities. It provides the same means of use for all students. For example: Using web-based courseware products with links to on-line resources so all students can access materials, regardless of varying academic preparation, distance from campus, etc.
2. Flexibility in use – designing instruction to accommodate a wide range of individual abilities. It provides choice in methods of use. For example: Using varied instructional methods (lecture with a visual outline, group activities, use of stories, or web-based discussions) to support different ways of learning.
3. Simple and intuitive instruction – designing instruction in a straightforward and predictable manner, regardless of the student's experience, knowledge, language skills, or current concentration level. It eliminates unnecessary complexity. For example: Providing a grading scheme for papers or projects to clearly state performance expectations.

4. Perceptible information – designing instruction so that necessary information is communicated effectively, regardless of ambient conditions or the student’s sensory abilities. For example: Selecting text books, reading material, and other supports in digital format so students with diverse needs can access materials through print or through technological supports (screen readers, text enlargers, etc.).
5. Tolerance for error – instruction that anticipates variations in individual student learning pace and skills. For example: Structuring a long-term course project with the option of turning in individual project components separately for constructive feedback and for integration into the final product.
6. Low physical effort – designing instruction to minimize nonessential physical effort in order to allow maximum attention to learning. This does not apply when physical effort is integral to the essence of the course. For example: Allowing students to use a word processor for writing and editing papers or essay exams.
7. Size and space for approach and use – designing instruction with consideration for appropriate size and space for approach, reach, manipulations, and use regardless of a student’s body size, posture, mobility, and communication needs. For example: Using a circular seating arrangement in small class settings to allow students to see and face speakers during discussion (especially helpful for students with attention problems).
8. A community of learners – the instructional environment promotes interaction and communication among students and between students and faculty. For example: Fostering communication among student in and out of class by structuring study and discussion groups, email lists, or chat rooms.
9. Instructional climate – designing instruction to be welcoming and inclusive. High expectations are held for all students. For example: Creating a statement on the syllabus affirming the need for students to respect diversity, underscoring the expectation of tolerance and encouraging students to discuss any special learning needs with the instructor.

What can you do to help a student with a disability succeed in your classroom? Try some of the suggestions in the following sections on Teaching Strategies and you may find that all of your students will benefit.

Note: many of the suggestions in the next sections were compiled from the online resources detailed in the bibliography:

- Sandock, Beverly (2003)
- Bailey, Eileen (2004)
- Teaching Students with Learning Disabilities: A Faculty Guide (2004)
- Shaw, Stan F. (2001)
- Teaching and Assessment Strategies (1999)

Preparing the Syllabus

Students with early access to the course syllabus can order taped textbooks, if necessary, and balance their course load accordingly. Some need additional time to get started on the material for the course.

- Prepare prior to registration and make it available to students
- Have it available to students online
- Adhere to the syllabus as much as possible
- Provide a revised copy of the syllabus if it is necessary to make changes during the course

Checklist of items to include in your syllabus:

- State course goals and objectives
- Specify exam and assignment dates
- State office hours (and encourage students to use them)
- Detail assignments and papers for easy reference
- Detail grading and evaluation methods
- List course policies
- Provide as much information about lecture topics as possible
- Provide the ADA statement on the syllabus to encourage students with a documented disability to meet with the Disability Director.

Preparing and Delivering Your Lectures

Since students have various learning styles, faculty could use a combination of delivery methods to enhance student learning and success for all students within the classroom. The following are some suggestions for presenting lecture material:

- Provide an outline with key concepts or vocabulary prior to lecture.
- Write key terms and technical vocabulary on board.
- Link previous lecture to current lecture.
- State class session objective.
- Give more than adequate amount of time for students to copy information from visual display or, better yet, provide a handout.
- Suggest use of tape recording.
- Make notes available on the Internet.
- Make lectures brief or break longer presentations into segments – (lecture, discussion, small groups – 15 minute intervals).
- Refer to page numbers throughout the lecture so students can refer back to the text.
- Encourage students to read the text prior to the lecture discussion.
- Move around the room.
- Summarize or draw conclusions at the end of the lecture.
- Keep oral instructions concise and reinforce with “cue words.”
- Repeat or reword complicated directions or provide a detailed handout of the directions.
- Assist students in finding a peer note taker, if needed.
- Encourage students to make mental images of the concepts described.
- Use everyday life analogies and examples to make abstract information easier to understand.
- Leave time for questions.

Activities to make lectures interactive:

- **Skeleton notes** – Create a handout with key points of the lecture on the left margin, leave space for students to fill in notes during lecture. Pair up students to compare notes and fill in gaps.
- **Press Conference** – Students work in teams to write and organize questions, and interview instructor in a simulated press conference.

- **Clusters** – Break reading material into sections and have each group read individual sections, becoming an “expert” on their particular section, and then teach the other groups about the specific material.
- **Select the Best Response** – Students are presented with a question or scenario and then asked to consider which one of three responses best answers it. This can be used to recall and apply information presented in lecture.
- **Correct the Error** – This can be used in math courses or lab courses. The instructor creates an intentional error based on important lecture material conveyed. Students then need to work to correct the error.
- **Complete a Sentence Starter** – Instructor creates a sentence stem that needs to be completed to reflect an accurate statement. This can be used as a quick assessment at the end of a lecture session.
- **Support a Statement** – Instructor provides a statement for which students must locate support in lecture notes or textbooks, or elsewhere to give data and reasons to support statement.
- **Re-order steps** – This would also be useful in math courses or lab courses. The instructor presents a series of steps in a mixed order and the students are asked to re-order the items into the correct sequence.
- **Framing Graphic** – This visual device promotes students’ understanding and (recall) of the key topic, the main ideas presented, and the essential details described. The four major sections provide spaces for recording key information necessary for understanding the meaning of the key topic. The small circles that appear next to the boxes on the graphic can be used to prioritize the information or order the information in a particular sequence.

Instructional Activities:

- Using a multi-sensory instructional approach and providing information through the use of a variety of visual and auditory materials.
- Beginning lectures with review of the previous lecture and an overview of topics to be covered that day.
- Emphasizing important points, main ideas, and key concepts orally in lecture and/or highlighting them with colored pens on the overhead.
- Using everyday life analogies.
- Provide periodic summaries during lecture
- Leaving time for a question-answer period and/or discussion periodically and at the end of each lecture.
- Explaining technical language, specific terminology, or foreign words.
- Noticing and responding to non-verbal signals of confusion or frustration.

Teaching Strategies

Assessing Student Knowledge

- Avoid overly complicated language in exam questions and clearly separate them in their spacing on the exam sheet.
- Allow students to write on exams. It may help the student to underline key words within the test questions.
- Use vocabulary on the test that has been previously used in the classroom.
- Grant time extensions on exams and written assignments when there are significant demands on reading and writing skills.
- Encourage study groups.
- Don't penalize students for spelling, organizational, or hand writing errors on timed examinations.
- Provide pre-reading questions for each reading assignment.
- Offer questions for study (study guide) that target important information as well as suggest possible format of test questions.
- Make wording of exam items concise and avoid "Double negatives."
- Avoid testing on material just presented, as more time is generally required to assimilate new information for some students.
- Align all answer-choices on multiple-choice exams vertically, rather than horizontally. One line per answer-choice for each question.
- Permit the use of a dictionary, computer spell check, or a proofreader.
- In math, permit the use of calculators, as the student may understand the concept but may make errors by misaligning numbers or confusing mathematical symbols.
- Provide adequate time to complete the test, preferably the entire class session or at the end of the class session, when students will not have the added stress of holding up the class if they need more time. A rule of thumb is to allow time and a half for all students to take the test.
- Administer frequent, short quizzes (inform students of a quiz prior to the day of the quiz).
- Allow "take-home" quizzes.
- Assign group projects and presentations.

Teaching Strategies

LAB Classes

- Provide an individual orientation to the equipment to minimize anxiety.
- Label equipment, tools, and material.
- Assign cue cards or labels designating the steps of a procedure (this may expedite the mastering of a sequence).
- Make use of a “Teachable Moment” by obtaining the student’s permission to use their project/process **first** before sharing with the entire class.
- Use handouts outlining the procedures and the needed tools/supplies that they can follow to complete projects.
- Provide written documentation of project expectations.
- If possible, allow extra time to complete lab assignments. Encourage students to make use of any open lab hours. (Perhaps an extension on the earlier projects will help the student to speed up by the end of the course.)
- Partner students for assignments.
- Encourage students to look at other models of student’s work.
- Utilize “peer teaching.”
- Require “post assignment” explanations.
- Be aware of classroom design – Adjust the arrangement or layout of the room as needed.
- Encourage exploratory learning.
- Use a check list to assess mastery of project criteria.

College and Community Resources

South Central College

Academic Support Center

Marilyn Weber, Disability Director
marilyn.weber@southcentral.edu

North Mankato: (507) 389-7339 Faribault: (507) 331-4291

The Academic Support Center at SCC is dedicated to ensuring that all students are given the opportunity to succeed. Our staff will work individually with students and determine the accommodations that may be necessary for each specific situation.

Counseling Services

Lisa Schickling, Licensed Counselor
lisa.schickling@southcentral.edu

North Mankato: (507) 389-7274 Faribault: (507) 332-5886

State

National Alliance for the Mentally Ill – Minnesota

<http://www.nami.org/>

(651) 645-2948

toll free: (888) 473-0237

This organization provides information on mental illness and how to get help.

