



CASE WESTERN RESERVE
UNIVERSITY EST. 1826

Faculty Handbook

Disability Resources

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Working with students with disabilities

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Section 1 – Federal Legislation

Section 504 of the Rehabilitation Act (1973)

Civil Rights Act specifically addressing discrimination against persons with disabilities. The law is applicable to any institution or business that receives any federal funding. This law provides for academic modifications, auxiliary aides, and accommodations for students with disabilities in post-secondary education. Regulations for Section 504 are available below:

<http://www.ed.gov/policy/rights/reg/ocr/edlite-34cfr104.html>

The Americans with Disabilities Act (1991)

Encompasses Section 504 and further outlines non-discrimination on the basis of disability in employment, communications, and transportation. This act impacts campus facilities, communications (publications and website) and employment. Refer to the regulations for the ADA below:

<http://www.ed.gov/policy/rights/reg/ocr/edlite-28cfr35.html>

The Americans with Disabilities Act Amended (2008)

The amendment reestablishes the intended broad application of the original act to include all forms of disability and to provide protection from discrimination for this group. Regulations for the amended act are below:

http://www.eeoc.gov/laws/statutes/adaaa_notice.cfm

All of these federal laws protect students with disabilities from discrimination. As a private institution we are most closely bound by Section 504, although the definitions from the ADA Amended apply to anyone covered by Section 504.

There are significant differences in services for students for students attending K-12 and post-secondary schools. The Office for Civil Rights (OCR) in the U.S. Department of Education is responsible for the enforcement of the above laws in regards to students with disabilities in post-secondary settings. Below is a publication from OCR that describes the difference between high school and college:

<http://www.ed.gov/about/offices/list/ocr/transition.html>

Another source for understanding the differences between high school and college comes from the National Center on Learning Disabilities:

<http://myweb.wit.edu/counselingcenter/NCLD%20-%20Know%20the%20Differences.pdf>

Section 2 – CWRU Policies and Procedures

University Policy and Procedures for Students with Disabilities

Case Western Reserve University has a published policy in the *Undergraduate Student Bulletin* and in the *Graduate Student Bulletin*. Professional schools have published policies in their student manuals. The policies explain who is eligible, what documentation they need to provide, how the process works, and how to file a complaint.

<http://studentaffairs.case.edu/education/disability/policy.html>

Testing Accommodations Procedures

Undergraduate students may take their accommodated tests with Disability Resources in ESS. There are specific procedures for both faculty and students who use this service.

<http://studentaffairs.case.edu/education/disability/testing.html>

Flexible Attendance Policy

Some students with disabilities may have chronic conditions that might impact their ability to attend class or work on assignments outside of class. These students may ask a faculty member for consideration regarding their attendance policy. This policy should be used on those occasions.

<http://studentaffairs.case.edu/education/disability/policies/attendance.html>

Responsive Transportation Procedures

Students with disabilities may have a temporary injury or a permanent condition that impacts their mobility. Students may be unable to ambulate, or they may have a condition that negatively impacts their stamina. These students may be eligible to use responsive transportation on campus.

<http://studentaffairs.case.edu/education/disability/transportation.html>

Accessible Parking Procedures

Students, especially those who commute, may need accessible parking in order to have reasonable access to their programs and activities. Accessible parking is offered to allow students with these needs to purchase permits for parking lots appropriate to their schedules.

<http://studentaffairs.case.edu/education/disability/parking.html>

Emergency Evacuation for Persons with Disabilities

Students with disabilities may require assistance depending on their disability when evacuating a building in an emergency. Review these standard approaches to employ during an emergency situation.

<http://studentaffairs.case.edu/education/disability/emergency.html>

Section 3 – Defining Disability

There are a myriad of definitions for the word *disability*. However, in the context of working with students with disabilities we will use the federal definition as recently changed in the Americans with Disabilities Act Amended (2008).

