

The University of Scranton

Disability Statement for Students with Disabilities

Disability Statement

The University of Scranton is committed to providing equal access to educational opportunities to qualified students with physical or mental disabilities, in accordance with Section 504 of Rehabilitation Act of 1974 and the Americans with Disabilities Act. Students requesting accommodation of: (1) a disability, which is a physical or mental impairment that substantially limits one or more major life activities; and (2) a need for accommodation, by virtue of the specific functional limitations of the disability, in order to have equal access to educational opportunities.

The University intends that the information which follows will facilitate an interactive process of dialogue and timely exchange of information between the student and the Center for Teaching & Learning Excellence (CTLE).

Who Needs to Know This Information

Students, Faculty, and Staff

Relationship to Other Documents

This Disability Statement applies to students with any disability. The University also relies upon ETS Documentation Guidelines that are disability-specific. They are listed below in the areas which outline documentation guidelines for specific disabilities:

- Attention Deficit/Hyperactivity Disorders (ADHD)
- Autism Spectrum Disorder
- Blindness and Low Vision
- Deaf/Hard of Hearing
- Intellectual Disabilities
- Learning Disabilities
- Physical Disabilities and Chronic Health Conditions
- Psychiatric Disabilities
- Traumatic Brain Injury

Students with more than one disability should provide documentation for each diagnosed disability for which they wish to receive an accommodation. In some cases, a student may need to consult more than one set of documentation guidelines.

The above list of disability types is not intended to be exhaustive. Students who have disabilities that are not included on this list should follow the guidelines for documentation as outlined on CTLE web site.

This Disability Statement along with the individual guidelines, addresses how the Americans with Disabilities Act (ADA) defines a disability, as well as provides detailed information regarding what is required when submitting documentation to support evidence of a disability.

Use of this Document

This Disability Statement, along with the relevant documentation guidelines,¹ are to be used by college personnel to determine appropriate accommodations for students with physical and mental disabilities, such as a learning disorder (LD), physiological disorder or condition, orthopedic impairment, mental disorder, visual, speech, and/or hearing impairment, Attention psychiatric/psychological/emotional disorder, or other disability. The University of Scranton approaches such requests with the belief that each student's circumstance is unique and that a flexible approach should be taken in determining appropriate accommodations.

What is a “Disability”?

The ADA (Americans with Disabilities Act) defines a disability, with respect to an individual, “a physical or mental impairment that substantially limits one or more of the major life activities of such individual, a record of such an impairment, or being regarded as having such an impairment” (42 U.S.C & 12102 [2]). The University of Scranton adheres to this definition.

Following are clarifications of the key elements of this definition:

A. Physical or Mental Impairment

The First element of the ADA definition, referencing a *physical or mental impairment*, is the first thing a student requesting accommodations on the basis of a disability must support through adequate documentation. Collectively conditions and syndromes are referred to as “physical or mental impairments,” and if any of the following impairs a student's ability to fully access the University of Scranton's programs, that student should pursue accommodations based on his or her disability.

The phrase **physical impairment** is very broad. It includes any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine, as well as any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

¹ The information has been adapted from disability documentation guidelines developed by the Educational Testing Service (ETS).

The phrase “**physical or mental impairment**” includes, but is not limited to, such contagious and noncontagious diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

The terms “psychiatric disabilities,” “psychological disabilities,” and “emotional disabilities” are used interchangeably in this policy. The diagnoses and diagnostic criteria in the Diagnostic and Statistical Manual, Fifth Edition (DSM-V-TR) and the International Classification of Diseases Manual, Tenth Revision (ICD-10) are generally accepted as constituting the collective body of classifications of physical and mental impairments.

A person shall not be regarded as having a physical or mental impairment when he or she is suffering from an impairment that is transitory or minor. Transitory impairments have an actual or expected duration of six months or less.

B. Substantial Limitation in a Major Life Activity

The second key concept in the ADA definition of a disability is a “*substantial* limitation in a *major life activity*.” A major life activity refers to a basic activity that the “average person performs with little or no difficulty.”

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, operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Substantial Nature of the Limitation

Once it has been established that an individual has an impairment that affects a major life activity, the next factor that must be documented is the extent of the impairment on the life activity. The impairment must have a **substantial** impact on a major life activity before the existence of a “disability,” as defined by the ADA, is established. A person who has a substantial limitation, as determined by the **nature, severity, duration, and long-term or permanent impact of the impairment on a major life activity** is protected under the ADA. In determining the level at which an impairment impacts an individual, the University of Scranton endeavors to support the rights of an otherwise qualified person with physical or mental disabilities to fully participate in all aspects of the residential educational experience free from prejudice, antiquated attitudes, or the failure to remove societal and institutional barriers.