Minnesota Disability Resources on the Web

<http://www.disabilityresources.org/MINNESOTA.html>

This web link provides a very thorough list of resources, including many of the following services.

General

- Disability Information Network: Minnesota State Council on Disability
<http://www.disability.state.mn.us> V/TTY: (800) 945-8913
This agency collaborates, advocates, advises and provides information to expand opportunities, increase the quality of life and empower all persons with disabilities.
- First Call Minnesota (Emergency) (800) 543-7709
http://www.mndisability.gov/public/content.do?term_id=85&level=1
A statewide information and referral system that has regional offices located around the state. First Call Minnesota works closely with many state and local agencies to provide the most up-to-date and comprehensive information about human services available to the people of the state of Minnesota.

Brain Injury

- The Brain Injury Association of Minnesota
<http://www.braininjurymn.org/>
The only nonprofit organization in the state devoted solely to serving the needs of the 94,000 Minnesotans who live with a disability due to brain injury. **Mission:** To create a better future through brain injury prevention, research, education and advocacy.

Learning Disabilities

- LD Online – Minnesota
<http://www.ldonline.org/>
This site provides a list of Minnesota resources including state and federal agencies.
- NALLD State Resources for Literacy and Learning Disabilities – Minnesota
<http://www.nifl.gov/nifl/ld/states/mn.html#Learning%20Disabilities%20of%20MN>
5 state area number: (800) 488-4395

Mental Illness

- NAMI (888) 473-0237
<http://www.namihelps.org/>
NAMI's mission is to champion justice, dignity, and respect for all people affected by mental illness (biological brain disorders).

Vocational Rehabilitation

- MN Rehabilitation (800) 328-9095
TTY: (800) 657-3973
<http://www.deed.state.mn.us/rehab/>
Vocational Rehabilitation (VR) is for people with disabilities who need services to prepare for work, or to find and keep a job.

National

National Resources for Adults with Learning Disabilities

Learning Disability Organizations, Attention Deficit Disorder Organizations, Technology, Publications and Toll-Free Numbers.

<http://www.nifl.gov/nifl/ld/archive/resource.htm#checklist>

Online disability resources from the University of Kansas

<http://das.kucrl.org/materials>

The Faculty Room from the University of Washington

<http://www.washington.edu/doit/Faculty/>

Attention Deficit Disorder

Attention Deficit Disorder (ADD) is characterized by poor attention, impulsivity, disorganization, or restlessness. Students with Attention Deficit Hyperactivity Disorder (ADHD) may exhibit over-activity, be easily distracted, disorganized and have difficulty completing tasks. For this diagnosis, the behaviors must be present to an excessive degree, over time, and out of sync with normal age-related behavior.

Scientists have learned more about ADD/ADHD in recent years. According to the National Institute of Mental Health (1996), "They are now able to identify and treat children, adolescents, and adults who have it. A variety of medications, behavior-changing therapies, and educational options are already available to help people with ADHD focus their attention, build self-esteem and function in new ways."

What is it like to have ADHD as an adult? Some people with ADHD describe a sense of frustration. "Since people with ADHD are often bright and creative, they often report feeling frustrated that they're not living up to their potential. Many also feel restless and are easily bored. Some say they need to seek novelty and excitement to help channel the whirlwind in their minds. Although it may be impossible to document when these behaviors first started, most adults with ADHD can give examples of being inattentive, impulsive, overly active, impatient and disorganized most of their lives." (National Institute of Mental Health).

At the college level, students with ADHD often take on too much. They may take an overload of credits at the beginning of a semester, but later find that they have difficulty completing everything. Since organization and staying on task is a challenge for students with ADHD, they may want to consider taking fewer credits particularly for their first semester, until they understand how their symptoms affect their college success.

Once we understand ADHD, we can begin to look at the aspects that can be used in a positive way. For instance, "All people have natural talents and abilities. In fact, many people with ADHD feel that their patterns of behavior give them unique, often unrecognized, advantages. People with ADHD tend to be outgoing and ready for action. Because of their drive for excitement and public speaking, as well as their ability to think about many things at once, many have won acclaim as artists, and inventors. Many choose work that gives them freedom to move around and release excess energy." (National Institute of Mental Health).

Common Accommodations for ADD or ADHD

Accommodations are made on an individual basis depending on the student's diagnosis and the treatment they are receiving. However, the following are typical accommodations:

- Testing in a quiet area with few distractions
- Extended time for testing
- Note taker

Student Learning Strategies

Attentiveness, concentration and organization are the areas that college students with ADHD may want to enhance. The following strategies are worth trying:

Attention to Lectures

- Meet with the Disability Director to set up appropriate accommodations.
- Before lectures, look over the notes of the previous lecture and read the course material pertaining to the lecture topic.
- Resist distractions by sitting in the front of the room and by focusing on the instructor by active listening and note taking.
- Show outward interest during lectures (attentive expression and posture); this will aid in self-motivating internal interest.
- When appropriate, ask a question, ask for clarity, or engage an instructor and the class in dialogue.
- Schedule time to go over lecture material immediately after class. (Forgetting is greatest within 24 hours without review).
- Schedule a weekly review for each course; study groups are particularly helpful for this.

Concentration

- Study in an area that aids concentration. Consider the college's study areas.
- Establish a sense of purpose to studying. Decide what grade to work toward. Set up rewards.
- When procrastinating, remind yourself why you are taking this course. Decide to do what is needed to reach your short term goal.
- Create interest in the course material and make it relevant, by talking to others about the topics or by relating the material to something of interest.

Organization

- Organize course materials. Bring notes from class and the text to class or study session.
- Use a three-ring notebook and organize all of the handouts and notes from class by topics or chapters.
- Work with a planner. Set up a to-do list for each class, and schedule test dates and assignment due dates.
- Turn in all assignments on time. Follow your planner every day.

Web Links

For more information on understanding ADHD, getting help, and finding sources of support go to:
<http://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml>

ADD/ADHD and adult education, including study tips:
<http://add.about.com>

College students with ADHD: "Diagnosis and assessment of ADD in postsecondary students," an article by Kathleen O. Nadeau:
<http://ahead.org/publications/jped/spring-fall-1995>

Teaching and Assessment Strategies for students with LD and ADD:
<http://student.admin.utas.edu.au/services/alda/options/edu/strat.htm>.

According to the National Center for Learning Disabilities (2004), a learning disability (LD) is a neurological disorder that affects the brain's ability to receive, process, store, and respond to information. The term "learning disability" is used to describe the seeming unexplained difficulty a person of at least average intelligence has in acquiring basic academic skills. These skills are essential for success at school and work, and for coping with life in general.

LD is not a single disorder. It is a term that refers to a group of disorders. Learning disabilities can affect a person's abilities in one or more of the following areas:

- Oral expression
- Listening comprehension
- Written expression
- Basic reading skill
- Reading comprehension
- Mathematics calculations
- Mathematics reasoning

Learning disabilities involve a distinct gap between the level of achievement that is expected and what is actually being achieved.

A learning disability is not a disease, so there is no cure; but there are ways to overcome the challenges it poses through identification and accommodation.

Examples of specific learning disabilities include:

- **Dyslexia** – difficulty with reading, writing, and spelling. Characteristics are:
 - ▶ Results from a genetically-based difficulty in establishing awareness of elements of linguistic structure
 - ▶ Difficulty recognizing the individual sounds of words
 - ▶ Interferes with development of decoding skills and visual word recognition
 - ▶ Punctuation and capitalization may be poor
 - ▶ Spelling is almost always compromised
 - ▶ Vocabulary is often restricted
 - ▶ Written vocabulary may be simplified to avoid spelling challenges
 - ▶ Knowledge of phrasal and sentence structure may be very limited

- **Dyscalculia** – difficulty with math functions and using numbers. Characteristics are:
 - ▶ Difficulty understanding concepts of place value, quantity, number lines, positive and negative value, carrying and borrowing
 - ▶ Difficulty understanding and doing word problems
 - ▶ Difficulty sequencing information or events
 - ▶ Difficulty using steps involved in math operations
 - ▶ Difficulty understanding fractions
 - ▶ Difficulty recognizing mathematical patterns
 - ▶ Difficulty putting language to math processes
 - ▶ Difficulty understanding concepts related to time
 - ▶ Difficulty organizing problems on the page
- **Dysgraphia** – A neurological psychomotor disorder causing a person’s writing to be distorted or incorrect. Characteristics are:
 - ▶ May have illegible printing and cursive writing
 - ▶ Copying or writing is slow and labored
 - ▶ Shows inconsistencies: irregular sizes, shapes, upper and lower case
 - ▶ Has unfinished words or letters, omitted words
 - ▶ Has great difficulty thinking and writing at the same time
 - ▶ Shows poor spatial planning on paper
 - ▶ Has cramped or unusual grip
 - ▶ Difficulty with composition and spelling
- **Auditory Processing Disorder** – difficulty interpreting auditory information. Characteristics are:
 - ▶ May seem to be off-task or inattentive as they silently process what they have heard
 - ▶ Has difficulty gaining meaning from spoken language
 - ▶ May misunderstand multi-step directions
 - ▶ Only one or two parts of a multi-step directive may be incorporated into a completed task
 - ▶ Writing tasks may take more time than expected
 - ▶ Spontaneous writing samples will lack details
 - ▶ Difficulty hearing clearly in noisy environments
 - ▶ Poor ability to memorize information learned by listening
 - ▶ Interprets words too literally