Definition of Disability, as used in this Act:

1. Disability - The term *disability* means, with respect to an individual-
 - a. A physical or mental impairment that substantially limits one or more major life activities of such individual;
 - b. A record of such an impairment; or

- c. Being regarded as having such impairment (as described in #3).
2. Major life activities-
 - a. In general, for purposes of paragraph #1, major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.
 - b. Major bodily functions, for purposes of paragraph #1, a major life activity also includes the operation of a major bodily function, and including but not limited to: functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproduction functions.
3. Regarded as having such an impairment, for purposes of paragraph #1C-
 - a. An individual meets the requirement of “being regarded as having such an impairment” if the individual establishes that he or she has been subjected to an action prohibited under this Act because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity.
 - b. Paragraph #1C shall not apply to impairments that are transitory and minor. A transitory impairment is impairment with an actual or expected duration of six months or less.
4. Rules of construction regarding the definition of disability. The definition of *disability* in paragraph #1 shall be construed in accordance with the following:
 - a. The definition of disability in this Act shall be construed in favor of broad coverage of individuals under this Act, to the maximum extent permitted by the terms of the Act.
 - b. The term *substantially limits* shall be interpreted consistently with the findings and purposed of the ADA Amendments Act of 2008.
 - c. An impairment that substantially limits one major life activity need not limit other major life activities in order to be considered a disability.
 - d. An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

- e. The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures such as:
 - i. Medication, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies;
 - ii. Use of assistive technology
 - iii. Reasonable accommodations or auxiliary aids or services; or
 - iv. Learned behavioral or adaptive neurological modifications.

Section 4 – Disability Categories

Attention-Deficit Hyperactivity Disorder (ADHD)

Learning about Disabilities: Information on Attention-Deficit Disorder

ADHD is the full name of the disorders of attention and/or hyperactivity commonly known as ADD. ADHD encompasses three sub-types: combined type, inattentive type, and hyperactive-impulsive type. ADHD is usually first diagnosed in childhood or adolescence; however, the symptoms were likely present from the age of seven or younger. Symptoms also typically persist into and throughout adulthood. Person's with ADHD can be highly distractible and can even distract themselves with their own thoughts. They often have difficulty paying attention for sustained periods of time. They may consistently act impulsively. Others with ADHD will be hyperactive.

Persons with ADHD often:

- Cannot sit still (fidget, tap fingers or feet)
- Cannot concentrate or are disorganized
- Leave projects/task incomplete
- Do not attend to details

- Talk excessively or interrupt
- Have average or above intelligence
- Are distracted by things others find easy to ignore
- Daydream (get distracted by their own thoughts)
- Are artistic/creative
- Cannot shift focus once they have achieved it

Treatment

Most professionals will agree the best treatment for people with ADHD is a combination of medication and behavior modification.

There are now a plethora of medications used to treat ADHD. The majority of these are stimulants which change the way the brain utilizes its own neurotransmitters. Other medications that have also been found helpful are anti-depressants, anti-hypertensive, and anti-anxiety drugs.

Behavior modification is a system in which the person develops routines that help to keep the person organized.

Academic Adjustments and Services

Extended time on tests can be essential to the student with ADHD who is easily distracted or cannot concentrate. It will simply take this person longer to complete a test because he or she will spend some of the testing time distracted by his or her own thoughts or small disturbances around him or her. Reduced distraction setting for tests can also help the student with ADHD to sustain concentration on the test. A student who reads and thinks aloud may need to test alone.

Books in an alternate format may also assist the student with ADHD to attend to assigned readings. If a student with ADHD listens to a book or assigned readings while simultaneously reading it, concentration and comprehension can be improved.

A peer's notes can be used to supplement the student's own notes. This is helpful because students with ADHD have a difficult time sustaining their attention and may miss parts of the lecture. Any outlines, charts, graphs, or notes a professor can provide are also helpful.

