Attention Deficit Hyperactivity Disorder

Students requesting accommodations on the basis of attention deficit-hyperactivity disorder (ADHD) must provide documentation by a professional who has undergone comprehensive training and has relevant experience in differential diagnosis and the full range of psychiatric disorders (e.g. licensed clinical psychologist, neuropsychiologist, psychiatrist and other relevantly trained medical doctors).

Examples of Accommodations

- Distraction-free test room
- Early notification of projects, exams and assignments
- An encouraging, validating, academic environment

Documentation Requirements

- 1. Evidence of early impairment. The condition must have been exhibited in childhood in more than one setting.
- 2. Evidence of current impairment. An assessment of the individual's presenting attentional symptoms and evidence of current impulsive/hyperactive or inattentive behaviors **that significantly impair functioning in <u>two or more</u> settings** must be provided. In an academic setting, functional impairment is most often expressed in poor academic performance across a variety of academic tasks. In adults, work history may demonstrate an inability to retain or maintain employment.
- 3. A diagnostic interview. The interview must contain self-report and third-party information pertaining to: developmental history, family history of ADHD or other learning or psychological difficulties, relevant medical and medication history, a thorough academic history, a review of prior psychoeducational test reports to determine whether a pattern of strengths or weaknesses is supportive of attention or learning problems.
- 4. Evidence of alternative diagnoses or explanations being ruled out. The documentation must investigate and discuss the possibility of dual diagnoses and alternative or coexisting mood, behavioral, neurological and/or personality disorders that may confound the ADHD diagnosis.
- 5. Neuropsychological or psychoeducational assessment is needed to determine the current impact of the disorder on the individual's ability to function in an academic setting and to establish eligibility for classroom accommodations including alternative testing, notetakers and/or alternative media (taped books electronic text). Such data should include subtest and standard scores.
- 6. A specific psychological diagnosis as per the Diagnostic and Statistical Manual-IV (DSM-IV). Symptoms of hyperactivity/impulsivity that were present in childhood, and the current symptoms which have been present for at least the past six months and which

impair functioning in two or more settings (e.g., school, work, home) must also be identified.

- 7. An indication of whether or not the student was evaluated while on medication and the degree to which the prescribed treatment reduces the level or degree of impairment.
- 8. A clinical summary which: (a) indicates the substantial limitations to major life activities posed by the disability, (b) describes the extent to which these limitations would impact the academic context for which accommodations are being requested, and (c) suggests how the specific effects of the disability may be accommodated, and (d) states how the effects of ADHD are mediated by the recommended accommodations

Blindness and Visual Deficits Characteristics and General Information

A wide variety of visual deficits range from minor loss, which is somewhat correctable, to complete blindness. There has been an explosion of useful technology for these disabilities. The JDH Library Media Center has a computerized reading machine and enlarging program, a voice synthesizer on the computer, and a machine that can enlarge textbook print as well. An important fact to keep in mind with students without the ability to read is that many have not been taught Braille; therefore, they must listen to all the material that other students read. This complete reliance on listening poses challenges and may slow down the pace at which they can take in information—it takes longer to listen to a book than to read that same book. In addition, the student probably tapes class lectures instead of taking notes and has to listen to portions of the tapes to review for exams. Therefore, a request for additional time to complete assignments is indeed legitimate.

Examples of Accommodations

- A list of texts and class syllabi made available in advance for readers and tape recording material
 - Taped books and other written materials
 - Enlarged print books and written materials
 - Extended time for examinations
 - Alternative forms of examinations—taped, oral with professor, dictated to a scribe
 - Access to adaptive computer equipment
 - Consultation with the DSS to produce diagrams or illustrations using tactile materials
 - Special assistance in laboratories and other experiential components of class

Documentation Requirements

Students requesting accommodations on the basis of low vision or blindness must provide documentation consisting of:

- 1. An ocular assessment or evaluation from an ophthalmologist
- 2. A low-vision evaluation of residual vision function, when appropriate
- 3. An assessment of the functional limitations of the condition(s) for which accommodations is being requested, and whether the degree of limitation is mild, moderate or substantial
- 4. Suggestions as to how the functionally limiting manifestations of the visual condition(s) may be appropriately accommodated

Hearing Loss Characteristics and General Information

Students with hearing loss may vary widely in the degree of loss and the means they use to compensate for that loss. Some individuals may be deaf, with little or no useful residual hearing. Many of these individuals do not wear hearing aids because they have so little hearing. Others will wear hearing aids that improve hearing somewhat, but even the latest technology in hearing aids provides the wearer with distorted hearing at best.