- **Visual Perceptual Deficit** – Difficulty interpreting visual information. Characteristics are:
 - ▶ Entire sentences or written directives may be misperceived
 - ▶ Loses place frequently
 - ▶ Cannot copy accurately
 - ▶ Writing samples reflects errors in word choice or missing words
 - ▶ Does not recognize an object or word if only part of it is shown
 - ▶ First needs to make sense of what was read or seen before they can process

Common Accommodations for Learning Disabilities

Accommodations are made on an individual basis depending on the student's diagnosis and the treatment they are receiving. Typical accommodations, based on the nature of the learning areas affected, are:

- Extended time for testing and assignments
- Testing in a separate area
- Note taker
- Scribe
- Reader
- Audio textbooks
- Audio tape lectures
- Use of adaptive computer software

Student Learning Strategies

The following suggestions may be helpful for students with Learning Disabilities:

- Seek support from the Academic Support Center to set up and provide accommodations as early as possible.
- Use a planner to stay organized. Record assignments and test dates in the planner.
- Try some of the following study tips that support specific functional areas (Virginia Adult Learning Resource Center, 2001)
 - ▶ Reading
 - Underline or highlight important ideas for later review.
 - Read the chapter summary or end of chapter questions before starting the chapter.
 - Use notes or symbols within text to identify key information and note areas needing clarification.
 - After reading two or three paragraphs, stop to check for understanding; re-read if necessary, paraphrase the information.
 - Use scan-and-read software, or read aloud and record on audiotape.

- ▶ Writing
 - Use word processing software to help with organizing, editing and spell checking.
 - Make use of an electronic dictionary and thesaurus.
 - Use a tape recorder to study spelling: read and spell the word onto the tape, write the word, and replay the tape to check spelling.
- ▶ Math
 - Use a calculator when applicable.
 - Make use of cue sheets-steps to follow, formulas, etc.
 - Read word problems aloud and think out loud when solving.
 - Schedule time to study with a peer or tutor.
- ▶ Listening
 - Look at the speaker, take notes, and ask questions.
 - Use a tape recorder to record lectures and instructions.
- ▶ Speaking
 - Use cue sheets or notes to prepare; time management is important.
 - Practice speaking ahead of time; use a mirror, videotape, or ask a family member or close friend to listen.

Web Links

Excellent online resources for learning disabilities at all age levels:

www.ldonline.org

For more information on learning resources for adults, check out the Virginia Adult Learning Resource Center LD Guide:

<http://valrc.org/publications/index.html>

For more web links and references about learning disabilities:

http://valrc.org/content/ld/ld_implinks.html

Division of adult studies at the University of Kansas:

<http://das.kucrl.org/>

Resources index from the Learning Disabilities Association of America website:

www.lidaamerica.org

Anxiety disorders may develop from a complex set of risk factors, including genetics, brain chemistry, personality, and life events. According to the Anxiety Disorders Association of America (2003), anxiety disorders are categorized as:

- **Generalized Anxiety Disorder (GAD).** GAD is characterized by excessive, unrealistic worry that lasts six months or more. In adults, the anxiety may focus on issues such as health, money, relationships, or career. In addition to chronic worry, GAD symptoms include trembling, muscular aches, insomnia, abdominal upsets, dizziness, and irritability.
- **Obsessive-Compulsive Disorder (OCD).** In OCD, individuals are plagued by persistent, recurring thoughts (obsessions) that reflect exaggerated anxiety or fears. Typical obsessions include worry about being contaminated or fears of behaving improperly or acting violently. The obsessions may lead an individual to perform ritual or routine behaviors (compulsions) such as repetitive counting or hand washing.
- **Panic Disorder.** People with panic disorder suffer severe attacks of panic-which may make them feel like they are having a heart attack or are “going crazy” for no apparent reason. Symptoms include heart palpitations, chest pain or discomfort, sweating, trembling, tingling sensations, feeling of choking, fear of dying, fear of losing control, and feelings of unreality. Panic disorder often occurs with agoraphobia, in which people are afraid of having a panic attack in a place from which escape would be difficult, so they avoid these places.
- **Post-Traumatic Stress Disorder (PTSD).** PTSD can follow an exposure to a traumatic event such as a sexual or physical assault, witnessing a death, the unexpected death of a loved one, or natural disaster. There are three main symptoms associated with PTSD: 1. “Re-living” the traumatic event (such as flashbacks and nightmares); 2. Avoidance behaviors (such as avoiding places related to the trauma) and emotional numbing (detachment from others); and 3. Physiological arousal such as difficulty sleeping, irritability or poor concentration.
- **Social Anxiety Disorder (Social Phobia).** Social Anxiety Disorder is characterized by extreme anxiety about being judged by others or behaving in a way that might cause embarrassment or ridicule. This intense anxiety may lead to avoidance behavior. Physical symptoms associated with this disorder include heart palpitations, faintness, blushing and profuse sweating.
- **Specific phobias.** People with specific phobias suffer from an intense fear reaction to a specific object or situation (such as spiders, dogs, or heights); the level of fear is usually inappropriate to the situation, and is recognized by the sufferer as being irrational. This inordinate fear can lead to the avoidance of common, everyday situations.

Common Accommodations for Anxiety Disorders

Accommodations are made on an individual basis depending on the student's diagnosis and the treatment they are receiving. However, the following are typical accommodations:

- Extended time for testing and assignments
- Testing in a separate area
- Reserved seating in the classroom
- Allowing the “anxious” student to leave the classroom

Student Learning Strategies

- Seek support from the Academic Support Center for support and to set up and provide accommodations as early as possible.
- Seek some type of therapy; this could include individual therapy or cognitive-behavioral treatment or a combination of both. (Center for Mental Health in Schools, 1999).
- Learn deep breathing techniques to control the anxiety and other relaxation methods to keep the anxiety in check.
- Learn the skills that will help you cope with your anxiety. This includes identifying the “trigger” that starts the anxiety. (Tucker-Ladd)

Web Links

Search for mental health professionals in your community at:

www.mentalhealth.net

Self-help mental health program at:

www.recovery-inc.com

Information and help for Social Anxiety, Panic and Generalized Anxiety at:

www.anxietynetwork.com

Purchase books and tapes on reducing stress at:

www.stressrelease.com

According to the National Institute of Mental Health (1996), depression is a disorder that involves the body, mood, and thought. It affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. People who have depression cannot will themselves better or “pull themselves together.” Without treatment, symptoms can last for weeks, months, or years. Appropriate treatment, however, can help most people who suffer from depression. At least 80% of those getting treatment will get better.

Current research indicates a dramatic increase in the number of college students with mental health problems such as stress/anxiety, depression, grief and academic and developmental problems. (Benton, 2003). With one in five people experiencing depression at some time during their lifetime, it ranks as one of the most common disorders. Some types of depression run in families; however, it can also occur in people who have no family history of depression.

There are several different forms of depression with each having variations ranging from mild to severe.

- **Major depression** interferes with the ability to work, study, sleep, eat and enjoy once pleasurable activities.
- **Dysthymia** is a form of depression that is less severe than major depression; however, it involves long-term, chronic symptoms that do not disable but keep one from functioning well or from feeling good.
- **Bipolar disorder**, also known as manic depression, is not as prevalent as the other forms of depression. Bipolar disorder is characterized by cycling mood changes; severe highs (mania) and lows (depression). Sometimes the mood switches are dramatic and rapid, but most often are gradual.
- **Seasonal Affective Disorder (SAD)** is associated with depressive episodes that occur during the winter months (especially in the northern climates), with symptoms subsiding during the spring and summer months. These depressive episodes are related to seasonal variations of light. The most difficult months for people with SAD are January and February.

Symptoms of Depression include:

- A persistent sad, anxious, or “empty” mood
- Sleeping too little or sleeping too much
- Reduced appetite and weight loss, or increased appetite and weight gain
- Loss of interest or pleasure in activities once enjoyed
- Restlessness or irritability
- Persistent physical symptoms that don’t respond to treatment (such as headaches, chronic pain, or constipation and other digestive disorders.)
- Difficulty concentrating, remembering, or making decisions
- Fatigue or loss of energy
- Feeling guilty, hopeless or worthless
- Thoughts of death or suicide

Symptoms of Mania include:

- Abnormal or excessive elation
- Unusual irritability
- Decreased need for sleep
- Grandiose notions
- Increased talking and energy
- Racing thoughts
- Increased sexual desire
- Poor judgment
- Inappropriate social behavior

Untreated depression is the number one cause of **SUICIDE**. Any talk of suicide by a student needs to be taken seriously and help sought immediately. Express your concern to the student and make a referral to the College Counselor, Disability Director or their medical doctor, or call 911.

If you or someone you know is contemplating suicide, call 1-800-SUICIDE (1-800-784-2433) or www.hopeline.com.