Check-ins with a member of the Disability Resources staff, a parent, or a faculty advisor can also help the student with ADHD. Reviewing what assignments are due or overdue, what

assignments or exams are coming-up, and discussing how the student is spending his or her time can assist a student with ADHD to stay organized and to plan for the future.

Cues in class can also be helpful to the student with ADHD. Varying tone of voice, tapping on a desk, standing near the student, and possibly even touching the student on the shoulder can draw the student's attention back to the class lecture/discussion. These cues should be worked out privately between the student and the professor. Cues are obviously not as easily utilized in large classes held in a lecture hall as they are in a regular classroom.

Use the links below to access additional information about ADHD.

http://www.helpguide.org/mental/adhd_add_adult_symptoms.htm

<http://www.add.org>

http://www.addresources.org/article_50_adhd_tips_adult_hallowell_ratey.php

Learning Disabilities

There are multiple points of view about what constitutes a learning disability. The following selection will give you one perspective.

Learning about Disabilities: Information on Learning Disabilities

Persons with learning disabilities have average or above average intelligence, and their achievement deficits are not due to any sensory deficits. Learning disabilities are permanent, neurologically-based conditions.

Types and/or Categories of Learning Disabilities

1. *Dyslexia* is a reading disorder that can include difficulty in tracking and visual perception. Often the basis for dyslexia is phonological and really a language deficit.
2. *Dysgraphia* is a writing disorder. Persons with dysgraphia may have illegible penmanship, often misspell words, have difficulty using proper punctuation, and may not construct cohesive sentences or paragraphs.
3. *Dyscalculia* is a computation disorder. Persons may be unable to follow sequential operations to solve problems, reverse numbers, copy numbers inaccurately from one source to another (even from one line to the next), and reverse steps in algorithms.

4. *Visual processing deficits* affect an individual's ability to translate symbols. Persons with visual processing deficits have normal vision. However, they may have trouble with reading comprehension, have a slow reading rate, or may reread the same line or paragraph.
5. *Auditory processing deficits* are not related to hearing impairments. Instead, individuals have difficulty understanding orally presented materials. Students might experience a slurring of sounds if they are not facing the lecturer. Oral instructions are often forgotten or incorrectly remembered. Frequently, foreign languages are very difficult to learn, as are new or technical vocabulary.

Academic Accommodations and Strategies

1. Test modifications are often made for students with learning disabilities. These modifications include *extended time*, the use of *scribes*, the use of a *computer*, and the use of a *reader*. The particular modification is dependent on the student's needs and the course requirements.
2. *Proofreading, editing, and spell checking* might be used before a student's work is submitted for evaluation.
3. *Individual tutoring* might be used to supplement course work in specific areas.
4. *Audio-taped text materials and adaptive computer equipment* might be used in addition to print materials to foster comprehension and retention.
5. Learning tools such as models, graph paper, tinted overlays, calculators, color markers, and spell-checkers are some of the tools that a student with learning disabilities might use in completing assignments or taking tests.
6. *Copies of board work, overhead materials, and lecture outlines* are helpful to most students with learning disabilities. Any verbal instructions or directions should be followed up with a copy in text.

Please use the links below to find additional information about learning disabilities.

<http://nclد.convio.net/site/R?i=lihKdb0bPVt2E7qvi1G7fg>

<http://ldx.sagepub.com/cgi/reprint/41/1/85>

<http://www.adult-dyslexia.org>

<http://understandingadulddyslexia.com>

http://www.heath.gwu.edu/files/active/other_special_needs.pdf

Chronic Illness

Chronic Illnesses are the most frequent reported disability by students with disabilities at CWRU.

Learning about Disabilities: Information on Chronic Illness

Chronic Illnesses that may qualify as disabilities:

- Arthritis
- Asthma
- Cancer
- Chronic Renal Failure
- Colitis
- Cystic Fibrosis
- Diabetes
- Hypertension
- Lupus
- Multiple Sclerosis

...and many more.

Along with the diagnosis of one of the above illnesses, the condition must limit one or more life functions in order to be considered a disability.