Examples of Accommodations

Most people with a hearing loss will develop lip-reading skills, but even the most skilled lip reader will understand only about 60 to 70 percent of a conversation and even less of a lecture. Students with a hearing loss may have a speaking voice that is quite easy to understand and may choose to communicate orally. Others may be hard to understand and may choose not to use their voices. If a student is not using his or her voice and comes to see a professor without an interpreter, a pen and paper or a computer word processor should be used to communicate with the professor. If the student tries to use his or her voice and the professor does not understand, the professor should tell the student he or she is having trouble and ask the student to repeat or to write down what he or she is saying. Conversely, a student with a hearing loss may nod and appear to understand what the professor is saying but may miss an important point. It is often a good approach to stop frequently, and look to see if the student is following wears a wireless microphone and the individual uses a receiver, which allows the person to hear only the professor's voice amplified and screens out background noise that hearing aids would amplify.

Frequently ask the person to repeat what was understood and to clarify any missed information. When a student with a hearing loss identifies himself or herself, the professor needs to determine how best to meet that student's needs. The two should discuss how the class is taught (lecture, board work, group discussion, films, or videos). The student should suggest ways to access the information presented in class, as well as how to handle class discussions involving multiple participants.

Generally written examinations should not present these students any difficulties, but an oral presentation or a group project may require a different evaluation process. Professors should keep in mind that students who have been deaf since birth and use sign language have a concept of syntax that is different from that of a native English speaker. This difference may sometimes result in writing that is somewhat awkward, and students may need to be referred to the Writing Center for assistance. It does not mean that they are not intelligent and that they do not know how to write. American Sign Language truly is a foreign language. Other suggestions/accommodations:

- Look directly at the student and speak in a normally pitched voice—speaking louder does not help.
- Try not to stand with one's back to the light source or window, which makes it difficult to read lips.
- Address the student even if an interpreter is being used
- When writing on the blackboard, do not speak with one's back turned. Use overheads when possible.

- Use of phonic ears (microphones worn by faculty), or other assistive listening devices might be a solution
- Use of a volunteer note taker
- Use of a tape recorder to record lectures with permission for later transcription (student responsible for transcriptions)
- Use of closed-captioned videos/movies
- Use of a sign language interpreter or an oral interpreter—people with a significant hearing loss who do not know sign language use an oral interpreter; the interpreter mouths the professor's words for the individual and uses gestures and facial expressions.

Documentation Requirements

Deaf or hard of hearing students requesting accommodations on the basis of deafness or hearing loss must provide documentation consisting of:

- 1. An audio logical evaluation and/or audiogram, no older than 3 years if loss is progressive
- 2. An assessment of the functional limitations of the hearing loss, for which accommodation is being requested, and whether the degree of limitation is mild, moderate or substantial
- 3. Suggestions as to how the functionally limiting manifestations of the hearing loss condition(s) may appropriately be accommodated

Students who need sign language interpreter services for class requirements should let DSS know as soon as they register for classes. DSS will do everything reasonable to locate sign language interpreters for classes. However, due to the fact that sometimes interpreters are not easily available, when needed, students need to be prepared to discuss possible options to sign language interpreters. Students requiring sign language interpreters for non-classroom activities/events, need to request this service from the activities/events coordinators as soon as possible. Interpreters for non-classroom functions are not necessarily covered by DSS. Any arrangements between the student and interpreter for commitments outside the approved classroom contract must first be cleared by DSS. It is well understood that students requiring sign language interpreters have a right to access all activities available to all other students on campus, however it is not a right that a sign language interpreter will always be available. Students must be open to considering and utilizing alternative reasonable accommodation options.