Common Accommodations for Depression

Accommodations are made on an individual basis depending on the student's diagnosis and the treatment he or she is receiving. Typical accommodations may include:

- Extended time for testing and assignments
- Testing in a separate, distraction-reduced environment

Student Learning Strategies

Memory and concentration issues are common concerns for students dealing with depression. It may be easy for them to get overwhelmed. If this happens, refer the student to the College Counselor or Disability Director who will help resolve the situation. The student can try some of the following strategies:

- Meet with the Academic Support Center for support and to set up and provide accommodations as early as possible.
- Focus on one class at a time and break tasks into smaller parts; the student will make steady progress.
- If the student finds it difficult to get up in the morning or to have the motivation to complete course work, contact the College Counselor to set up a working plan.

Memory Tips

- Before lectures, look over the notes of the previous lecture and read the course material pertaining to the lecture topic.
- Schedule time to go over lecture material immediately after class. (Forgetting is greatest within 24 hours without review)
- Review the material for each course on a weekly schedule. A study group is particularly helpful for this.
- Use all of your "senses" to learn material: listen to a lecture, write and recopy notes, read text and course materials, and explain the material to someone else.

Concentration Tips

- Examine the place of study and make adjustments. Check for:
 - ▶ adequate lighting and ventilation
 - ▶ a comfortable chair, but not too comfortable
 - ▶ a desk large enough to spread out your materials
- Avoid distractions in the study area, such as a telephone, stereo or television.
- Study in an area that aids concentration. Consider the college's study areas, such as the library, student lounge, or an empty classroom.
- Establish a sense of purpose to studying. Decide what grade to work toward. Set up some rewards for yourself.

- When procrastinating, remind yourself why you are taking this course. Decide what action is necessary to reach your goal for the course.
- Create interest in the course material and make it relevant, by talking to others about the topics or by relating the material to something of interest.
- Remember that irregular sleep, exercise and eating patterns can cause concentration difficulties.
- Divide work into small, short range, mini-goals that can be achieved in the time scheduled. For example, finish reading three sections of Chapter 7 in the psychology text; or complete one math problem; or write the rough draft of the introduction to the English paper.
- Notice when you lose concentration and say to yourself “STOP” and then bring attention back. Each time it wanders, bring it back.
- Avoid mental fatigue by taking frequent breaks, at least 10 minutes for each hour of study.

Web Links

For more information on depression, symptoms, causes, how to help yourself, and where to get help:

www.nimh.nih.gov/publicat/depression.cfm

Antidepressant medication for depression:

www.healthyplace.com/communities/depression/treatment/antidepressants/index.asp

“Depression Among College Students Rising.” Karen S. Peterson, *USA TODAY* (5/21/02):

www.usatoday.com/news/health/mental/2002-05-22-college-depression.htm

Suicide information and help:

www.hopeline.com

Other Psychological Disabilities

Asperger's Disorder (Asperger's Syndrome)

According to the Concise Textbook of Clinical Psychiatry, Kaplan & Sadock, (1996) and the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) persons with Asperger's Syndrome must show at least two of the following indications of qualitative social impairment: markedly abnormal nonverbal communication gestures, the failure to develop peer relationships, the lack of social or emotional reciprocity, and an impaired ability to express pleasure in other people's happiness. A narrow and repetitive or obsessive pattern of interests and behaviors are always present. In addition, individuals with Asperger's disorder can be highly sensitive to environmental stressors, lighting, sounds, smells or tastes.

Individuals with Asperger's Syndrome generally have normal intelligence, normal cognitive development and normal language acquisition. However, individuals with Asperger's Syndrome do have language deficits in that they can be extremely literal and have great difficulty understanding metaphor or the use of figurative language. They can also have difficulty using language in a social context.

The impact of the disorder can range from mild to severe. Some adults with mild Asperger's disorder learn to compensate. Many marry, hold a job, attend college, and have children. Often talented in a specific area of interest, pursuit of a career or occupation closely aligned with that interest area can lead to success. Other individuals with this disorder live an isolated existence with continuing severe difficulties in social and occupational functioning.

Characteristics may include:

- May have difficulty understanding the feelings of others
- May be perceived as "aloof" or "quirky"
- May seem to talk "at you" versus "with you"
- May avoid eye contact
- May be insensitive to social cues or implied communications
- May be vulnerable to teasing or exploitation by others
- May fail to understand humor or sarcasm or simile
- May be very distressed by changes in routine, particularly if unexpected
- May be inappropriate in interactions with others
- May have large verbal vocabulary but use words incorrectly

Helpful Communication Hints:

- Be very concrete and precise in your communications
- Use clear directives
- Keep instructions direct and check comprehension

Other Psychological Disabilities

Other Disorders

The following information regarding other common psychological disabilities was obtained from The National Mental Health Association (2004) and the Concise Textbook of Clinical Psychiatry by Kaplan & Sadock (1996).

Borderline Personality Disorder – The symptoms can be summarized as a pervasive pattern of instability in mood, thinking, behavior, interpersonal relationships, and self-image. Chronic feeling of emptiness, shifting mood swings and an unstable sense of self are common.

Persons with this disorder typically exhibit a low tolerance for frustration and can be argumentative or show anger at one moment, be depressed the next moment and then have no feelings at another time. Because they can feel both dependent and hostile, individuals with this disorder frequently experience a pattern of unstable and intense relationships. They are highly sensitive individuals who frequently read the environment for cues they may interpret as evidence of rejection or impending abandonment. Responses to intense emotional distress are characterized as extreme and impulsive and are often associated with self-damaging behaviors such as eating or spending sprees, substance abuse, or sexual promiscuity.

Functionally, individuals with BPD distort their relationships by either idealizing or devaluing others. Persons with this disorder see others as either all good and nurturing or as all bad and threatening. Under stress, individuals with BPD may experience brief, paranoid episodes and psychotic-like symptoms. Frequently, individuals with this disorder have a history of suicidal thoughts, gestures or actual attempts.

Dissociative Disorders – Dissociation is a mental process that causes a lack of connection in a person's thoughts, memory and sense of identity. Many people experience a mild dissociation when "getting lost in a book" or when driving a familiar road and realizing that you don't remember the last several miles. In the severe form of dissociation the person may experience confusion about personal identity or assume a new identity, and/or experience significant disruptions with thoughts and memories. Forms of dissociation include:

- **Dissociative Amnesia** – The inability to recall important information or personally significant memories. The forgotten information is usually about a stressful or traumatic event in the person's life and cannot be explained by ordinary forgetfulness. The person can learn new information and has no evidence of an underlying brain disorder.
- **Dissociative Fugue** – Sudden, unexpected travel away from home or one's customary place of work, with inability to recall one's past, confusion about personal identity or the assumption of a new identity (partial or complete). Disturbance is not due to the effects of a substance or a general medical condition.
- **Dissociative Identity Disorder or "Multiple Personality"** – The person has two or more distinct identities or personalities that alternate with one another. There is an inability to recall important personal information and the disturbance is not due to the effects of a substance or a general medical condition.

Delusional Disorders – A thought disorder, in the form of one of seven types of non-bizarre delusions, is the key symptom. Non-bizarre means the delusions involve situations that could be possible in real life, for example, delusions of having an unfaithful spouse, of being conspired against, cheated, harassed or maligned, or being loved by a famous person. Apart from the delusion(s) and its effects, behavior and functioning appears relatively normal.

Paranoid Disorders – Paranoia involves feelings of persecution and an exaggerated sense of self-importance. Paranoia occurs in many mental disorders and is rarely an isolated mental illness. There are varying types and degrees of paranoia, including paranoid personality disorder. Symptoms may include:

- Intense or irrational mistrust
- Feelings of rage, hatred and betrayal
- Taking offense easily
- Difficulty forgiving others
- Defensive attitude in response to imagined criticism
- Inability to relax
- Fear of being taken advantage of
- Argumentative behavior
- Stubborn, self-righteous or perfectionist attitude

Schizophrenia – This disorder affects how a person thinks, feels and acts. People with schizophrenia may have difficulty distinguishing between what is real and what is imaginary. Others with this disorder may have difficulty behaving normally in social situations or may be withdrawn or unresponsive. Schizophrenia, however, is not split personality or multiple personality.

The vast majority of people with schizophrenia are not violent and do not pose a danger to others but are at greater risk themselves for suicide attempts or to die from suicide. In addition, persons with schizophrenia have a higher mortality rate from accidents and natural causes than do the general population due to undiagnosed and untreated concurrent medical conditions, homelessness, substance use, and other causes.

The signs of schizophrenia are different for everyone. Symptoms may develop slowly over a period of months or years or may appear suddenly. The disease may also appear in cycles of relapse and remission.

Some factors that weigh towards a good prognosis include late onset, acute onset, obvious precipitating factors, being married, having good support systems, and a history of functioning well before the onset.

Behaviors or early warning signs may include:

- Hearing or seeing something that isn't there
- A constant feeling of being watched
- Unusual or nonsensical manner of speaking or writing

- Deterioration of academic or work performance
- Change in appearance – personal hygiene
- Increasing withdrawal from social situations
- Irrational, angry or fearful response to loved ones
- Inability to concentrate or sleep
- Excessive preoccupation with religion or occult

Symptoms of Schizophrenia may include:

- Social withdrawal
- Delusions – false ideas
- Hallucinations – seeing, hearing, feeling, tasting or smelling something that doesn't exist
- Disordered thinking and speech
- Extreme apathy
- Lack of drive or initiative
- Emotional unresponsiveness

Eating Disorders – Individuals with eating disorders experience severe disturbances in their eating habits, including unhealthy reduction of food intake or unhealthy overeating. People with eating disorders are also overly concerned about their body shape and weight. Eating disorders commonly develop during adolescence or early childhood. Eating disorders are real, treatable illnesses. Causes of eating disorders may include: low self-esteem, peer pressure to be thin, society or cultural pressures to be thin, history of sexual abuse, or extremely controlling parents who don't allow for expression of emotions. Anorexia Nervosa and Bulimia Nervosa are the two most common types of eating disorders.