Academic Accommodations

- *Reduce Course Load.* Students may fatigue easily or need time to manage their illness.
- *Campus Transportation.* Students may be unable to walk to classes and other campus activities.

- *Handicapped Accessible Parking.* Students may need to park close to classrooms.
- *Accessible Classrooms.* Students may not be able to climb stairs in order to get to classes.
- *Test Modifications.* Students may need additional time or a modified format. For example, a student may need to take tests orally.
- *Flexible Attendance Consideration.* Students may be prevented from attending classes on some occasions. However, the student is always responsible for the missed material.

Since there is no specific list of appropriate accommodations for persons with chronic illnesses, the best approach includes a meeting between the student and instructor to discuss the course requirements and the student's limitation.

Students should also check-in with instructors at mid-semester to review their progress and the appropriateness of their accommodations. The student or faculty member may contact Disability Resources for suggestions and assistance.

Creativity, common sense, and individual consideration will lead to the best methods for accommodating students with chronic illnesses.

Use the link below to learn about chronic illness.

<http://www.alpineguild.com/COPING%20WITH%20CHRONIC%20ILLNESS.html>

Psychological and Psychiatric Disorders

Many psychological and psychiatric disorders have a neurobiological basis. This section gives you some brief information about these types of disorders.

Learning about Disabilities: Information on Psychological and Psychiatric Disorders

Psychological and psychiatric disorders include a broad range of diagnoses, including bi-polar disorder, clinical depression, schizophrenia, general anxiety disorder, obsessive-compulsive disorder, Asperger's syndrome, and many others. Any of these conditions may be a disability, as defined by the Americans with Disabilities Act Amended 2008, if they impact a major life activity.

Typically, persons with *psychological or psychiatric disorders are not identifiable by appearance, and they are not noticeably disabled*. Yet, these individuals may need accommodations in order to fully participate in a post-secondary program.

Possible Accommodations

- Extended time on test and exams
- Note-takers or instructor's class notes
- Flexible class scheduling
- Reduced course load

Disability Resources can assist them with:

- Providing accommodations
- Providing educational materials about disabilities
- Sharing ideas and strategies that might be helpful when working with students with disabilities

Students with psychological or psychiatric disorders may use medication in the treatment of their disorder. Sometimes this medication may impact their cognitive processing speed or their ability to be attentive. In this event, one or more of the above accommodations might be appropriate.

These students may be reluctant to discuss the nature of their disability with their instructors. However, students who register with Disability Resources in Educational Services for Students will have a memo indicating which accommodations they require. Students with disabilities are not required to disclose their diagnosis and should never be challenged to do so.

Students that behave inappropriately in a classroom setting are not to be excused because of a psychological or psychiatric disorder.

Instructors are encouraged to contact Disability Resources with questions or concerns about any student with a disability.

Additional information regarding mental health is available using the links below:

http://psychology.suite101.com/article.cfm/psychological_disorders

<http://www.jan.wvu.edu/media/HiEdStudentsPsych.pdf>

<http://allpsych.com/disorders/index.html>

<http://www.psychiatric-disorders.com>

<http://www.sciencedaily.com/releases/2008/12/081201162038.htm>

http://www.heath.gwu.edu/files/active/psychiatric_disabilities.pdf

Asperger's Syndrome

Though Asperger's Syndrome is clearly a psychological disorder, because of the prevalence of students on campus with this disorder, we have developed a separate article to provide more information.

Learning about Disabilities: Information on Asperger's Syndrome

Symptoms of Asperger's syndrome include: significant difficulty with social interaction, a strict adherence to rules or routines, and/or a fixation on a particular interest. These symptoms usually appear by the age of three; however, the symptoms are often overlooked because the youngster typically does not exhibit any cognitive or developmental deficits. Indeed, these young children may seem precocious because they tend to have well developed or even advanced vocabularies.