Note that the mere existence of a physical or mental impairment does not establish a need or an entitlement to accommodations under section 504 or the ADA. A student seeking accommodations must provide documentation that establishes that his or her impairment substantially limits a major life activity.

An impairment that substantially limits one major life activity need not limit other major activities in order to be considered a disability.

An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

C. Record of an Impairment

A person with a record or history of an impairment that substantially limits a major life activity also meets the ADA's definition of an individual with a disability. Examples include a person who has a history of a mental or emotional illness, drug addiction, alcoholism, heart disease, or cancer. An individual who has been misclassified as having impairment, (such as a person misdiagnosed as being mentally retarded or emotionally disturbed) is also protected under the ADA.

D. Being Regarded as Having an Impairment

The final element of the definition of a disability under the ADA pertains to individuals who are regarded as having an impairment that would be protected from discrimination if that impairment actually existed. If an individual establishes that he or she has been subject 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, he or she is entitled to protection provided by the ADA.

E. Mitigation Measures or Interventions

The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures or interventions, such as:

- (1) 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;
- (2) Use of assistive technology;
- (3) Reasonable accommodations or auxiliary aides or services; or
- (4) Learned behavior or adaptive neurological modifications

The ameliorative effects of the mitigating measures of ordinary eyeglasses or contact lenses shall be considered in determining whether an impairment substantially limits a major life activity. "Ordinary eyeglasses or contact lenses" refers to lenses that are intended to fully correct visual acuity or eliminate refractive error; "low-vision devices" refer to devices that magnify, enhance, or otherwise augment a visual image."

Documentation of Disability

Information on how the disabling condition 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, a clinical narrative, and the individual's self-report is the most comprehensive approach to fully document the impact. The documentation must be 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.

Submitting information and documentation that is less than comprehensive is not in a student's best interest because doing so may cause unnecessary delays in decision-making related to the assessment of the disability and the provision of accommodations.

Providing a history of prior accommodations is useful, but that history does not in itself establish the current need for an accommodation or a need for the same accommodation. If accommodations were not previously provided, the qualified professional should include a detailed explanation of why no accommodations are needed at this time.

Insert Disclosing and Documenting a Disability Link

1. Evaluator qualifications

The evaluator must be a qualified licensed professional with experience and expertise in the area for which accommodations are being requested. Comprehensive training, certification, and relevant experience in differential diagnosis are essential.

Professionals conducting assessments, rendering diagnoses, and making recommendations for accommodations must be licensed or otherwise credentialed professionals who have undergone appropriate and comprehensive training in the area which they are assessing in some cases, it may be appropriate to use a clinical team approach consisting of a variety of educational, medical, and counseling professionals with training in evaluation of the individuals with disabilities. The evaluators must be professionally qualified to conduct their particular assessments and render a diagnosis. Use of diagnostic terminology by someone whose qualifications, training, and experience are not in these fields will not be persuasive. Also, documentation provided through a professional's evaluation of a family member will not be accepted.

The name, title, and professional credentials of the evaluator—including information about license or certification as well as the area of specialization—should be clearly stated in the documentation. All reports should be on letterhead and should be signed and dated. Documentation that is not clearly legible will not be considered.

2. Recency of documentation

Documentation must reflect the current functional impact the disability has on the student's learning or other major life activity and the degree to which is impact the individual in the context (classroom, residential, etc.) for which accommodations are requested. Documentation must therefore be recent. The university does not have a single standard that applies to all disabilities. This is because the impact of some disabilities is predictably constant, while the impact of other disabilities is predictably variable over time. The age of acceptable documentation is dependent on the disabling condition, the current status of the student and the student's request for accommodation.

The university acknowledges that some disabilities (such as learning disabilities, pervasive developmental disorders, TBIs, visual and hearing impairments, and other impairments) carry across an individual's lifetime and that once an individual is diagnosed with a lifelong disability he or she is protected under the Americans with Disabilities ACT (ADA). Although the disability may be ongoing, the severity and manifestations of the condition and the environment for which accommodations are requested may change over time. In order to assure that appropriate

accommodations of a disability be no more than three (3) years old when submitted. Documentation of a disability with greater variability over time must be no more than one (1) year old when submitted. This applies, for example, to emotional/psychological/psychiatric disabilities. It also applies in situations where medication or changing in medication are likely to be influential factors. If a student has any question about what time period will apply in his or her case, the student is encouraged to contact the Center for Teaching & Learning Excellence (CTLE) at the University of Scranton.