- **Anorexia Nervosa** – Symptoms of Anorexia Nervosa include extreme weight loss and the belief that one is fat despite excessive thinness. Other symptoms may include:
 - ▶ Eats tiny portions of food, skips meals, won't eat in front of others, eating in a ritualistic way
 - ▶ Eats only a few "safe" foods (low calorie or low fat)
 - ▶ Loses hair, appears pale in skin color, and wears baggy clothes to hide thinness
 - ▶ Fears obesity and complains of being fat despite thinness
 - ▶ Hates all or certain parts of body
 - ▶ Excessive or compulsive exercise routine
 - ▶ "Perfectionist"
 - ▶ Becomes socially isolated
 - ▶ Has difficulty expressing emotions, primarily anger

- **Bulimia Nervosa** – Symptoms of Bulimia Nervosa include frequent acts of binge-eating and purging (vomiting, ingesting laxatives, exercising excessively) of food to prevent weight gain. Other symptoms may include:
 - ▶ Binges secretly
 - ▶ Buys “binge food” (primarily junk food or high-caloric foods)
 - ▶ Leaves clues including empty food packages, foul-smelling bathrooms, running water to cover the sound of vomiting, use of breath mints, poorly hidden containers of vomit
 - ▶ Uses water pills, diet pills or laxatives
 - ▶ Abuses alcohol or drugs to suppress appetite or to escape emotional hurt
 - ▶ Displays little impulse control – making poor decisions about sex, commitment, money, etc.

Tourette’s Disorder – According to the American Psychiatric Association, DSM-IV-TR (2000), the essential features of Tourette’s Disorder are multiple motor tics and one or more vocal tics. A tic is a sudden rapid, recurrent, nonrhythmic, stereotyped motor movement or vocalization. Simple motor tics are: eye blinking, nose wrinkling, neck jerking, shoulder shrugging, or facial grimacing. Simple vocal tics are meaningless words or sounds such as, throat clearing, clicking, grunting, sniffing, snorting and coughing. Tics may occur many times a day recurrently throughout a period of more than a year. The symptoms may be lifelong, though periods of remission lasting from weeks to years may occur.

Traumatic Brain Injury

Traumatic brain injury (TBI) is typically a consequence of an accident, but can also be caused from a stroke, lack of oxygen, poisoning, tumor, or an infection. At least 1.5 million people sustain traumatic brain injuries in this country every year. Students often display problems with attention deficit, memory and concentration.

The effects of the injury are highly individual depending on the area of the brain affected. They may experience frustration and anger often characterized by a quick temper. They typically exhibit discrepancies in abilities such as reading or spelling. Although there is great variation in the possible effects of a head injury for an individual, many students with TBI will exhibit some, but not all of them. However, most injuries result in some degree of difficulties in the following functions (Association on Higher Education and Disability – TRIO Training)

- **Memory** – The primary difficulty is the inability to store information for immediate recall. However, long-term memory or previously acquired knowledge is usually intact.
- **Cognitive/Perceptual Communication** – Students may have difficulty focusing for sufficient lengths of time for learning to take place. Attention and concentration may be influenced by medication, nutrition patterns, and fatigue resulting from disturbed sleep.
- **Speed of Thinking** – It often takes the student longer to process information which influences reaction time, speed of responses, and quickness of data integration.
- **Communication** – Language function (writing, reading, speaking, or listening) may be impaired. Problems in pragmatics may include interrupting, talking out of turn, dominating discussions, speaking too loudly or rudely, or standing too close to the listener. The student may have trouble comprehending written or spoken material especially under pressure such as during exams.
- **Spatial Reasoning** – Refers to the ability to recognize shapes of objects, judge distances accurately, navigate, read a map, visualize images, comprehend mechanical functions, or recognize position in space.
- **Conceptualization** – TBI often reduces the ability to categorize, sequence, abstract, prioritize and generalize information. The student may be very concrete and stimulus-bound.

In college, students may need additional strategies to cope with new-found frustrations. They may want to discuss this with the counseling or disability services offices.

These are important differences that affect the educational program of a student with TBI. In college, they may need:

- Established routines with step-by-step directions
- Books and lectures on tape
- Repetition or some type of reinforcement of information to be learned

Common Accommodations for TBI

Accommodations are made on an individual basis depending on the student's diagnosis and the treatment they are receiving. However, the following are typical accommodations:

- Extended time for testing and assignments
- Testing in a separate distraction-reduced environment
- Audiotape textbooks and lectures
- Text-to-speech computer programs
- Alternate testing format (i.e. from an essay to a multiple choice format)
- Note taker (peer note taker or instructor provides notes)
- Scribe
- Scheduled breaks for every hour of class time (10 minutes)

Student Learning Strategies

Students with TBI usually have problems with memory and organization. They also may not realize their limitations. The following suggestions may be helpful:

- Seek the support of the Academic Support Center to set up and provide accommodations as early as possible.
- Work in pairs, teams, or small groups in order to learn from others and participate socially.
- Break down large assignments into more manageable segments and work on small parts at one time.
- Use a planner to stay organized. Record dates for assignments and tests in the planner. Voice recorders may also help with memory.
- Have a buddy or mentor to contact for reminders and support.
- Try a think-aloud technique, cue cards and verbal reminders when studying and doing assignments.
- Work with a tutor to review the material and to help organize thoughts.

Web Links

For more information about TBI go to the Brain Injury Association of Minnesota at:

www.braininjurymn.org

To learn more about a wide variety of topics related to brain injuries go to the Brain Injury Resource Center at:

www.headinjury.com

For access to all disability links go to: www.eskimo.com/~jlubin/disabled/all.htm

Deaf and Hard of Hearing

Functional hearing loss ranges from mild to profound. Often, people who have very little or no functional hearing refer to themselves as "deaf." Those with milder hearing loss may label themselves as "hard of hearing." When these two groups are combined, they are often referred to as individuals with "hearing impairments", or "hearing loss", or are "hearing impaired". When referring to the Deaf culture, "Deaf" is capitalized. Accommodations for students who are deaf or hard of hearing can be classified as "visual" and "aural." Visual accommodations rely on a person's sight; aural accommodations rely on a person's hearing abilities. Examples of visual accommodations include sign language interpreters, lip reading, and captioning. Examples of aural accommodations include amplification devices such as FM systems.

Hard of Hearing - Some students who are hard of hearing may hear only specific frequencies or sounds within a certain volume range. They may rely heavily upon hearing aids and lip reading. Some students who are hard of hearing may never learn, or only occasionally use, sign language. Students who are hard of hearing may have speech impairments due to their inability to hear their own voices clearly.

Being deaf or hard of hearing can affect students in several ways. They may have difficulty following lectures in large halls, particularly if the acoustics cause echoes or if the speaker talks quietly, rapidly, or unclearly. People who have hearing impairments may find it difficult to simultaneously watch demonstrations and follow verbal descriptions, particularly if they are watching a sign language interpreter, a captioning screen, or a speaker's lips. In-class discussions may also be difficult to follow or participate in, particularly if the discussion is fast-paced and unmoderated, since there is often lag time between a speaker's comments and interpretation.

Students who are hard of hearing may use hearing aids. Students who use hearing aids will likely benefit from amplification in other forms such as assistive listening devices (ALDs) like hearing aid compatible telephones, personal neck loops, and audio induction loop assistive listening systems. Some students use FM amplification systems which require the instructor to wear a small microphone to transmit amplified sound to the student.

Deaf - Students who are deaf may have little or no speech depending on the severity of the hearing loss and the age of onset. They will often communicate through a sign language interpreter. American Sign Language (ASL) is widely used and has its own grammar and word order. Other students may use manual English (or signed English), which is sign language in English word order. A certified interpreter is used for translation into either language. Students who are deaf may also benefit from real-time captioning, where spoken text is typed and projected onto a screen.

It is important to remember that a student who is using an interpreter, who is lip reading, or who is reading real-time captioning cannot simultaneously look down at written materials or take notes. Describing written or projected text is therefore helpful to this student. Handouts that can be read before or after class are useful, but create challenges when referred to during the class session.

Common Accommodations for Deaf or Hard of Hearing

Accommodations are made on an individual basis depending on the student's diagnosis and the treatment they are receiving. However, the following are typical accommodations:

- Interpreter
- FM System
- Closed Captioned TV
- Note taker (peer note taker or instructor provides notes).

General Strategies and Tips

If the student lip-reads:

- Have student sit in front near instructor and instructional material
- Look directly at the student
- Do not exaggerate your lip movements

If the student uses an interpreter:

- Have the student sit in front near instructor and interpreter.
- Speak directly to the student rather than to the interpreter.
- Signing may be distracting at first, but the class will soon become accustomed to the interpreter's presence.
- Give the student and the interpreter outlines of the lecture or written material, in advance, so that they can become familiar with new technical vocabulary.
- Interpreters should not give their opinion of a student's progress as this can violate the student's rights.
- Provide scripts of video and laser media (with or without captioning) when possible for both the interpreter and the student.
- The interpreter should stand close to the section of the board/screen that is being used by the instructor, thereby allowing the student to simultaneously see both the interpreter and the information being presented.

