



# DISABILITY RESOURCE GUIDE AND PROCEDURAL STANDARDS

**Guidelines for Mississippi Delta Community Co. designated ADA/504 Coordinators faculty, students and administration in compliance with the federal mandated laws (ADA and Section 504) and legal precedents.**

Mississippi Delta Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: The Associate VP for Institutional Effectiveness, Boggs-Scroggins Student Services Center, P.O. Box 668, Moorhead, MS 38761, 662-246-6558.

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## **Introduction**

This resource guide is not a contract. Its contents serve as a guideline, designed for use by Mississippi Delta Community College's ADA/504 Coordinators, students, faculty and administrators for describing the "method of administration" and/or the process, policies and procedures necessary for providing reasonable accommodations and ensuring "equal access" for students with disabilities. The policies and procedures contained in this guidebook may be changed at any time, with or without notice.

## ADA/504 COORDINATORS

The ADA/504 Coordinators are responsible for coordinating reasonable accommodations in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. The Disability Resources Guide is provided for direction of their coordination. The ADA/504 Coordinators are committed to creating a positive campus environment, where students with disabilities are encouraged to pursue careers of major fields of study related to their personal interest and abilities. Some of their major responsibilities include:

1. Serve as an advocate for students with disabilities to ensure equal access.
2. Provide disability services representation on relevant campus committees.
3. Disseminate information through college publications regarding disability services and how to access those services.
4. Provide information and guidance to services that promote access to the campus community
5. Provide referral information to students with disabilities regarding available campus and community resources.
6. Implement guidelines for student rights and responsibilities related to determining eligibility based on appropriate documentation of a student's disability.
7. Implement policies and procedures for regarding confidentiality of information.
8. Implement established policies and procedures for determining and accessing "reasonable accommodations" for "otherwise qualified students" with a disability.
9. Implement policies and guidelines for setting a formal complaint regarding the determination of a reasonable accommodation.
10. Provide consultation with faculty regarding academic accommodations, compliance with legal responsibilities, as well as institutional programmatic, physical and curriculum modifications.
11. Provide feedback to faculty regarding general assistance throughout their coordination that provides services to students with disabilities.
12. Assist in training programs related to disability services and provide individualized training to faculty, staff and students.
13. Monitor records that document the plan for the provision of related accommodations and/or denial of accommodations.
14. Determine with the students appropriate accommodations and/or academic adjustments consistent with the students' documentation. Send letters to instructors requesting accommodations such as the use of a note taker, use of tape recorders in class, extended test time, alternative test formats, enlarged print and preferential seating.
15. Responsible for making professional judgment in regard to determining academic accommodations that do not fundamentally alter the program of study.
16. Advocate for instruction in learning strategies (attention and memory strategies, time management, organization, goal setting, problem solving).
17. Coordinate accommodations and services available (on-campus and/or off-campus) for students with disabilities based on the college's mission or service philosophy.
18. Assist in the collection of student feedback to measure disability services.
19. Assist in the collection of data to monitor use of disability services.

The above is not a complete list of duties and responsibilities but is representative of the type of activities and responsibilities involved that the ADA/504 Coordinator will be responsible for in this role.

## Designated ADA/504 Coordinators

ADA/504 Coordinators are designated according to area of expertise and location. Specific individuals are chosen according to knowledge of disability services and ability to serve students with disabilities in the specific division of the college. Please refer to the list below to determine which designated ADA/504 Coordinator you should contact according to specific divisions of the college:

### Moorhead Campus:

Frances Williams	Tel: (662) 246-6251
P.O. Box 668	Fax: (662) 246-8627
Moorhead, MS 38761	E-mail: <a href="mailto:fwilliams@msdelta.edu">fwilliams@msdelta.edu</a>

### Greenville Campus:

Pam Venton	Tel: (662) 332-8011
P. O. Box 668	Fax: (662) 378-5349
Moorhead, MS 38761	E-mail: <a href="mailto:pventon@msdelta.edu">pventon@msdelta.edu</a>

### Greenwood Center:

Katie Jones	Tel: (662) 453-7377
P. O. Box 668	Fax: (662) 453-2043
Moorhead, MS 38761	E-mail: <a href="mailto:kjones@msdelta.edu">kjones@msdelta.edu</a>

## **Disability Support Services Committee**

The Coordinator of Student Disability Services chairs the Disability Support Services Committee. The President of Mississippi Delta Community College appoints the members of this committee. The committee is comprised of Mississippi Delta Community College faculty and staff.