Learning Disabilities Characteristics and General Information

Learning disabilities is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviors, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability. Although learning disabilities may occur concomitantly with other handicapping conditions (for example, sensory emotional disturbance) or with extrinsic influences

(such as cultural differences or insufficient or inappropriate instruction), they are not the result of those conditions or influences. (National Joint Committee on Learning Disabilities, 1988b, p. 1)

It is important to remember that a person with a learning disability has probably experienced significant frustration in academic environments. The ways in which a learning disability manifests itself can often cause teachers, parents, and others to determine that a person is lazy or not motivated, when in fact the person is struggling without success. Once students are identified as having a learning disability, they can begin to learn compensatory strategies that help them to learn more effectively and partially overcome the deficits. They will, however, always take more time and use more effort to succeed at certain academic tasks. A learning disability never goes away. Some characteristics of students with learning disabilities are listed below. Certainly, no single student will have all of these difficulties.

Organizational Skills

- Difficulty with time management
- Delay in beginning or following through on assignments
- Lack of organization in note taking and written assignments
- Inefficient use of library resources

Examples of Accommodations

Learning disability accommodations can vary greatly according to the documentation provided, the student's strengths and weaknesses, and the recommendations of clinicians and educators. Here are some of the more common accommodations:

- Extended time for exams
- Use of note taker or tape recorder in class
- Alternative forms of testing and expressing knowledge (oral, dictation to a scribe, essay exams instead of short answer or fill-in)
- Use of word processor for essays or a calculator for math

Documentation Requirements

Requirements for documentation consist of four important components: (1) qualifications of the evaluator; (2) current evaluation information; (3) comprehensive assessment and use of appropriate clinical/diagnostic instruments; and (4) evidence to establish a rationale supporting the need for accommodations. Copies of neuropsychological, psychoeducational and learning disabilities specialist reports which include all four components should be submitted to DSS and accompanied by the signed Release of Information.

- 1. A qualified professional must conduct the evaluation. Diagnostic reports must include the names, titles and license numbers of the evaluators as well as the date(s) of testing.
- 2. Documentation of the disability and the need for accommodations must be current. Although a learning disability is typically viewed as life-long, the severity of the condition may change over time and current evaluation information is essential in determining appropriate accommodation. In most cases, testing should have been conducted within the past three years. Individuals who submit documentation that is not current, and/or inadequate in scope and content or that does no address the candidate's current level of functioning or the need for accommodation(s) will be required to update the evaluation report.
- 3. Assessment must be comprehensive and must include a specific diagnosis. Nonspecific diagnoses, such as individual "learning styles," "learning differences," "academic problems," "slow reader," etc. in and of themselves **do not** constitute a learning disability, nor do they provide adequate information for determining reasonable accommodations. More than one assessment device should be administered for the purpose of diagnosis and actual test scores from standardized test instruments must be provided. Testing must address, at a minimum, the following three domains:

Aptitude/Cognitive Ability

A complete intellectual assessment with all subtest and standard scores should be included. (Assessment instruments may include but are no limited to: Wechsler Adult Intelligence Scale-III, Stanford-Binet Tests of Intelligence-IV, Woodcock-Johnson Tests of Cognitive Ability-III, Kaufman Adolescent and Adult Intelligence Test. Evaluators are encouraged to avoid "screening" or brief types of intelligence tests)

Academic Achievement

Comprehensive assessment of current levels of academic functioning in reading, mathematics and written language are required. Subtests, standard scores, percentiles and grade equivalent scores should be included. (Assessment instruments may include but are not limited to: *Woodcock-Johnson Test of Achievement-III*, *Wechsler Individual Achievement Test, Scholastic Abilities Test for Adults, Stanford Test of Academic Skills*. NOTE: Documentation guidelines for learning disabilities developed by Educational Testing Services (ETS), American College Testing (ACT) and the Association of Higher Education and Disability (AHEAD) all note that the *Wide Range Achievement Test (WRAT)* is NOT a comprehensive measure of achievement and, therefore, is not suitable.)