If the student uses a FM system:

- Clip the microphone approximately 3 – 5 inches from your mouth.
- Speak using a normal tone of voice and at a normal speed.
- Repeat what other students say so the student can hear also.
- Have students sit in a circle and place the microphone in the center of the group when doing group discussions.

Strategies to Create Information Access for Persons with Hearing Loss

ENVIRONMENT

- 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.
- For those with mustaches, trim so the lips show clearly.

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.
- 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.
- If showing a videotape, used closed captioning.
- 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.
- 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 – FM System available through the Academic Support Center.
- 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. This is becoming more popular with the difficulty in locating qualified interpreters.

Web Links

Minnesota Department of Human Services

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=Home_Page

Teacher Tip Sheets from NETAC

<http://www.netac.rit.edu/publication/tipsheet/>

University of Washington, The Faculty Room

<http://www.washington.edu/doi/Faculty/Strategies/Disability/Hearing/>

Limited Vision and Blind

Students with low vision vary depending upon their sight limitations. There are many ways that low vision may affect a student's ability to learn. Some students with low vision or, partial sight, standard written materials are too small to read and small objects are difficult to see. Other students may see an image with sections missing, or text/objects may be blurry. Learning via a visual mode may take longer and may be more fatiguing for students with low vision. Visual abilities may also vary in different situations – reduced lights or strong glares may affect abilities during different times of day.

Students who have no sight cannot access standard printed materials. Students who have had vision since birth may also have difficulty understanding verbal descriptions of visual materials, and abstract concepts. Printed materials accessible via a computer, allows students access by using adaptive technology. Printed materials can be requested in audiotape format or Brailled – these often can take weeks or months to obtain. During lectures – provide clear, concise narration of the basic points represented in the visual aids is very important – this technique often benefits other students as well.

Other examples of accommodations for students who are blind include tactile models, raised line drawing, adaptive lab equipment such as talking thermometers, calculators, computers with speech output software, Braille (to take notes), and tape recorders.

Common Accommodations for Students with Limited Vision

Accommodations are made on an individual basis depending on the student's diagnosis and situation: Possible accommodations may include:

- Large-print materials (syllabus, books, handouts, tests, etc.) Large print is typically 16-18 point bold type.
- Front-row seating in well-lit area with full view of instructor and visual aids
- Computers with screen enlargers or speech output
- The use of a reader or scribe for exams and/or class assignments
- The use of cassette recorders and/or laptop computers for note taking or a note taker assigned.
- Extended time for testing and assignments
- CCTV, text enlarger equipment

Common Accommodations for Students who are Blind

- Audiotape class sessions
- Braille for note taking
- Outline syllabus, handouts, and tests in electronic format so that they can be converted to speech output
- Clear verbal descriptions of visual aids, graphics, and writing on boards/overheads

Student Learning Strategies

Students with visual limitations may have difficulty with organization. The following suggestions may be helpful:

- Seek the support of the Academic Support Center to set up and provide accommodations as early as possible.
- Work in pairs, teams, or small groups in order to learn from others and participate socially.
- Access all written material via audio format – tapes or computer.
- Use tutors to review material.
- Tape record all classes, labs, and tutor sessions and/or use Braille.
- Use different tactile folders to locate information.

Web Links

American Foundation for the Blind

www.afb.org/

National Federation for the Blind

www.nfb.org/

For access to all disability links go to: www.eskimo.com/~jlubin/disabled/all.htm

Mobility Impairment

There are many types of orthopedic or neuromuscular impairments that can impact mobility. These include but are not limited to amputation, paralysis, Cerebral Palsy, Stroke, Multiple Sclerosis, Muscular Dystrophy, Arthritis, and spinal cord injury. Mobility impairments range from lower body impairments, which may require use of canes, walkers, or wheelchairs, to upper body impairments which may include limited or no use of the upper extremities and hands. It is impossible to generalize about the functional abilities of students with mobility impairments due to the wide variety of types of disabilities and specific diagnoses.

Mobility impairments can be permanent or temporary. A broken bone or surgical procedure can temporarily impact a student's ability to walk independently and travel between classrooms in a timely manner. Likewise, some students may be ambulatory with a walker for short distances within a classroom, but may need a wheelchair or scooter for longer distances.

Mobility impairments can impact students in several ways. Some students may take longer to get from one class to another, enter buildings, or maneuver in small spaces. In some cases physical barriers may inhibit entry into a building or classroom. Accessible transportation is also required for students to get to fieldwork sites.

A mobility impairment may impact, to varying degrees, a student's ability to manipulate objects, turn pages, write with a pen or pencil, type at a keyboard, and/or retrieve research materials. Medical conditions such as Arthritis or repetitive stress injuries can impact fine motor abilities and decrease endurance for longer assignments. A student's physical abilities may also vary from day to day.

Common Accommodations for Students with Mobility Impairments

- Accessible locations for classrooms, labs, and field trips
- Preferred seating for easy access in and out of the classroom
- Adjustable height tables
- Note takers, scribes, and lab assistants
- Extended test time or alternative testing arrangements

Student Learning Strategies

- Seek the support of the Academic Support Center to set up and provide accommodations as early as possible.
- Work with the ASC and the instructor to determine assessable locations.

Web Links

University of Washington, The Faculty Room

<http://www.washington.edu/doit/Faculty/Strategies/Disability/Mobility/>

Chronic Illness includes serious and disabling conditions, as well as systemic conditions, those affecting one or more of the body's systems. Chronic illness includes, but is not limited to, the following conditions:

AIDS/HIV, Arthritis, Chronic Fatigue Syndrome, Cancer, Cerebral Palsy, Diabetes, Fibromyalgia, Heart Disease, Lyme Disease, Multiple Sclerosis, Migraines

The nature and extent of physical disabilities vary with individuals. Some physical disabilities are invisible, yet have profound effects on a student's ability to perform. Students with hand function limitations have difficulty getting in and out of classrooms and buildings, or performing course activities requiring manual dexterity and writing. The classroom environment may require modification in order for some students to participate in all aspects of the course.

The degree of severity for chronic illness can differ widely among students, and will also vary over time for the same individual. Many of these conditions and diseases are unstable, unpredictable, and vary over time. Students may experience fatigue, stress, and difficulties with memory, handwriting, and concentration.

Many students experience a number of medication changes, which in turn affect their sleep schedules as well as their ability to function cognitively. Class attendance may be affected since students with chronic illness may struggle with depression, anxiety, stress, and the effects of medication.

Common Accommodations for Students with Chronic Illnesses

- Accessible locations for classrooms, labs, and field trips
- Preferred seating in the classroom
- Adaptive furniture
- Note takers, scribes, and lab assistants
- Extended test time or alternative testing arrangements
- Extended time on classroom assignments

Student Learning Strategies

- Seek the support of the Academic Support Center to set up and provide accommodations as early as possible.
- Work with the ASC and the instructor to determine accessibility.

Web Links

University of Washington, The Faculty Room

http://www.washington.edu/doi/Faculty/Strategies/Disability/Health/health_resources.html

Bibliography

- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000.
- Association on Higher Education and Disability. AHEAD. 29 Sep. 2003 <www.ahead.org>.
- Association on Higher Education and Disability TRIO Training. A Primer of Disability Service With TRIO Programs. 1998.
- Anxiety Disorders Association of America. 2003.
<www.adaa.org/anxietydisorderinfor/overviewanxdis.cfm>.
- Bailey, Eileen. "About Attention Deficit Disorder". 1 Mar. 2004
<www.add.about.com/es/forteachers/>.
- Benton, Sherry A., John M. Robertson, Wen-Chih Tseng, Fred B. Newton, and Stephen Benton. "Changes in Counseling Center Client Problems Across 13 Years". Professional Psychology: Research and Practice 34.1.2003.
- Carpenter, Annette. "Ways the Faculty Can Help Students with Disabilities: Teaching Strategies". Student Support Services – Disability Services. Concordia University, St. Paul. 1 Jun. 2004
<www.csp.edu/disabilityservices>.
- Center for Mental Health in Schools at UCLA. Introductory Packet on Anxiety, Fears, Phobias, and Related Problems: Intervention and Resources for School Aged Youth. Los Angeles: UCLA Center for Mental Health in Schools, 1999. 23 May 2004 <www.smhp.psych.ucla.edu>.
- "Classroom and Testing Accommodations for Students with Learning Disabilities". Portland Community College Office for Students with Learning Disabilities. July 1998. 1 Mar. 2004
<<http://www.spot.pcc.edu/osd/ldclas.htm>>.
- College Reading and Learning Association. Journal of Reading Learning 3.2 2003.
- College Reading and Learning Association. Journal of Reading Learning 16.2 2003
- The Council for Exceptional Children. ERIC Clearinghouse on Disabilities and Gifted Education (ERIC EC). <www.eric.org>.
- Division of Adult Studies at the University of Kansas. <<http://das.kucri.org>>.
- DSM-I, Diagnostic and Statistical Manual of Mental Disorders, Ed. 4, American Psychiatric Association, Copyright 1994.
- Dziegielewska, Sophia F. DSM-IV-TR in Action. New York: John Wiley & Sons, Inc., 2002.
- "Effective Study Habits". 2000. Student Handbook. Arizona Board of Regents. 17 Feb. 2004
<<http://www.asu.edu/drc/studyhabits.html>>.
- Ellis, Edwin. "Framing Main Ideas and Essential Details to Promote Comprehension". 1998.