The purpose of the Disability Support Services Committee is to provide support related to professional judgment decisions of the ADA/504 Coordinator and all policies and procedures related to disability accommodations provided to MDCC students, including documentation standards, grievance procedures, the accommodations process, and the locations of accessible facilities and services. The goal is the adoption of policies and procedures by the administration to “ensure that disability related accommodations are provided to students” in compliance with federal statutes (American with Disabilities Act/ADA and Section 504 of the Rehabilitation Act of 1983).

Meeting Schedule: As needed; Meetings are called by the Chair

Williams, Frances (Chair)-Disability Services Coordinator  
Webster, Teresa-Vice-President of Instruction  
Failing, Kate-Counselor



## THE ADA AND ITS IMPACT

### The Law

The Americans with Disabilities Act of 1990 (ADA) is the civil rights guarantee for persons with disabilities in the United States. It provides protection from discrimination for individuals on the basis of disability. The ADA extends civil rights protections for people with disabilities to employment in the public and private sectors, transportation, public accommodations, services provided by state and local government, and telecommunications relay services. Built upon a body of existing legislation, particularly the Rehabilitation Act of 1973 and the Civil Rights Act of 1964, President George Bush signed the law July 26, 1990.

The prototypes for the ADA are the 1964 Civil Rights Act, which prohibits discrimination based on race, color, sex, religion, and national origin in employment, public accommodations and the provisions of the state and local government services, and Section 504 of the Rehabilitation Act, which states that “ No otherwise qualified person with a disability in the United States...shall, solely by reason of ...disability, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

**The ADA has five titles**, which cover employment, public services and transportation, public accommodations, telecommunications, and miscellaneous provisions.

- **Employment (Title I)** – The ADA prohibits employers with 15 or more employees (25 or more workers after the effective date) from the discrimination against qualified job applicant and workers who are or become disabled. The law covers all aspects of employment, including the application process and hiring, on-the-job training, advancement and wages, benefits and employer-sponsored social activities.

A qualified disabled person is someone, with or without a reasonable accommodation, can perform the essential functions of the job in question. An employer must provide reasonable accommodations for disabled workers, unless that would impose an undue hardship on the employer.

- **Public Service and Transportation (Title II)**- Title II of the ADA prohibits state and local governments from discriminating against disabled people in their programs and activities.

The law requires bus and rail transportation to be accessible to disabled passengers. ADA does not cover air transportation. New public buses and new train cars in commuter, or subway, inter-city (Amtrak) and light rail systems must be accessible to disabled riders. All new stations and facilities and “key” subway and light rail stations must be made accessible. Where fixed-route- and rail bus service is offered a public transit agency must also offer paratransit service.

- **Public Accommodations (Title III)** - The ADA prohibits privately operated public accommodations from denying goods, programs and services to people based on their disabilities. Covered businesses must accommodate disabled patrons by changing policies and practices, providing auxiliary aids and improving physical accessibility, unless that would pose an undue burden.

New and renovated commercial buildings must be accessible. Existing public accommodations must remove architectural barriers where such removal is “readily achievable.”

Title also requires providers of private transportation services, such as private bus lines and hotel vans, to make their vehicles and facilities accessible.

- **Telecommunications (Title IV)** - Title IV of the ADA requires telephone companies to provide continuous voice transmission relay service that allows hearing-and-speech-impaired people to communicate over the phone through telecommunications devices for the deaf. In addition, Title IV requires that all federally funded television public service messages be close-captioned for hearing-impaired viewers.
- **Other Provisions (Title V)**- Miscellaneous provisions in title V require: the Access Board to issue accessibility standards; attorney’s fees to be awarded to prevailing parties in suits filed under the ADA; and federal agencies to provide technical assistance. Title V states specifically that illegal use of drugs is not a covered disability under the act. It also provides that states are not immune from suits under the ADA and that other federal, state and local laws that provide equal or greater protection to individuals with disabilities are not superseded or limited by ADA.