3. Comprehensiveness of the documentation

Documentation must be comprehensive to support the diagnosis of a disability. Documentation must include a clear diagnostic statement that describes how the condition was diagnosed, provides information on the functional limitations in the educational environment, and details the typical progression or prognosis of the condition.

Documentation is to include the following components:

- A specific diagnosis
- Relevant developmental, historical, and familial data
- History of presenting symptoms
- Duration and severity of the disability
- Relevant medical and medication history, including the individual's current medication or treatment regimen compliance (including therapy), side effects, and response to medication or treatment, if applicable
- A description of the current functional limitations in the academic environment as well as across other settings (learning, residential, etc.)

When applicable, documentation should include discussion of both current and past medications, auxiliary aids, assistive devices, support devices, and accommodations, including their effectiveness in ameliorating functional impacts of the disability. Documentation should also include a discussion of any significant side effects from current medications or therapies that may impact physical, perceptual, behavioral or cognitive performance across the academic setting (learning, residential, etc.).

A plan used in high school such as an individualized educational program (IEP) or a Section 504 service agreement, may be informative background information but would not, by itself, be sufficient.

4. Diagnostic methodology used

Documentation is to include a summary of the diagnostic criteria such as clinical tools, evaluation instruments, assessment procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. Where appropriate to the nature of the disability documentation should include summary data and specific test scores (with standardized scores and norming population identified) within the report.

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 and explanation of their role

and significance in the diagnostic process will strengthen the documentation in providing useful information.

For learning disabilities, documentation must minimally address: aptitude (such as through an IQ score), achievement (in reading, math, and written expression), and processing (such as visual processing and auditory processing). A narrative or descriptive text providing both quantitative and qualitative information about the student's abilities must be helpful in understanding the student's profile, including functional limitations.

5. Multiple diagnoses

If a student wants the university to take into account more than one impairment, the student's documentation must meet the requirements for each impairment. A student may present documentation from more than one evaluator.

6. Accommodations recommended

Documentation must include specific recommendations or requests for accommodations that are realistic and are appropriate at the post-secondary level. A detailed explanation as to why each accommodation is recommended must be provided, and should correlate with specific functional limitations on the student in the college environment (learning, residential, etc.) as determined through interview, observations, and/or testing.

If the requested accommodations are not clearly identified in the documentation, the CTLE staff will seek clarification and, if necessary, more information. The staff will consult collaboratively with the student to determine appropriate accommodations. However, the University's ADA Committee will make the final determination of whether appropriate and reasonable accommodations are warranted and can be provided to the individuals.

Disability Grievance Procedure

A student wishing to bring a complaint against the college or a member of the staff or administration based upon a violation of this policy or any other failure to properly respond to a disability as a characteristic protected by law under the Americans With Disabilities Act or Section 504 of the Rehabilitation Act of 1973 should refer to the University's Grievance Policy, <https://www.scranton.edu/academics/ctle/disabilities/pages/documents/Accommodation%20Grievance%20Form.pdf>

Confidentiality of Students Records

The University of Scranton implements the federal law that gives students a large measure of control over the release of student records. (This law is the Family Educational Rights and Privacy Act – FERPA.) The law defines “student records” broadly; those records include any student-specific information provided as part of the disability documentation process. The University will not provide any such records to any parties beyond those who have a legitimate educational interest in the information, or a legitimate health or safety interest, unless consent is given. <http://catalog.scranton.edu/content.php?catoid=36&navoid=4248>

Subject to Annual Review

Sources: *Americans with Disabilities Act (ADA)*, *ADA Amendments Act of 2008*; *Rehabilitation Act*; Association of Higher Education and Disabilities (AHEAD)'s *Seven Essential Elements of Quality Disability Documentation*; Educational Testing Service (ETS); *Encyclopedia of Special Education: A Reference for the Education of the Handicapped and Other Exceptional Children and Adults*. Hoboken: Wiley, 2006, University of Connecticut Center for Students with Disabilities Documentation Guidelines.

Rev. Fall 2017