- Florida Department of Education. "Florida Community Colleges and Workforce Education".
<www.fldoe.org>
- "For Teachers at College or University". 2003. 10 Feb. 2004 <www.dyslexia-college.com/teacher>
- Hillsborough County School District. A Faculty Guide to Reasonable Accommodations for Students with Disabilities. Tampa: Erwin Technical Center, 2000.
- Johnston, Susan, and Jim Cooper. "Quick-thinks: Active-thinking Tasks in Lecture Classes and Televised Instruction". Network for Cooperative Learning in Higher Education. 4 Apr. 2002. California State University, Dominguez Hills. 1 Mar. 2004
<http://www.csudh.edu/SOE/cl_network/InteractiveLecture.html>.
- Kaplaw M.D., Harold I and Benjamin J. Sadock M.D., Concise Textbook of Clinical Psychiatry, 1996.
- Kearsley, Greg. "Explorations in Learning & Instruction: The Theory Into Practice Database". Learning Strategies. 1/27/2004 <<http://tip.psychology.org/strategy.html>>
- Montgomery College. "Brain Injuries".
<<http://www.montgomerycollege.edu/Departments/dispsvc/brain-inj.htm>>.
- Morash University. Learning Disabilities and Higher Education: Guidelines for Working Effectively with Students with Learning Disabilities. Melbourne Australia: 1993.
- National Center for Learning Disabilities. "LD at a Glance". 2004. 2 Apr. 2004 <www.nclld.org>.
- National Institute of Mental Health (NIMH). 96-3572 (1996). 12 Jan. 2004
<www.nimh.nih.gov/publivat/adhd.cfm>.
- National Mental Health Association (NMHA). 23 Jun. 2004.
<www.nmha.org/infoctr/factsheets/index.cfm>.
- "Presenting Your Lesson to ADHD Students." 10 Feb. 2004 <www.addinschool.com>.
- Sandock, Beverly. "Enhancing Learning of Students with LD Without Compromising Standards: Tips for Teaching". LDO nLine. 2004. 29 Sep. 2003
<www.ldonline.org/ld_indepth/postsecondary/facultytips>.
- Shaw, Stan F., Sally S. Scott, and Joan M. McGuire. "Teaching College Students with Learning Disabilities". ERIC Digest ED459548 (2001). 22 Jan. 2004.
<<http://www.ericdigests.org/2002-3/college.htm>>.
- "Teaching and Assessment Strategies". 1999. NSW Disability and Co-Operative Project and the University of Western Sydney. 14 Jan 2004
<<http://student.admin.utas.edu.au/services/alda/options/edu/strat.htm>>.
- "Teaching Students with Learning Disabilities: A Faculty Guide". Rollins College. 10 Feb 2004
<www.rollins.edu/tpj/TPJ/teachingld.html>.

- "Time Management". 2000. Student Handbook. Arizona Board of Regents. 17 Feb 2004
<<http://www.asu.edu/drc/timeManagement.html>>.
- Trujillo, Kathleen and Carol DeVolder. "Introduction to Psychology: Teaching Strategies that Work for Students with Learning Disabilities (and everyone else)". National Institute on the Teaching of Psychology 2001. 10 Feb. 2004.
- Tucker-Ladd PhD, Clayton E. "Psychological Self-Help". 1997. Mental Health Net. 23 May 2004
<<http://mentalhelp.net/psyhelp/chap5/>>.
- University of Washington. "Mobility Impairments".
<<http://www.washington.edu/doit/Faculty/Strategies/Disability/Mobility/>>.
- "Virginia Adult Resource Center". Dec 2001. The Virginia Adult Learning Resource Center LD Guide. Virginia Commonwealth University. 17 Feb. 2004
<www.aelweb.vcu.edu/publications/LDGuide/index>.
- Vogel, Susan. "Ways that Students Can Help Themselves". 1997. College Students with Learning Disabilities: A Handbook. LDOOnline. 17 Feb 2004
<www.ldonline.org/ld_indepth/postsecondary/vogel_tips>.
- Watkins, Carol. "Asperger's Disorder". 2001. Northern County Psychiatric Associates. 23 Jun. 2004. <www.ncpamd.com/aspergers.htm>.

What Does the Law Say?

The following are excerpts from a presentation on the National Institute on the Teaching of Psychology (Trujillo & DeVolder, 2001).

Three laws that were developed to protect the rights of people with disabilities are implemented at South Central College through the Academic Support Center office:

1. **The Americans with Disabilities Act (ADA)**, effective since Jan. 26, 1992, is very similar to Section 504 except that the ADA applies not only to institutions, but in most cases, to any private or public university.
2. **Section 504 of the Rehabilitation Act of 1973** states that no otherwise qualified individual with a disability be denied access to the benefits of, or be subjected to discrimination under, any program or activity receiving federal financial assistance. The statute was intended to prevent discrimination against persons with disabilities, to eliminate barriers, and to “level the playing field.”
3. **Section 508 of the Rehabilitation Act**, effective since 1998, requires access to the Federal government's electronic and information technology. Federal agencies must ensure that this technology is accessible to employees and the public.

According to the law, college faculty is obligated to help students with disabilities. The term “otherwise qualified individual” means that the student does meet admissions requirements for the college and that the institution is now committed to making reasonable accommodations for them.

Reasonable accommodations may encompass specific teaching mechanisms or evaluation standards that enable success without compromising the standards of the coursework.

Eligibility for Services

Eligible students are those who meet admission requirements, have recent documentation of a disability, and have met with the Disability Director in advance to request accommodations and/or modifications.

General (Subpart A)

The standards define the types of technology covered and set forth provisions that establish a minimum level of accessibility. The application section (1194.2) outlines the scope and coverage of the standards. The standards cover the full range of electronic and information technologies in the Federal sector, including those used for communication, duplication, computing, storage, presentation, control, transport and production. This includes computers, software, networks, peripherals and other types of electronic office equipment. The standards define *electronic and information technology*, in part, as "any equipment or interconnected system or subsystem of equipment, that is used in the creation, conversion, or duplication of data or information."

Subpart A also explains what is exempt (1194.3), defines terms (1194.4), and generally recognizes alternatives to what is required that provide equal or greater access (1194.5). Consistent with the law, the standards exempt systems used for military command, weaponry, intelligence, and cryptologic activities (but not routine business and administrative systems used for other defense-related purposes or by defense agencies or personnel). The standards also exempt "back office" equipment used only by service personnel for maintenance, repair, or similar purposes.

The standards cover technology procured by Federal agencies under contract with a private entity, but apply only to those products directly relevant to the contract and its deliverables. An exception clarifies that the standards do not apply to technology that is incidental to a Federal contract. Thus, those products that are not specified as part of a contract with a Federal agency would not have to comply with the standards. For example, a firm that produces a report for a Federal agency under a contract would not have to procure accessible computers and word processing software even if they were used exclusively for the contract; however, compliance would be required if such products were to become the property of the Federal agency as contract deliverables or if the Federal agency purchased the products to be used by the contractor as part of the project. If a Federal agency contracts with a firm to develop its web site, the standards would apply to the new web site for the agency but not to the firm's own web site.

Technical Standards (Subpart B)

The standards provide criteria specific to various types of technologies, including:

- software applications and operating systems
- web-based information or applications
- telecommunication products
- video and multimedia products
- self contained, closed products (e.g., information kiosks, calculators, and fax machines)
- desktop and portable computers

This section provides technical specifications and performance-based requirements, which focus on the functional capabilities of covered technologies. This dual approach recognizes the dynamic and continually evolving nature of the technology involved as well as the need for clear and specific standards to facilitate compliance. Certain provisions are designed to ensure compatibility with adaptive equipment people with disabilities commonly use for information and communication access, such as screen readers, Braille displays, and TTYs.

Software Applications and Operating Systems (1194.21)

Most of the specifications for software pertain to usability for people with vision impairments. For example, one provision requires alternative keyboard navigation, which is essential for people with vision impairments who cannot rely on pointing devices, such as a mouse. Other provisions address animated displays, color and contrast settings, flash rate, and electronic forms, among others.

Web-based Intranet and Internet Information and Applications (1194.22)

The criteria for web-based technology and information are based on access guidelines developed by the Web Accessibility Initiative of the World Wide Web Consortium. Many of these provisions ensure access for people with vision impairments who rely on various assistive products to access computer-based information, such as screen readers, which translate what's on a computer screen into automated audible output, and refreshable Braille displays. Certain conventions, such as verbal tags or identification of graphics and format devices, like frames, are necessary so that these devices can "read" them for the user in a sensible way. The standards do not prohibit the use of web site graphics or animation. Instead, the standards aim to ensure that such information is also available in an accessible format. Generally, this means use of text labels or descriptors for graphics and certain format elements. (HTML code already provides an "Alt Text" tag for graphics which can serve as a verbal descriptor for graphics). This section also addresses the usability of multimedia presentations, image maps, style sheets, scripting languages, applets and plug-ins, and electronic forms.