#### **A person with a disability includes...**

“ any person who (1) has a physical or mental impairment which substantially limits one or more major life activities, (2) has a record of such an impairment, or (3) is regarded as having such an impairment.”

#### **A “qualified person with a disability” is defined as one...**

“who meets the academic and technical standards requisite to admission or participation in the education program or activity.”

#### **Under the provisions of Section 504...**

Universities may not discriminate in the recruitment, admission, educational process, or treatment of students. Students who have self-identified, provided documentation of disability, and requested reasonable accommodations are entitled to receive approved modifications of programs, appropriate academic adjustments, or auxiliary aids that enable them to participate in and benefit from all educational programs and activities.

## WHO IS DISABLED?

- Physical or mental impairment
- Substantially limits
- Major life activity

## WHEN REGARDED AS DISABLED AN INDIVIDUAL MUST SHOW:

- Institution entertained misperceptions
- Impairment's existence
- Extent of the actual impairment's limitations
- Institution considered impairment to substantially limit major life activity

## MAJOR LIFE ACTIVITIES

Including *but not limited to*:

- Seeing
- Hearing
- Speaking
- Walking
- Breathing
- Caring for oneself
- Performing manual tasks
- Working
- Learning

## WORKING AS A MAJOR LIFE ACTIVITY

Individual must show that impairment substantially limits ability to perform:

- Class of jobs or
- Broad range of jobs in various classes

An inability to perform a particular job does not render one substantially limited in major life activity of work

*Sutton v. United Airlines*  
*Murphy v. UPS*

## WHAT IS 'SUBSTANTIALLY LIMITS'?

"The ADA does not define 'substantially limits,' but 'substantially' suggest 'considerable' or 'specified to a large degree.'"

*Sutton v. United Airlines, Inc., --- U. S. ---, 119 S.Ct. 2139 (1999)*

Substantially limits means:

- Unable or
  - Significantly *restricted* in the manner, condition or duration of doing the major life activity
- Compared to the *average* person

## MITIGATING MEASURES

Mitigating measures which must be considered in determining if an impairment is substantially limiting would be medication, corrective lenses, prosthetic devices, etc.

*Sutton v. United Airlines*

## IS THERE A DUTY TO MITIGATE?

Tenth Circuit says yes there is a duty to mitigate.

*McGuinness v. University of New Mexico School of Medicine*

**BE CAREFUL!**

# REASONABLE ACCOMMODATIONS

A reasonable accommodation is a modification or adjustment to a course, program, service, job, facility, or activity that enables a qualified person with a disability to have an equal opportunity to participate.

Institutions are obligated to make reasonable accommodations only to known limitations of an otherwise qualified individual.

Accommodations are determined by examining:

1. Is the individual a “person with a disability”?
2. Is the individual “otherwise qualified”?
3. What are the barriers resulting from the interaction between the documented disability and the campus environment?
4. What are possible accommodations, modifications, or adjustments that might remove the barriers?
5. Without these accommodations, would the individual still have meaningful access to the program, service, or activity?
6. Would these accommodations compromise the essential elements of the curriculum?
7. Would these accommodations require a fundamental alteration in the nature of the program, service, or activity?

Accommodations are unreasonable when:

- Fundamentally alter the nature of the training program
- Comprise the essential elements of the program
- Cause an undue financial or administrative burden
- Endanger the safety of patients, self or to others

## MEANINGFUL ACCESS ENVIRONMENTS

Physical Environment

Programmatic/Policy Environment

Information Environment

Attitudinal Environment

## CREATING A WELCOMING ENVIRONMENT

- Syllabus statement
- Empowering, inclusive art or posters on walls
- Encouraging, welcoming language in student bulletins and handbooks
- Inclusive on-campus programming
- Include disability in discussions of diversity

## **DISCLOSURE FEARS**

- Will be treated differently
- May impact getting a residency, job, or internship
- Will raise questions regarding being qualified

## **STUDENT'S ROLE**

- Provide medical and/or psychological documentation to Disability Services
- Participate in process of determining and implementing reasonable accommodations
- Inform Disability Services when accommodations are not working, need to be modified or symptoms change