While people with Asperger's syndrome have a good grasp on the meanings and proper usage of words, they struggle with the other essential feature of communication; non-verbal cues. Eye-contact, tone of voice, volume, speed, and body language are not only difficult for the person with Asperger's to understand but also to utilize. A person with Asperger's will struggle with initiating conversation with peers or in social situations. Formal interactions can be more comfortable for those with Asperger's because of the structure or "script" called for in these situations.

Persons with Asperger's syndrome often:

- Experience academic success
- Withdraw from their peers/are socially isolated
- Long for friends, but do not know how to make or keep them
- Interrupt or interject with off-topic information

- Speak in manner/tone that is inconsistent with the emotions they are verbally expressing
- Have poorly developed fine and/or gross motor skills
- Exhibit repetitive behaviors
- Have low frustration tolerance
- Have difficulty staying organized

Treatment

There are no medications available to treat Asperger's syndrome, although some students with Asperger's may take medications commonly used to treat ADHD or depression because some students with Asperger's may also have ADHD or depression. The best method of treatment for a person with Asperger's syndrome is a combination of behavior modification, social skills training, and communication skills training.

Academic Adjustments and Services

Because of the difficulty experience in social situations, a student with Asperger's syndrome may request to have a single room or to be released from mandatory on-campus housing requirements in order to live at home or in a nearby apartment.

Also, because of this social difficulty, group class work can be a source of stress. A professor may need to help the student with Asperger's syndrome identify an appropriate partner for group work.

Students with Asperger's syndrome might also benefit from weekly check-ins with a member of the Disability Resources staff to help keep them organized and thinking about what is coming next.

If students with Asperger's syndrome have poorly developed fine motor skills, they may benefit from using instructor handouts or another student's notes to supplement his or her own notes. This student might also use a computer to take notes.

Students with Asperger's syndrome may also need extended time to take tests and to take their tests in a reduced-distraction setting.

Students with Asperger's syndrome who have difficulty adjusting to change may need to tour the campus extensively, walk his or her schedule prior to the first day of classes, and/or set appointments to meet with professors before class.

For additional information about Asperger's Syndrome make a selection from the links below:

<http://www.researchautism.org/resources/AspergerDVDSeries.asp>

http://www.nytimes.com/2009/05/17/fashion/17love.html?_r=1&em

Video

<http://www.researchautism.org/resources/AspergerDVDSeries.asp>

Hearing Impairment

Students with hearing impairments vary significantly in their approaches to accessing oral communication. Pay attention to the various methods described in the selection.

Learning about Disabilities: Information on Hearing Impairment and Deafness

No two individuals require exactly the same assistance or have the same needs. However, there are some common means for accommodating students with hearing impairments in the classroom.

Interpreters

Persons who are deaf or hard of hearing may need an interpreter. Interpreters most often transliterate spoken language into sign language. Sometimes, persons who are hard of hearing use an oral interpreter that speaks directly to them, face-to-face, thus allowing the person to read the interpreter's lips.

Note-Takers

Students who are deaf or hard of hearing must visually attend to an interpreter or speaker; therefore, it is difficult for them to take notes. A note-taker can be assigned to help take notes for that student.

FM Amplification

Students who are hard of hearing may benefit from an assistive hearing device that amplifies sound on an FM channel. The student wears a receiver and either has a microphone amplifier

or has the instructor wear an amplifier. This device allows the instructor's voice to be directly amplified to the hard of hearing individual.

Captioning

Students who are deaf or hard of hearing may benefit from a variety of captioning options. Captioning allows the individual to read the words as they have been spoken by the instructor or by the speaker in a video presentation.

Further Suggestions

- Have the student sit toward the front of the classroom in front of the instructor.
- The instructor should be facing the student when speaking. If the student can't see the speaker's face, he or she can't read the speaker's lips.
- The instructor should speak directly to the student, not to the interpreter.
- If another student in the class asks a question or makes a comment, the instructor needs to restate it and then respond.
- Using an overhead projector rather than the blackboard ensures that the professor is facing the students when talking instead of facing the blackboard.
- Handouts of important information are extremely helpful since it is difficult for the student to attend to the speaker and copy notes.

