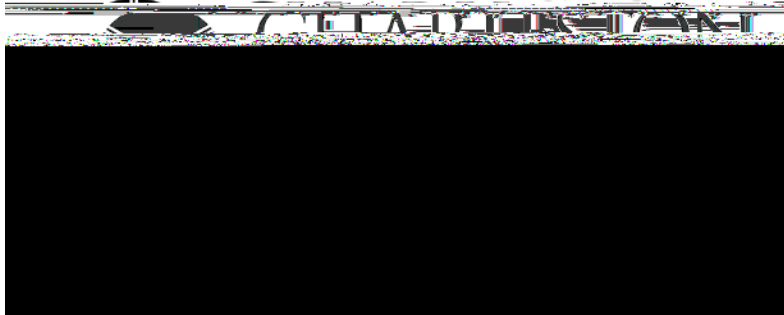


# **HANDBOOK FOR STUDENTS WITH DISABILITIES**



**OFFICE OF DISABILITY SERVICES (ODS)**

**Revised 2011**



What else is



## **FEDERAL REGULATIONS**

The Americans with Disabilities Act (ADA), Public Law 101-336, was enacted on July 26, 1990, to provide a clear and comprehensive mandate for the elimination of discrimination against individuals with disabilities. This federal legislation requires equal treatment of people with disabilities in employment, public services and transportation, public accommodations and telecommunications services. Section 504 of the Rehabilitation Act of 1973 applies to any college or university that receives federal funds in any program.

Charleston Southern University is a private university affiliated with the South Carolina Baptist Convention that does receive federal funds. As set forth in Title II of the ADA, the University is subject to the requirements of the Americans with Disabilities Act. Title

**WHAT IS A DISABILITY?**

A disability is defined under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, as a mental or physical impairment that substantially limits a major life activity. Examples of impairments that can have a substantial impact on a life function are visual impairment and blindness, hearing impairment and deafness, mobility impairment, learning disabilities or



upon receipt of documentation and arranges individualized accommodations for students (e.g., testing accommodations, referrals and recommendations).

Certifies Eligibility for Accommodation Services.

Serves as an advocate for students with faculty or administrators.

Consults with faculty regarding the instructional needs of individual students with disabilities.









**What else is needed? Read on!**

**What is the FUNCTIONAL Impact of the Disability?**

In order for the University to be able to determine whether reasonable accommodations can be designed and what those accommodations can be, we need detailed information about the IMPACT of the disability. Section 504 of the Rehabilitation Act and the Americans with Disabilities Act specifically restrict universities from having prepackaged accommodations that can be taken from the shelf, so to speak, and automatically provided to persons based on the diagnostic name or category of the disability. Universities must look at each



In addition, the documentation should reflect the current functional impact of the disability. The University may need to request new, additional or updated documentation.

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- f* Arrange their own weekly schedules.
- f* Initiate contact with their instructors to activate and adopt accommodations for each class they plan to utilize approved accommodations.
- f* Arrange for and obtain their own personal attendants, tutoring and individually fitted or designed assistive technologies.

**Postsecondary institutions are not required to:**

- f* Reduce or waive any of the essential requirements of a course or program
- f* Conduct testing and assessment of learning, psychological or medical disabilities
- f* Provide personal attendants
- f* Provide personal or private tutors (but tutoring services normally available to persons without disabilities must be accessible to persons with disabilities who are otherwise qualified for those services)
- f* Prepare "Individual Education Plans" (IEPs)

**REMEMBER...**

**Privacy:** Students in college are considered adults, with privacy and protections. University staff cannot talk with parents and guardians about a student's academic activities as was typical in K-12 (unless the student provides his or her informed written consent for release of such information).

**Eligibility:** Eligibility for special education services in high schools is diagnosis driven (i.e., the student must be diagnosed as having one of eleven specified conditions). Eligibility for reasonable accommodations in postsecondary institutions is driven by severity of impact on a major life activity (i.e., "a mental or physical impairment which significantly limits a major life activity").