## **FACULTY ROLE**

- Referral to Disability Services
- Participate in process to determine and implement reasonable accommodations
- Identify essential course components for accommodations to be determined
- Request assistance (from Disability Services) with accommodation implementation, or consultation

## **DISABILITY SERVICES ROLE**

- Maintain medical/psychological documentation in a confidential manner
- Determine if condition(s) are a disability in accordance with state and federal laws
- Identify and assist with implementation of reasonable accommodations
- Request updated documentation when symptoms change to determine if accommodations need to be modified
- Provide information and referral to campus and community resources to resolve disability-related issues



# RESPONSIBILITIES

## Responsibilities of the Students

Students with disabilities have the responsibility to:

1. Self-identify concerning disability status to the office of disability services in a timely manner.
2. Provide disability documentation that is as recent as within the last three years.
3. Request necessary accommodations.

## Responsibilities of Faculty/Staff Members

### If Notified in Writing

Faculty/staff members have the responsibility to cooperate with the office of disability services in providing authorized accommodations in a reasonable and timely manner.

### If Not Notified in Writing

If a student requests accommodation and the faculty/staff member has not been notified of the student's need for accommodation, then the faculty/staff member should refer the student to the office of disability services. If the disability is visible and the accommodation appears appropriate, the faculty/staff member should provide the accommodation while awaiting official notification.

### If Question Appropriateness of Accommodation

If a faculty/staff member has questions about the appropriateness of certain accommodations, the office of disability services should be contacted for further clarification. The faculty/staff member should continue to provide accommodations while the issue is being resolved. When a student uses a tape recorder in the classroom, it is appropriate to ask the student to sign an agreement not to release the recording or otherwise obstruct the copyright.

**Faculty and staff DO NOT have the right to access the student's diagnostic information or fail to provide the authorized accommodation. Faculty and staff DO have the right to request the specific reasonable accommodations.**

## Shared Responsibilities

Students with disabilities have the responsibility to report their needs to the faculty in a timely manner as faculty are not required to anticipate special student needs. Faculty/staff members should keep students in mind when making special class arrangements such as field trips. Faculty/staff should state on the syllabus that students inform them of their special needs as soon as possible to ensure that those needs are met in a timely manner. If a student waits until the day of an exam to ask for extended time or a separate testing area, the student has failed to make the request in a timely manner. If the student fails to ask for extended time until late in the semester, the instructor is only required to provide accommodations from that time and does not need to offer make up exams.

When a student discloses a disability, faculty/staff members should ask what they could do to facilitate learning. Often it is as simple as allowing the student to sit in the front of the class.

Faculty/staff members may not discourage students from specific fields of study if the student meets admission requirements and maintains the appropriate grades and is otherwise qualified. Faculty/staff members are responsible to provide an education and the student is responsible to maintain the academic requirements.

# DEFINING UNDUE HARDSHIP

Undue hardship is defined as unduly suffering or difficulty in light of the circumstances.

## Factors to consider:

- The cost, including the financial burden it would place on the college and the department within the college;
- The nature of the accommodation and its impact on the college and the department; and
  - the number of employees and their function at the college and the department

## Tools to use in determining undue hardship:

Academic Standards

Test scores, GPA, class rank, required courses

Technical Standards

All nonacademic criteria that are essential to participate in the program (skills, attitudes, experiences, and physical requirements)

Essential Requirements/Components

The expected or desired outcomes of the program or course, including skills, knowledge, judgments and attitudes, demonstrated with or without reasonable accommodation.

## Barriers to Overcome:

Time and Effort

Attitudes

Trust

Lack of "Good" examples

## Incentives to Use:

Accreditation

Planning for accommodating students in clinical settings

Benefits all students-particularly those being dismissed

Encourages updating of course objectives

Assistance with committee formation and gathering material

## GENERAL ELIGIBILITY REQUIREMENTS WHO IS PROTECTED UNDER THE LAW?

A "person with a disability" includes "any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment."