Information Processing

Specific areas of information processing (e.g., short and long term memory; sequential memory, auditor and visual perception/processing; processing speed; executive functioning; motor ability) should be assessed. (Assessment instruments

may include, but are not limited to, *Detroit Tests of Learning Aptitude-3rd Edition or Adult*, and specific subtests of the *Wechsler Adult Intelligence Scale-III or Woodcock-Johnson Test of Cognitive Ability-III* would be appropriate. In addition, the *Modern Language Aptitude Test (MLAT)* is often used to assess a student's ability to learn a foreign language. If the student's acquisition of a foreign language is a concern, the assessment process should include the *MLAT*.)

4. Each accommodation by the evaluator MUST INCLUDE a rationale. The diagnostic report must include specific recommendations for appropriate accommodation(s) as well as a detailed explanation of why each accommodation is recommended. A prior history of accommodation, without demonstration of current need, does not necessarily warrant the provision of that accommodation. The recommended accommodations must be supported by specific test results or clinical observations. If an accommodation is not clearly identified in the diagnostic report, further clarification and additional information will be necessary.

The above conditions are necessary because assessment constitutes the basis for determining reasonable services and accommodations. At times, the University also examines diagnostic information when determining the appropriateness of adjustments for a given student. Both the student and the University are well served by assessment that clearly substantiates the appropriateness of various accommodations to a student's needs or requests.

The information has been adapted from model materials developed by the University of North Carolina-Greensboro as part of a federal grant and from the Policy Statement of the Educational Testing Service for Documentation of a Learning Disability in Adolescents and Adults.

Physical Disabilities Characteristics and General Information

Students with physical disabilities may have multiple disabilities that require a variety of accommodations, or they may need only an accessible classroom location. It is important to remember not to assume anything about a particular type of disability. Students should be asked to describe their needs. For example, many students who appear quite disabled may have complete use of their arms

and hands and be able to take notes or written exams, while others who do not appear disabled may have nerve damage that prevents them from taking notes or written exams. When students with an apparent disability are in a class, the professor may choose to casually approach them after the first class and ask whether there are any specific accommodations they require. Although the professor is not obligated to do this, it is a quick and courteous way to open the door to communication and may help a reluctant student express needs at the beginning. Many students mention that they often feel invisible, and appreciate it when a professor approaches them first (with sensitivity).

Types of Physical Disabilities

Students with physical disabilities may include the following:

- Wheelchair users who may have cerebral palsy, multiple sclerosis, muscular dystrophy, spinal chord injuries, or spina bifida
- People with mobility impairments, such as those caused by amputations, arthritis, lupus, diabetes, medical, illnesses, cystic fibrosis, or multiple sclerosis

Examples of Accommodations

- Relocation of a classroom or activity to ensure physical access (Note: If the class involves any field trips or other off-campus activity, those locations must be physically accessible.)
- Alternatives to in-class writing assignments for a student who cannot write
- A note taker
- Use of a scribe or adaptive computer equipment for examinations
- Ways to include a student who cannot speak in group discussions or other group formats (Student may have a communication device or an aid.)
- Extra time for written exams and the use of a word processor in some cases

Documentation Requirements

Students requesting accommodations on the basis of mobility, systemic or disease-related disabilities must provide documentation consisting of:

- 1. An identification of the disabling condition(s)
- 2. An assessment of the functional limitations of the condition(s) for which accommodations is being requested, and whether the degree of limitations is mild, moderate or substantial
- 3. Suggestions as to how the functionally limiting manifestations of the condition(s) may be appropriately accommodated

Psychiatric Disabilities Characteristics and General Information

Individuals with psychiatric disabilities are becoming more numerous on campuses as medical management of such conditions becomes more sophisticated and societal acceptance of these individuals increases. Most individuals with psychiatric disabilities are involved in therapy outside of UW-Superior, and many take medications to help manage their conditions. It is strongly recommended that students work closely not only with the campus Student Health Center, but also with their external therapists too. Many students with psychiatric disabilities have previously attended college, and they often have strong intellectual abilities. They may, however, doubt those abilities after their illness. Given some support and classroom accommodations, most students do well.