**Time Management:** University students must structure and plan their own study time; universities do not arrange study periods or provide for time to do homework during classes. Professors and classes may differ regarding attendance requirements, scheduling, assignment due dates and exams. The student must study each professor's syllabus for each class.

**Initiate:** Students with disabilities must act to identify their disabilities; must take specific action to request those accommodations for their disabilities, if desiring to request accommodations; and must provide verifying documentation such as psychoeducational test results, medical documents



and doctor's statements. The documentation must verify the disability, describe the extent of the impairment and provide information which supports the need for specific accommodation. Additionally, students must initiate contact with faculty regarding their approved accommodations.

## **DEFINITIONS OF TERMS**

### **Disability**

Section 504 of the Rehabilitation Act and the Americans with Disabilities Act protects and considers a person disabled if he or she:

1. has a mental or physical impairment that substantially limits one or more of the major life activities of that person,
2. has a record of such impairment; or who while not actually disabled, is regarded as having such an impairment
4. has a record of being discriminated against because of being regarded as disabled
5. has a person with a disability dependent on him or her (associated with a person who has a disability).

### **Substantial Impairment**

Rather than specifying particular disabilities, the Americans with Disabilities Act (ADA) defines a person as disabled if he or she has a physical or mental impairment that substantially limits one or more of the major life activities of that person.

## **Accommodation**



**RELEASE OF INFORMATION:  
FROM DOCUMENTING PROFESSIONAL TO CSU'S DISABILITY SERVICES**

I, \_\_\_\_\_ hereby authorize the release of the following information to Charleston Southern University for the purpose of establishing the existence of a disability under Section 504 of the Rehabilitation Act or the



L 'HVFULSWLRQ RI FXUUHQW IXQFWLRQDO OLPLWDWLRQV SHU setting that are presumably a direct result of problems with attention.

**Yes / No**

**A clear statement of ADHD with the DSM-IV-TR diagnosis** and a description of supporting present symptoms, including a narrative summary, with reference to any scores and tests used which support the diagnosis. Only those psychological, neurological and psychoeducational procedures and instruments shown to have acceptable norms, reliability and validity with a later adolescent/adult population should be used. Departures from this procedure must be explained and appropriately defended.

Note: When diagnosing ADHD in adults, the measurement rationale for adults cannot be based on formulae for childhood populations unless it has been demonstrated that the formulae held true for adults. It is incumbent on the evaluator to explain the use of such formulae.

**Yes / No**

An explanation of how possible alternative diagnoses, such as schizophrenia, borderline personality disorder, autism, mental retardation, mood disorder, anxiety disorder or substance abuse, were explored as possible or co-existing alternative causes of reported ADHD symptoms. **Assessment of differential diagnoses** should be documented and any co-morbid disabilities identified.

**Yes / No**

**Description of any medication** prescribed. What, by whom, amount and frequency of administration, frequency of monitoring and response to medication.

**Yes / No**

**A statement of the functional impact** of limitations of the disorder or disability on learning or other major life activity and the degree to which it impacts the individual in the academic setting for which accommodations are being requested.

**Yes / No**

Description of any **referrals suggested for further testing or evaluation** (the University does not provide psychoeducational or neurological testing).

**Yes / No**

Description of any **referral or suggestions made for other treatment or therapy**.

The report should clearly explain and describe the presence of compensatory strategies employed by the examinee in any of the DSM-IV-TR diagnostic areas.







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Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

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Signature \_\_\_\_\_

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Colleges and universities are not required to provide the requested or preferred accommodation.

What if a student is not satisfied with the accommodation?

If the student is not satisfied with the actions taken by the Special Needs Committee then questions and concerns can be addressed as outlined on pages 14 and 15 of this Manual.

Should the quality of services be in question and it can be determined that the service accommodation is inadequate, the type of services or the service provider can be replaced. The student should meet with the appropriate personnel in the Office of Disability Services.