A "qualified person with a disability" is defined as one who meets the requisite academic and technical standards required for admission or participation in the postsecondary institution's programs and activities. Section 504 protects the civil rights of individuals who are qualified to participate and who have disabilities such as, but not limited to, the following:

- Blindness or visual impairments
- Cerebral palsy
- Chronic illnesses, such as:
  - AIDS
  - cancer
  - diabetes
  - muscular dystrophy
  - arthritis
  - cardiac diseases
  - multiple sclerosis
  - psychiatric disabilities
- Deafness or hearing impairments
- Drug or alcohol addiction (Section 504 covers former users and those in recovery programs and not currently using drugs or alcohol.)
- Epilepsy or seizure disorders
- Mental retardation
- Orthopedic impairment
- Specific learning disability
- Speech disorder
- Spinal cord or traumatic brain injury

*What Can Colleges and Universities Do to Implement Program Modifications?*

Postsecondary institutions can make modifications for students with disabilities such as:

- Removing architectural barriers
- Providing services such as readers for blind or learning disabled individuals, qualified interpreters and note takers for deaf and hard of hearing students, or note takers for students with learning disabilities or mobility impairments. (Colleges and universities may, *but need not*, provide aids, devices or services of a personal nature, such as personal assistants, wheelchairs or special certified tutors.)
- Providing modifications, substitutions, or waivers of courses, major fields of study, or degree requirements on a case-by-case basis. Such accommodations need not be made if the institution can

demonstrate that the changes requested would substantially alter essential elements of the course or program.

- Allowing extra time to complete exams
- Permitting examinations to be individually proctored, read orally, dictated or typed
- Increasing the frequency of tests or examinations
- Changing test formats, e.g., from multiple choice to essay
- Using alternative forms for students to demonstrate course mastery, e.g., a narrative tape instead of a written journal
- Permitting the use of computer software programs or other assistive technological devices to assist in test-taking and study skills.

# COMMON DISABILITIES

## ORTHOPEDIC/MOBILITY IMPAIRMENTS

A variety of orthopedic/mobility-related disabilities result from congenital conditions, accidents, or progressive neuromuscular diseases. These disabilities include conditions such as spinal cord injury (paraplegia or quadriplegia), cerebral palsy, spinal bifida, amputation, muscular dystrophy, cardiac conditions, cystic fibrosis, paralysis, polio/post polio, and stroke. Functional limitations and abilities vary widely even within one group of disabilities. Accommodations vary greatly and can best be determined on a case-by-case basis.

Accommodations may include, but are not limited to:

- Accessible location for the classroom and place for faculty to meet with student
- Special seating in classrooms
- Note takers, use of tape recorders, laptop computers, or photocopying of peer notes
- Test accommodations: extended time, separate place, scribes, access to word processors
- Special computer equipment/software: voice activated word processing, word prediction, keyboard modification
- Adjustable lab tables or drafting tables for classes taught in lab settings
- Lab assistance
- Accessible parking in close proximity to the building
- Course waiver or substitution for certain students
- Taped texts
- Advance planning for field trips to ensure accessibility

*If you want to know more about orthopedic/mobility impairments...*

Students with orthopedic/mobility impairments may have any of the following conditions:

- Pain, spasticity, or lack of coordination
- Flare-ups of intensity of the symptoms
- Periods of remission in which little or no symptoms are visible
- Inability to walk without crutches, canes, braces, or walkers
- Ability to stand or walk and use wheelchair to conserve energy or gain speed
- Inability to stand or walk and use wheelchair for total mobility
- Limited lower body use but full use of arms and hands
- Limited use of lower body and limited use of arms and hands
- Impairment of speech or hearing
- Limited head or neck movement
- Decreased physical stamina and endurance
- Decreased eye-hand coordination

## **Disabilities that generally restrict mobility functioning:**

### Cerebral Palsy

The term applies to a number of non-progressive motor disorders of the central nervous system. The effects can be severe, causing inability to control bodily movement, or mild, only slightly affecting speech or hearing. The term is a general classification for stable cerebral lesions that usually occur at or before birth.

### Spinal Cord Injury

In damage to the spinal cord, the level of injury determines the extent of the resultant paralysis and sensory loss. Injuries below the first thoracic nerve root (T1) level result in paraplegia, a spastic paralysis of the lower extremities. Injuries above the T1 level result in quadriplegia, a spastic or flaccid paralysis of the lower and upper extremities. The injury may be complete or incomplete.