Instructors working with students that are deaf or hard of hearing are encouraged to consult with Disability Resources in Educational Services for Students. Staff can be contacted by phone at (216) 368-5230 in Sears Building, Room 470 or by email at: disability@case.edu

For more information about hearing impairment check-out the links below:

<http://www.pen.ntid.rit.edu/welcome.php>

<http://netac.rit.edu/publication/taskforce/interpreting/interpreting.html>

<http://www.pepnet.org/south>

Visual Impairment

Persons may be totally blind or have a varying amount of vision.

Learning about Disabilities: Information on Visual Disabilities

3 Categories of Visual Disability

- Individuals who are *visually impaired* have acuity between 20/80 and 20/200 with correction in the better eye.
- Individuals who are *legally blind* have acuity of 20/200 or less, with correction in the better eye.
- Individuals who are *blind* have no measurable acuity, though they may have some sensitivity to light.

Visual Acuity is a standardized scale. For instance, an acuity of 20/100 indicates that the person only sees at 20 feet what a fully sighted individual sees at 100 feet.

Making Printed Materials Available

No matter what the degree of visual disability, there will be a need to modify standard print materials so that they are accessible to the person with the visual disability. There are multiple methods for making print materials accessible.

Braille is used by many blind individuals. Printed materials can be transcribed into Braille. Notes can be written in Braille. There are many adaptive technical products that read, write, and print in Braille.

Audio-taped or E-text materials are frequently used by persons with visual disabilities. National organizations and campus readers can audio-tape printed materials. Books may be scanned into E-text and read by a screen reader. Typically, reading lists need to be obtained in advance to provide adequate lead time for obtaining taped text or E-text materials.

Close-Circuit Televisions (CCTV) enlarges print material that is placed on a movable tray, and the magnified image of the document is projected onto a screen. CCTV's are available in most of the CWRU libraries and in the Sight Enhancement Center.

Scanner and Voice output equipment reads aloud printed materials through a MAC or PC. Students may have their text converted into the e-text format that they prefer.

Software-driven text enlargement programs display text on the video display terminal with a variable degree of magnification. Most of these programs also have the option for reading the text and magnifying the text for those with some residual vision.

Large print text materials are available in many libraries. Enlarging a letter-size document to a legal-size document is one method of enlarging print. Commercial large print materials are usually in an 18 or 20 point font; however, enlarging print to any size that makes it readable for the individual is appropriate.

Classroom Considerations

- Reserve seating in the front of the room for students with visual impairments. The student may need to be close in order to get a quality tape-recording of the lecture, or the student may be able to read some materials presented on the board or an overhead.
- Provide handout materials of any board work or overhead materials. Students can have someone read this to them later or maybe able to magnify it outside of class.
- Avoid talking into the board when writing. Tape-recorded lectures are not helpful if the voice is muffled.
- Spell new vocabulary as you write it on the board or on an overhead.
- Allow extra time for reading assignments. Students will need additional time either to obtain the materials on audio tapes, transfer them into Braille, enlarge them, or read them with magnification equipment. Giving reading assignments ahead of time is very helpful.
- Develop an individualized method for students with visual disabilities to do in-class assignments. Have them work with a partner, read aloud to them and have them dictate to you the assignment, or give assignments ahead of time so that they can prepare them before class.
- Work with the student to identify the appropriate means for test-taking. Coordinate your efforts with ESS for special arrangements.

For more information and additional resources concerning visual impairments, selected from the following links:

<http://acbvi.org/albums/Vision/index.html>

http://www.heath.gwu.edu/index.php?option=com_docman&task=cat_view&gid=85Itemid=4&mosmsg=The+file+is+not+available+on+the+server

Mobility and Dexterity Impairments

This section covers the multiple conditions that impact mobility and dexterity.