Please include any information you have on co-existing conditions such as learning disability, testing, intellectual functioning and/or academic problems which you feel we should know in order to best design accommodations for this student. See also general principles for documentation in this handbook.

Thank you for your help in providing this information so that we may begin providing services as soon as possible. Please return this form to the address shown on the letterhead.

**Audiologist or other Evaluator:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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\_\_\_\_\_  
Social Security Number Date

\_\_\_\_\_  
Signature

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**Yes / No**

Description of any referral or suggestions made for other treatment or therapy, including any current ongoing therapy that may affect academic or learning strategies.

Helpful: Suggestions of reasonable accommodations that might be appropriate at the postsecondary level are encouraged. These recommendations should be supported by the diagnosis.

If this is used as a checklist or a cover sheet for a documentation packet, please provide:

**Signature:** \_\_\_\_\_

**Print Name and Title:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Further assessment by an appropriate professional may be required if co-existing learning disabilities or other disabling conditions are indicated. Appropriate accommodations are collaboratively determined by the student and the professional staff of Charleston Southern University.





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**CHECK**

performance level was calculated and how actual achievement has been contrasted with expected performance (include all test scores, subscores, percentiles and measures of intraindividual patterns and discrepancies between expected performance and actual achievement, if any).

**Yes / No**

Be reasonably current (assessment done in late high school or as an adult, or following an additional injury or therapy that is relevant to the impairment). Nationally, guidelines often specify a request that documentation for adults be within the last 3 to 5 years; some institutions require 3-year recency or less for specific conditions.

**Yes / No**

A statement of strengths and needs that will impact the student's ability to meet the demands of the postsecondary environment, including an explanation of the functional impact or limitations of the disability on learning or other major life activity associated with university attendance and the degree to which it impacts the individual in the learning context for which accommodations are being requested.

**Yes / No**

Be technically sound, reliable, valid for the adult population and document the functional nature and severity of learning disabilities, if any.

The name and signature of the qualified professional (licensed psychologist, psychiatrist, etc.) who administered the test battery and the name of the professional who prepared the report if different. A brief summary of the psychologist's or psychiatrist's background and expertise in assessing learning disabilities should be attached.

**Signature:** \_\_\_\_\_

**Print Name and Title:** \_\_\_\_\_

**License # and state of issuance:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

All psychoeducational assessment reports will be kept confidential in the Office of Disability Services in compliance with the Family Rights and Privacy Act and professional and ethical standards of the Association on Higher Education and

Disability (AHEAD).

Further assessment by an appropriate profess







Thank you for your help in providing this information so that we may begin providing services as soon as possible.

**Provider's Name:** \_\_\_\_\_

**License # and state of issuance:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **DOCUMENTATION OF PSYCHOLOGICAL AND PSYCHIATRIC DISORDERS**

To support the need for reasonable and appropriate accommodations for Psychological Disorders, the student requesting services must provide documentation verifying the condition and describing its current functional impact. The documentation should provide information regarding the onset, longevity, severity and current impact of symptoms, as well as the specifics describing how it has interfered with educational achievement. Therefore, individualized assessments of current cognitive processing and educational achievement are necessary. The following questionnaire should facilitate this information gathering. Appropriate services will be based upon the specific information provided.

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**RELEASE OF INFORMATION:  
FROM DOCUMENTING PROFESSIONAL TO CSU'S DISABILITY SERVICES**

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\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\*\*\*\*\*

**CHECKLIST FOR DOCUMENTATION OF PSYCHOLOGICAL AND PSYCHIATRIC DISORDERS**

**Student's Name:** \_\_\_\_\_

**Student's SSN:** \_\_\_\_\_

The following is to be completed by the professional evaluator and may be used as a cover sheet for a complete documentation packet:

Please attach extra sheets with supporting verification and explanation for all items you circle yes, or if you prefer, write a letter on your letterhead which addresses each of the elements listed in this section.

