

VERMONT TECH

Manual of Policy and Procedures

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| <i>Title:</i> Students with Disabilities | <i>Number:</i> T 113 | <i>Page(s):</i> 4 |
| | <i>Date:</i> August 13, 2018 | |

PURPOSE

It is the policy of the Vermont Technical College to comply with the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and other applicable federal and state laws that prohibit discrimination on the basis of disability. The College will provide reasonable accommodation to qualified individuals with disabilities upon request. The Learning Specialist acts as the Disabilities Coordinator and is responsible for identifying and coordinating services to all students with disabilities.

STATEMENT OF POLICY

The dimensions of documentation discussed below have been developed as a best practices approach for defining complete documentation that both establishes the individual as a person with a disability and provides a rationale for reasonable accommodations. By identifying the essential dimensions of documentation, the college allows for flexibility in accepting documentation from the full range of theoretical and clinical perspectives. This enhances consistency and provides stakeholders with the information they need to assist students in establishing eligibility for services and receiving appropriate accommodations.

1. The credentials of the evaluator(s).

The best quality documentation is provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated. A good match between the credentials of the individual making the diagnosis and the condition being reported is expected (e.g., an orthopedic limitation might be documented by a physician, but not a licensed psychologist).

2. A diagnostic statement identifying the disability

Quality documentation includes a clear diagnostic statement that describes how the condition was diagnosed, provides information on the functional impact, and details the typical progression or prognosis of the condition. While diagnostic codes from the Diagnostic Statistical Manual of the American Psychiatric Association (DSM) or the

International Classification of Functioning, Disability and Health (ICF) of the World Health Organization are helpful in providing this information, a full clinical description will also convey the necessary information.

3. A description of the diagnostic methodology used.

Quality documentation includes a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. Where appropriate to the nature of the disability, having both summary data and specific test scores (with the norming population identified) within the report is recommended.

Diagnostic methods that are congruent with the particular disability and current professional practices in the field are recommended. Methods may include formal instruments, medical examinations, structured interview protocols, performance observations and unstructured interviews. If results from informal, non-standardized or less common methods of evaluation are reported, an explanation of their role and significance in the diagnostic process will strengthen their value in providing useful information.

4. A description of the current functional limitations

Information on how the disabling condition(s) currently impacts the individual provides useful information for both establishing a disability and identifying possible accommodations. A combination of the results of formal evaluation procedures, clinical narrative, and the individual's self report is the most comprehensive approach to fully documenting impact. The best quality documentation is thorough enough to demonstrate whether and how a major life activity is substantially limited by providing a clear sense of the severity, frequency and pervasiveness of the condition(s).

5. A description of the expected progression or stability of the disability

It is helpful when documentation provides information on expected changes in the functional impact of the disability over time and context. Information on the cyclical or episodic nature of the disability and known or suspected environmental triggers to episodes provides opportunities to anticipate and plan for varying functional impacts. If the condition is not stable, information on interventions (including the individual's own strategies) for exacerbations and recommended timelines for re-evaluation are most helpful.

6. A description of current and past accommodations, services and/or medications

The most comprehensive documentation will include a description of both current and past medications, auxiliary aids, assistive devices, support services, and accommodations, including their effectiveness in ameliorating functional impacts of the disability. A discussion of any significant side effects from current medications or services that may impact physical, perceptual, behavioral or cognitive performance is helpful when included in the report.

While accommodations provided in another setting are not binding on the current institution, they may provide insight in making current decisions.

7. Recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services.

Recommendations from professionals with a history of working with the individual provide valuable information for review and the planning process. It is most helpful when recommended accommodations and strategies are logically related to functional limitations; if connections are not obvious, a clear explanation of their relationship can be useful in decision-making. While the post-secondary institution has no obligation to provide or adopt recommendations made by outside entities, those that are congruent with the programs, services, and benefits offered by the college or program may be appropriate. When recommendations go beyond equitable and inclusive services and benefits, they may still be useful in suggesting alternative accommodations and/or services.

Determining and Providing Accommodations

Reasonable academic accommodations will be determined in a collaborative process by the Learning Specialist and the individual student. This determination will be based on the information provided as documentation, the nature of the specific disability, a structured interview process between the student and the Learning Specialist, with consultation with faculty as needed. Disclosure and sharing of such information regarding a disability is solely a student right and responsibility.

Requests for housing accommodations may be made to the Learning Specialist or to the Assistant Dean for Campus Life. Documentation for these requests should be sent directly to the Learning Specialist. Requests will be reviewed by the Assistant Dean for Campus Life and the Learning Specialist, and when appropriate, the Health Services office. Decisions will be made based on the timing of the request, the nature of the disability and housing availability.

Appeal of Proposed Accommodations

If a student feels that the classroom accommodations that have been determined to be appropriate do not meet his/her needs, the student has the right to appeal this decision to the Academic Dean.

If an instructor does not agree that a request for accommodation is appropriate for the class, the instructor should notify the Learning Specialist, and make an appeal to the Academic Dean. The Academic Dean will form a committee comprised of the Dean, appropriate department personnel, the Learning Specialist, and other members as needed, to review the instructors concerns.

Appeals for non-classroom related accommodations, such as housing adjustments, should be made to the Dean of the College.

Confidentiality

All information regarding a disability is considered part of a student's educational record and is covered under the Family Education Right to Privacy Act (FERPA). All records and documentation of a disability will be kept in a confidential file in the Learning Specialist's office.

In keeping with the established FERPA guidelines, faculty and staff should not disclose information regarding a student's disability to other students or personnel without the student's written permission.

POLICY MODIFICATION HISTORY

- I. The following dates reflect chronological changes made to this policy which are henceforth considered deprecated.
 - a) September 1990
 - b) August 1992
 - c) April 2005
 - d) November 2005
 - e) July 2009
 - f) August 13, 2018

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| Signed By:  Patricia Moulton President |
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