### Degenerative Diseases

Progressive diseases include muscular dystrophy and multiple sclerosis that may limit gross motor functions and/or fine motor activity.

### Post-Polio Syndrome

A variety of problems are presumed to be the late effects of polio and the symptoms may include fatigue, weakness, shortness of breath, and pain.

### Motor Neuron Diseases

A group of disorders such as Amyotrophic Lateral Sclerosis (ALS) , Progressive Bulbar palsy (PBP), Progressive Spinal Muscular Atrophy, and Charcot-Marie-Tooth disease produce symptoms such as pain, numbness, weakness, loss of upper and lower motor functions, and problems in breathing.

## **BLINDNESS/VISUAL IMPAIRMENTS**

Visual impairments include disorders in the sense of vision that affect the central vision acuity, the field of vision, color perception, or binocular visual function. The American Medical Association defined legal blindness as visual acuity not exceeding 20/200 in the better eye with correction, or a limit in the field of vision that is less than a 20-degree angle (tunnel vision). Tumors, infections, injuries, retrolental fibroplasias, cataracts, glaucoma, diabetes, vascular impairments, or myopia may cause legal blindness. Visual disabilities vary widely. Some students may use a guide dog, others a white cane, while others may not require any mobility assistance.

Accommodations may include, but are not limited to:

- Reading lists or syllabi in advance to permit time for transferring into alternate format
- Text books ordered in the preferred medium of the student
- Seating in the front of the class without glare from windows
- Tape recording of lectures and class discussions
- Note taking devices such as pocket Braille computers

- Handouts in the medium that the student prefers
- Clear black print on white or pale yellow paper for students with visual impairments
- Testing accommodations: Taped tests, reading of tests, scribe, extended time, separate place, enlarged print, computer word processing software with speech access
- Materials presented on the board or on transparencies read out loud
- Lab assistance
- Advance notice of class schedule changes

Types of alternate format of printed material for students with blindness/visual impairments include:

- Audio Tape
  - Most textbooks can be ordered on tape from Recordings for the blind and Dyslexic (1-800-221-4792)
- Large Print
  - Standard sized materials can be enlarged on a copier using 11" X 17" paper.
- Computer Disk can be used to convert the text of materials to ASCII format
- Braille
  - Adaptive equipment will be necessary to provide alternate format in Braille; however, Braille is probably the least requested alternate format for students with blindness

*If you want to know more about blindness...*

Students with no light perception or no functional vision may rely on a white cane, a guide dog, or a sighted guide for mobility purposes. Guide dogs should not be petted. When serving as a sighted guide, let the student take your arm just above the elbow.

A lower noise level in the classroom is important for hearing. Students may require a reader for assignments and exams and may use a note-taking device in class to take notes.

Passageways through the door and aisles should be kept clear. When furniture is moved students should be advised of the new arrangement. Any changes in class locations should be given to students in advance or a nondisabled student assigned to wait at the door and guide the student with blindness to the new location.

It is helpful to identify yourself first when speaking with a student with blindness. Approximately 80% of all legally blind individuals have some usable vision. Students with visual impairments benefit from seating at the front of the class. Lighting is very important and should be discussed with the professor. Glare may be especially troublesome.

Poor quality print or copies and written materials on colored paper may reduce legibility for the student.

Students with visual impairments may use individually prescribed low vision aids such as magnifying glasses or monocular, large print books, enlarged screen-reading programs for computers, and/or felt tip markers for note taking in class.

The instructor should use a black felt tip marker when making remarks on written assignments or grading on exams to assist students with visual impairments to read the information.



## LEARNING DISABILITIES

It is estimated that between 15-20 percent of Americans has some type of learning disability.

A Learning Disability is permanent neurological disorder that affects the manner, in which information is received, organized, remembered, and then retrieved or expressed. Students with learning disabilities possess average to above average intelligence. The disability is demonstrated by a significant discrepancy between expected and actual performance in one or more of the basic functions: Memory, oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematical calculation, or mathematical reasoning.

ADD and ADHD are neurologically based medical problems characterized by inattention, impulsivity, and sometimes hyperactivity. The results can lead to lifelong problems.