**Diagnostic code (ICD or DSM IV-TR):** \_\_\_\_\_

**Multiaxial DSM-IV-TR diagnosis:**

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis V \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Last contact with individual: \_\_\_\_\_

**Yes / No**

List of instruments/procedures which were used to diagnose the psychological disorder?

**Yes / No**

Description of symptoms which meet the criteria for this diagnosis with

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**Yes / No**

Prognosis for therapeutic interventions (Include likelihood for improvement or further deterioration and within what approximate time frame.) The University does not provide long-term psychotherapy, but does provide short-term professional counseling services.

**Yes / No**

In addition to the diagnostic report and educational assessment, please include any other information relevant to this student's academic needs.

**Yes / No**

Describe whether this person currently poses a threat to himself /herself or to others.

**Yes / No**

Description of learning abilities specific to the postsecondary environment that are impaired by the psychiatric disability (e.g. difficulty with concentration, slow processing speed etc.)

Helpful: Describe the services or accommodations needed for exam administration, classroom or study activities or fulfillment of course requirements. Recommendations regarding effective academic accommodations to equalize this student's educational opportunities at the postsecondary level.

If this is used as a checklist or a cover sheet for a documentation packet, please provide:

**Signature:** \_\_\_\_\_

**Print Name and Title:** \_\_\_\_\_

**License # and state of licensure:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Further assessment by an appropriate professional may be required if co nm

## **DOCUMENTATION OF VISION IMPAIRMENT AND BLINDNESS**

Ophthalmologists are the primary professionals involved in diagnosis and medical treatment of individuals who are blind or experience low vision. Optometrists provide information regarding the measurement of visual acuity as well as tracking and fusion difficulties (including, but not limited to: eye movement disorders, inefficiency in using both eyes together, misalignment of the eyes, lazy eye, focusing problems, visual sensory disorders and motor integration). Fellows of the College of Optometrists in Vision Development may also provide therapy in treating the above optometric conditions. The diagnostician should be an impartial individual who is not a family member of the student.

(This section may be printed and used as a cover sheet for a documentation report for Vision Impairment and Blindness)

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\_\_\_\_\_

Social Security Number Date

\_\_\_\_\_

Signature

\*\*\*\*\*

## CHECKLIST FOR VISION IMPAIRMENT AND BLINDNESS

**Student's Name:** \_\_\_\_\_

**Student's SSN:** \_\_\_\_\_

Documentation serves as the foundation that legitimizes a student's request for appropriate accommodations. Recommended documentation includes (please attach verification and information about the functional limitations for each checklist item for which you have circled yes):

**Yes / No**

A clear statement of a vision related disability with supporting numerical description (the age of acceptable documentation is dependent upon the disabling condition, the current status of the student and the student's request for accommodations).

**Yes / No**

A summary of assessment procedures and evaluation instruments used to make the diagnosis and a summary of evaluation results including standardized scores.

**Yes / No**

Present symptoms which meet the criteria for diagnosis.

**Yes / No**

Medical information relating to the student's needs and the status of the individual's vision (static or changing) and its impact on the demands of the academic program.

**Yes / No**

Narrative or descriptive text providing both quantitative and qualitative information about the student's abilities which might be helpful in understanding the student's profile including the use of corrective lenses and ongoing visual therapy (if appropriate).

Helpful: Suggestions of reasonable accommodations which might be appropriate at the postsecondary level are encouraged. These recommendations should be supported by the diagnosis.

The Office of Disability Services can provide initial sighted guide orientation to new students to aid them in locating classrooms, services, the library, the student success center, the learning center, and other key campus locations. However, students will be expected to be able to negotiate the campus safely and independently after initial orientation.

**Ophthalmologist or Physician:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Further assessment by an appropriate professional may be required if co-existing disabling conditions are indicated. Appropriate accommodations are collaboratively determined by the st53(r)4(at)15Tterminated b9(n)62:#9 TD[(Si)-6(gnat)-Tf2(e)126 bn-1(:)]TJt\_