Learning about Disabilities: Information on Mobility and Dexterity

There is no single reason for mobility and dexterity impairments. Individuals may have congenital conditions or missing or malformed appendages. Some may have experienced traumatic or repetitive injury to the spinal cord. Others might have neuromuscular disorders that limit the manipulation of nerves and/or muscles.

Persons with mobility impairments might require the use of a wheelchair or motorized scooter. Still others may walk with the assistance of braces, canes, or walkers. Dexterity and manipulation disorders might limit some individuals to walking only short distances, to avoiding stairs, and to moving slowly. Dexterity deficits do not always involve the legs. Some individuals may have limitations that are specific to arm, hand, or even finger movements.

Physical Accessibility

Ramps are essential for individuals using wheelchairs or scooters and helpful to those who have difficulty with stairs. The addition of a ramp either on the inside or outside of buildings can make a difference.

- Elevators or lifts allow individuals with disabilities to move about throughout the entire building.
- Restroom accessibility is essential for persons with mobility impairments. Accessible bathrooms should be located to provide persons with mobility impairments easy access.
- Classroom and laboratory seating needs to be evaluated for its use by persons with mobility and dexterity impairments. Consideration of desks, tables, chairs, or any other furniture is necessary.
- Laboratory experiments or projects should be reviewed against the limitations of the person with the disability. Lab assistants and partners are appropriate ways for students to participate fully in the curriculum.
- Field assignments and trips can pose difficulties for students with mobility or dexterity disabilities. Some students might not be able to participate in these events unless the appropriate arrangements are made in advance.

There is additional information about mobility and dexterity impairments listed below.

http://accessibility.gtri.gatech.edu/assistant/acc_info/factsheet_dexterity_mobility.php

<http://www.disabled-world.com/disability/types/mobility>

<http://accessibletech.org/articles/general/selectATMMobility.html>

<http://activeforever.com/a-3246-mobility-impairment.aspx>

<http://www.washington.edu/doi/Conf/mobility.html>

<http://www.pepnet.org/south/>

Section 5 – Disability Etiquette

General Tips

Students with disabilities are the same as other students and typical etiquette rules apply to them. However, in some instances, there are unique situations or characteristics that are evident for a student with a disability that may confuse the application of typical etiquette rules. Further, not all students with disabilities will necessarily feel the same about disability etiquette, but keeping the following points in mind should help you when working with students with disabilities.

1. Look at the student when talking to them. If the student is using a wheelchair, then look downward. It is even better to move to a level spot by squatting or sitting and looking directly at them. If a student uses an interpreter, then be sure to talk and look at the student even as you are listening to the interpreter to give voice to their words. Be sure to also address your questions to the student, not the interpreter. If the student is using lip-reading to understand what you are saying, then look at them when you speak.
2. Ask how you can help before you begin to direct a student by touching an arm or the wheelchair. Don't take a person's hand as a guide if the person is blind or visually impaired. If a student is struggling to put on a coat or buckle a boot, ask first if the student wants or needs assistance before doing it. Students with disabilities have the right to choose who may touch them and when. Don't assume that because

something looks clumsy to you that it's difficult for the student to perform; this is probably the way that they have adapted to complete tasks.

3. Don't complete thought or sentences for a student who is talking. Whether using an assistive communication device, or stuttering, or just having difficulty speaking, let the student have their say. By finishing the student's thought or sentences, you cut off and probably interrupt the student's thought process. If you can't hear or understand what the student is saying provide that feedback. Ask if there is another means to communicate. The student may be able to write it down, or type it into a keyboard. In either case, if you can't understand the student it's ruder to pretend to understand than to ask for clarification.
4. If a student is using a service animal (they will be in a harness), don't pet and play with the animal. Before touching the animal, ask permission. Typically, service animals in harnesses are working and should not be playing or socializing at the same time. Distracting the animal's attention may put the student in danger, as the animals are not attending to their work responsibilities. Don't assume that a student with a service animal is blind. Service animals perform a host of tasks for people with disabilities.
5. Increasing your volume or slowing your speech will not help a student with a mobility or vision impairment understand you better. Don't address students with disabilities in a childlike manner. They are capable of understanding normal conversation. Also, shouting something at a person who is totally deaf will not make that person hear what you are saying.
6. Recognize that some students with disabilities have a difficult time interpreting and even recognizing the use of non-verbal communication. If someone is not responding to your non-verbal cues, then verbalize what you're trying to express. Make sure that you are clear and unambiguous, or you risk not being understood. Until someone understands what you are trying to communicate, it will be impossible to get them to comply or respond.