Psychiatric or mental health impairments are broad and range from mild depression to chronic disorders such as schizophrenia or bipolar disorder. Negative stereotypes and the fact that these disabilities are typically "invisible" further complicate making accommodations for students with these disorders. Students with mental health or psychiatric impairments can be affected in many ways. They may be more susceptible to the common stressors of school involving academic demands as well as interpersonal relationships. Students may have particular problems receiving, processing and recalling information during times of stress. Side effects from medication may also impact attention, memory, alertness, and activity level. The episodic and unpredictable onset and recurrence of illness can also interrupt the educational process. Individuals with psychiatric impairments may be treated with a combination of medication, counseling, and behavioral therapy. A student with a psychiatric impairment may need to build time into his schedule for therapy and/or support services.

Types of Disabilities

Some of the more common psychiatric disabilities that students may identify to their professors are bipolar affective disorder (what was called manic-depressive disorder), schizophrenia, obsessive compulsive disorder, personality disorder, and clinical depression. For many students, medication often causes thought processing and expressive abilities to be slower than usual. Sensitivity about class

assignments, particularly oral presentations, is important.

Examples of Accommodations

- Extended time and a quiet undisturbed environment for exams
- Occasional absences because of medication issues or a bad day (Keep in mind that if a student with a back injury called to say that he or she missed two classes because he or she were in bed with physical pain, the professor would probably be amenable to that situation. The same attitude should apply to the psychiatric disability within reason.)
- Early notification of projects, exams, and assignments to reduce stress
- Note takers
- Flexible attendance requirements.
- An encouraging, validating, academic environment.
- Alternative testing arrangements in a quiet room.
- Assignments available in electronic format.
- Web page or electronic mail distribution of course materials and lecture

• Extended time to complete assignments

Documentation Requirements

Students requesting accommodations on the basis of a psychiatric/TBI disability must provide the current documentation from a licensed psychologist, psychiatrist, and/or licensed clinical social worker, which must include:

- 1. A specific, current psychiatric diagnosis as per the DSM-IV which indicates the nature, frequency and severity of the symptoms upon which the diagnosis was predicted. A diagnosis without an explicit listing of current symptoms is not sufficient. Primary and secondary Axis I and Axis II diagnosis are required.
- 2. Evidence of current impairment. An assessment of the individual's presenting symptoms and evidence of current behaviors that significantly impair functioning must be provided. In an academic setting, functional impairment is most often expressed in poor academic performance across a variety of academic tasks.
- 3. Evidence is needed to determine the current impact of the disorder on the individual's ability to function in an academic setting and to establish eligibility for classroom accommodations including alternative testing, note takers and/or alternative media (taped books, electronic text).
- 4. Prescribed medications, dosages and schedules which may influence the types of accommodations provided.
- 5. A clinical summary which: a) indicates the substantial limitations to major life activities posed by the psychiatric disability; b) describes the extent

Traumatic Brain Injury (TBI)

Trauma to the brain resulting from cerebral vascular accidents, tumors, or other medical conditions. Students requesting accommodations on the basis of a traumatic brain injury (TBI) or brain insult must provide documentation by a neuropsychologist.

Examples of Accommodations

See Psychological Disabilities

Documentation Requirements

- 1. Thorough neuropsychological evaluation including assessment of the areas of attention, visuoperception/visual reasoning, language, academic skills, memory/learning, executive function, sensory, motor, and emotional status. Data should include subtest scores and percentiles.
- 2. Evidence of current impairment. A history of individual's presenting symptoms and a. evidence of behaviors that significantly impair functioning.
- 3. A diagnostic interview. The interview must contain self-report and third-party information pertaining to: developmental history, family history, learning or psychological difficulties, relevant medical history, and a thorough academic history.
- 4. Evidence of alternative diagnoses or explanations ruled out. The documentation must investigate and discuss the possibility of dual diagnoses and alternative or coexisting mood, learning, behavioral, and/or personality disorders that may confound the diagnosis.
- 5. A specific psychological diagnosis as per the Diagnostic and Statistical manual IV (DSM-IV)
- 6. A clinical summary which: (a) indicates the substantial limitations to major life activities posed by the disability, (b) describes the extent to which these limitations would impact the academic context for which accommodations are being requested, (c) suggests how the specific effects of the disability may be accommodated, and (d) states how the effects of the disability are mediated by the recommended accommodations.