The standards apply to Federal web sites but not to private sector web sites (unless a site is provided under contract to a Federal agency, in which case only that web site or portion covered by the contract would have to comply). Accessible sites offer significant advantages that go beyond access. For example, those with "text-only" options provide a faster downloading alternative and can facilitate transmission of web-based data to cell phones and personal digital assistants.

Telecommunications Products (1194.23)

The criteria of this section are designed primarily to ensure access to people who are deaf or hard of hearing. This includes compatibility with hearing aids, cochlear implants, assistive listening devices, and TTYs. TTYs are devices that enable people with hearing or speech impairments to communicate over the telephone; they typically include an acoustic coupler for the telephone handset, a simplified keyboard, and a visible message display. One requirement calls for a standard non-acoustic TTY connection point for telecommunication products that allow voice communication but that do not provide TTY functionality. Other specifications address adjustable volume controls for output, product interface with hearing technologies, and the usability of keys and controls by people who may have impaired vision or limited dexterity or motor control.

Video or Multimedia Products (1194.24)

Multimedia products involve more than one media and include, but are not limited to, video programs, narrated slide production, and computer generated presentations. Provisions address caption decoder circuitry (for any system with a screen larger than 13 inches) and secondary audio channels for television tuners, including tuner cards for use in computers. The standards also require captioning and audio description for certain training and informational multimedia productions developed or procured by Federal agencies. The standards also provide that viewers be able to turn captioning or video description features on or off.

Self Contained, Closed Products (1194.25)

This section covers products that generally have imbedded software but are often designed in such a way that a user cannot easily attach or install assistive technology. Examples include information kiosks, information transaction machines, copiers, printers, calculators, fax machines, and similar types of products. The standards require that access features be built into the system so users do not have to attach an assistive device to it. Other specifications address mechanisms for private listening (handset or a standard headphone jack), touchscreens, auditory output and adjustable volume controls, and location of controls in accessible reach ranges.

Desktop and Portable Computers (1194.26)

This section focuses on keyboards and other mechanically operated controls, touch screens, use of biometric form of identification, and ports and connectors.

Functional Performance Criteria (Subpart C)

The performance requirements of this section are intended for overall product evaluation and for technologies or components for which there is no specific requirement under the technical standards in Subpart B. These criteria are designed to ensure that the individual accessible components work together to create an accessible product. They cover operation, including input and control functions, operation of mechanical mechanisms, and access to visual and audible information. These provisions are structured to allow people with sensory or physical disabilities to locate, identify, and operate input, control and mechanical functions and to access the information provided, including text, static or dynamic images, icons, labels, sounds or incidental operating cues. For example, one provision requires that at least one mode allow operation by people with low vision (visual acuity between 20/70 and 20/200) without relying on audio input since many people with low vision may also have a hearing loss.

Information, Documentation, and Support (Subpart D)

The standards also address access to all information, documentation, and support provided to end users (e.g., Federal employees) of covered technologies. This includes user guides, installation guides for end-user installable devices, and customer support and technical support communications. Such information must be available in alternate formats upon request at no additional charge. Alternate formats or methods of communication, can include Braille, cassette recordings, large print, electronic text, Internet postings, TTY access, and captioning and audio description for video materials.

Source: www.section508.gov

1.B4 Access for Individuals with Disabilities MnSCU Board Policy

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:

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

Source: www.mnscu.edu/board/policy

The following is an agreement between a student and an instructor concerning specific use of audio tapes made by taping class lectures. It allows a student to use a tape recorder in class and also protects an instructor's copyright of material:

Audio Tape Contract

Copyright Agreement

I, _____, a student in _____, taught by _____ at South Central College, promise to use this semester's taped lectures specifically and solely to assist and enhance my personal educational learning and understanding of course material. Audio taping lectures is a disability accommodation which gives me access to the course.

I understand that I am allowed to audio tape instructor lecture only. I will not audio tape any conversations, student presentations or classroom discussions.

I will not reproduce in any way the audiotape recordings of the lectures and notes taken in connection with those lectures, nor will I share the audio taped lectures and notes taken in connection with those lectures with anyone.

At the conclusion of the course, I will erase all audio tapes of class lectures.

(Student Signature)

(Date)

Testing Accommodations Contract - Student Responsibilities

Disability accommodations are arranged to provide ‘access’ to college courses and activities and are meant to provide a level playing field so students with disabilities have the same opportunities as non-disabled students. They are in no way meant to provide preferential treatment or lower essential course standards.

1. I am responsible to schedule a time to take tests in the ASC prior to the test date.
2. Tests must be taken on the same test date as the class, unless the instructor has given permission for an alternative date.
3. ASC staff will monitor test time allowed, including extended test time (1.5x or 2x), and will notify me of the time I must stop and turn in the test.
4. If I am unable to keep my testing appointment, I must call the ASC (389-7222) to cancel my appointment. The instructor will decide if I am allowed to reschedule the test.
5. I understand that I must request test accommodation services prior to the beginning of each semester.

I, _____, have read and understand the above responsibilities.
(print name)

(Signature)

(Date)

Note Taking Accommodations Contract - Student Responsibilities

Disability accommodations are arranged to provide ‘access’ to college courses and activities and are meant to provide a level playing field so students with disabilities have the same opportunities as non-disabled students. They are in no way meant to provide preferential treatment or lower essential course standards.

When individuals with disabilities are eligible for note taking, it does not relieve the individuals with disabilities from their responsibilities of meeting attendance requirements for the course. If individuals with disabilities miss class for reasons not related to their disability, note taking services are not provided for that class.

1. I am responsible to pick up notes in the ASC daily.
2. It is my responsibility to notify the ASC if notes are no longer needed for a class.
3. It is my responsibility to notify the ASC if notes are not acceptable or are incomplete or if my note taker has been absent from class.
4. If I am excessively absent from class, due to reasons other than my disability, I will no longer be eligible to receive notes.
5. I understand that it is essential that I attend class; the note taking service is not designed or provided as a substitute for class attendance.
6. I understand that I must request note taker services prior to the beginning of each semester.
7. I understand that I will be contacted through my South Central email account if I do not pick up my notes for two weeks. If notes are not picked up after email notification, then note taking will be terminated.

I, _____, have read and understand the above responsibilities.
(print name)

(Signature)

(Date)



Disability-Related Medical Absences

Students, whose disability results in medical absences, may request the accommodation of a time extension to complete any missed work due to the absence. This could include: projects, tests, quizzes, presentations and daily work assignments. The student must meet with the instructor when returning to class and the instructor will determine the length of the reasonable time extension. The student is required to meet the standards of the class and must complete all missed work according to the timeline that is set by the instructor.

When absent for a disability-related reason, the student must report the absence to the instructor as written in the course syllabi, such as by phone or email. The student also needs to contact the disability office and be able to provide documentation from their medical professional. This documentation will be retained in the student's disability file and will be used to verify the absence as being related to a legitimate health disability.

For prolonged absences, the instructor and student will need to meet to discuss whether it is feasible to stay in the class and can consider options such as withdrawing from the course, or requesting an incomplete and completing all missed work by the end of the next semester.

*All other non-disability related absences should be reported to the instructor only, as specified in the course syllabi.

I understand this policy and my responsibility toward this accommodation.

(Signature)

(Date)



To: *Instructor*
 From: Marilyn Weber, Academic Support Center Supervisor
 Date:
 Subject: Student Requested Accommodations

Student (SCC 100, sec. 1) has documentation of a disability in the Academic Support Center. After meeting with the student to discuss academic needs and accommodation requests, the following reasonable accommodations were selected:

Type of accommodation:

Classroom	Exams	Other
Note Taking Special Seating Location (Near Instructor/ Board)	Extended Test Time (1.5x) Use of Scanner	

How the accommodation will be carried out:

Classroom Accommodations:

- Instructor and ASC staff will meet to discuss how best to receive notes. Examples include: copies of Power Points and overheads and copies of student notes. ASC staff will hire a student note taker and /or make copies of instructional presentation materials.
- Instructor will arrange seating near the instructor and presentation materials such as white board.

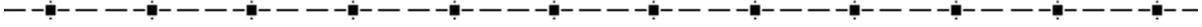
Exam Accommodations:

- The instructor will give the exam to Academic Support Center staff and complete a testing procedure form. The student will arrange a time to take the test in the ASC. ASC staff will administer the exam to the student, and will return the test to the instructor. Student will use scan and read software to access the test auditorily. If tests are given online/D2L, then the instructor will adjust the time allowed for this student to be 1.5x of the time allowed for the other students in the class.

*Please contact the Academic Support Center at 389-7339 with any questions or concerns you may have about these requested accommodations. Instructors are not expected to compromise essential course requirements or evaluation standards in the providing of these accommodations.

***This information is confidential. Discussions with the student about these accommodations need to take place in a private setting.**

CC: Student
 ASC



Part of this guide was adapted with permission from:

Pine Technical College
900 Fourth Street SE
Pine City, Minnesota 55063

North Hennepin Community College
7411 85th Avenue North
Brooklyn Park, MN 55445

University of Washington
DO-IT Program
606 W. Sharp
Spokane, WA 99201