For the most part, using common sense is the best approach to etiquette for students with and without disabilities. Always remember to respect the individual. Often having a sense of humor and a willingness to learn will go a long way in working with a student with a disability.

Person First Language

When referring to people with disabilities, it's most appropriate to put the person first. Rather than saying, "the deaf girl," one should say, "the girl who is hard-of-hearing." Language is

powerful and though often unnoticed, repetitive references to a person as a disability and not a person first are limiting and tend to stress a single characteristic of a person and not the whole person. The link below is a good reference for person-first language and appropriate terms for people with disabilities.

<http://www.kidstogether.org/pep-1st.htm>

<http://faculty.ed.uiuc.edu/tgrayson/SPED205/Etiquette.html>

Section 6 – Reasonable Accommodations

Accommodations are adjustments, modifications, and the employment of assistive technology or auxiliary aides provided to students with disabilities in order to make a program or service more accessible. Defining reasonable in this context is not quite so easy. Accommodations are only reasonable when they don't impose an undue burden on the institution, don't fundamentally alter the program or service, and they don't create a situation that could cause harm to an individual or others.

Reasonable accommodations that meet all the criteria about, but are not directly related to the access barriers caused by the disability are not reasonable. For example, if a student who discloses their learning disability, and then requests an accessible parking accommodation, this request wouldn't be reasonable or granted. The learning disability is real, accessible parking is a legitimate accommodations, but not for a learning disability. When defining disability, one of the requirements is that one or more major life activities is impacted. Limiting the impact on major life activities is the goal of the accommodation.

Reasonable accommodations are individually determined for each student, even if they have the same disability type or diagnosis. Students with disabilities may be impacted similarly when they share the same diagnosis, but not identically. Also, some students may have learned or developed compensatory strategies that they employ to assist them in ameliorating the impact of their disability. Students may employ differing assistive technologies or none at all. Students may use drug therapy that assists in managing some of the impact of their disability. Regardless, each student's accommodations need to be determined individually. Section 504 of the Rehabilitation Act of 1973 requires this and further requires that the student must be part of a deliberative process.

Sometimes reasonable accommodations just need some brainstorming and some flexibility from the student, the faculty, and the Disability Resources office. Others seem to be fairly standard. The following are a list of disabilities that we have coded in our office for regular use:

A=Air conditioned residence hall

B=Books on tape or alternative format

C=Computer (word processor) used for taking tests and exams

D=Reduced-distraction testing environment

E=Extended time on tests and exams

F=Flexible attendance

H=Housing requirement release

M=Modified residence hall room

N=Note taker

O=Other

P=Accessible parking

Q=Single residence hall room

R=Priority registration

S=Scribe or reader for exam

T=Responsive transportation

W=Wheelchair access

X=Assistive technology

Z=None

General information on accommodations:

http://www.heath.gwu.edu/index.php?optopn=com_content&task=view&id=1060&Itemid=31

http://www.heath.gwu.edu/index.php?optopn=com_content&task=view&id=1060&Itemid=30

Follow this link to get information about working with students with disabilities regarding writing:

http://ada.osu.edu/resources/fastfacts/Writing_in_the_University.htm

Videos from students with disabilities:

http://adaptiveenvironments.org/neada/site/student_videos