Learning disabilities vary from one person to another and are often inconsistent within an individual. Some of the terms associated with learning disabilities include the following:

- Dyslexia- inability to read
- Dyscalculia- inability to do mathematics
- Dysgraphia- inability to write words with appropriate syntax
- Dysphasia- inability to speak with fluency of sometimes to understand others
- Figure-ground perception- inability to see an object from a background of other objects
- Visual discrimination- inability to see the difference in objects
- Auditory figure-ground perception- inability to hear one sound among others
- Auditory sequencing- inability to hear sounds in the right order

Students may demonstrate one or more problem characteristic and the form may be mild, moderate, or severe:

### Study Skills

- Inability to organize and budget time
- Difficulty taking notes/outlining material
- Difficulty following directions
- Difficulty completing assignments on time
- Problems with organization, development of ideas
- Poor vocabulary and word recollection
- Problems with grammar
- Difficulty in remembering a series of events in sequence

### Writing Skills

- Frequent spelling errors
- Incorrect grammar

- Poor penmanship
- Poor sentence structure
- Difficulty taking notes during class lecture

#### Oral Language

- Difficulty understanding oral language
- Poor vocabulary and word recollection
- Problems with grammar
- Difficulty pronouncing multi-syllabic words

#### Reading Skills

- Slow reading rate
- Inaccurate comprehension
- Poor retention
- Poor reading skills (Skip words, loose place, and miss lines)
- Difficulty with complex syntax on tests
- Incomplete mastery of phonics

#### Math Skills

- Computational skill difficulties
- Difficulty with reasoning
- Difficulty with basic math operations
- Number reversals, confusion of symbols
- Difficulty copying problems
- Difficulty with concepts of time and money

#### Social Skills

- Spatial disorientation
- Low frustration level
- Low self-esteem
- Impulsive
- Disorientation in time
- Difficulty with delaying problem resolution

Students with ADD/ADHD may demonstrate one or more problem characteristic and the form may be mild, moderate or severe:

- Concentrating
- Listening
- Starting, organizing, and completing tasks
- Following directions
- Making transitions
- Interacting with others
- Producing work at a consistently normal level

- Organizing problems that have multiple steps

Students with learning disabilities, ADD, or ADHD will need accommodations in order to be successful. Accommodations may include, but are not limited to:

#### Registration

- Reduced course load
- Priority Registration

#### General

- Course substitution for nonessential course requirements in major

#### Reading

- Taped texts
- Reader

#### Note Taking

- Tape recorders
- Copies of classmate's notes

#### Writing

- Word processor with spell check

#### Math

- Calculator for a student with disability in the area of math processing ( the SAT is now allowing the use of a standard four function calculator as an accommodation)

#### Testing

- Extended but not unlimited time to test
- Proctored testing in quiet, separate area
- Test read to student
- Allow the student to respond orally
- Alternative type of exam
- Scribe
- Blank card or paper to assist in reading
- Calculator

## ATTENTION-DEFICIT HYPERACTIVITY DISORDER

Attention-Deficit/hyperactivity Disorder (AD/HD) includes the following persistent, wide-ranging general conditions (1) a pervasive pattern of inattention, (2) difficulty in controlling impulses including the impulses to be constantly on the move. Both of these conditions are more severe than is typical for a person at a comparable development level, and the symptoms must appear before age seven.

The problems connected with inattention include making careless mistakes, producing messy homework, inability to organize, focus, stay with, or finish any task or activity that demands sustained attention. Tasks which demand these qualities are quickly given up or avoided. In social situations, the person often appears not to listen, follow the rules of the games or activities, or connect with people.

The problems of hyperactivity show themselves in constant movement, especially among younger children. Preschool children with hyperactivity cannot sit still, are always on the move, run rather than walk, and jump on furniture. In older children, the intensity of the hyperactivity is reduced but fidgeting, getting up during meals or homework, and excessive talking continue to occur.

People with ADHD have a great difficulty controlling their impulses, not just the craving for movement and stimulation. They have little sense of time (five minutes seems like hours), and waiting for someone is intolerable. Thus, they are impatient, interrupt, make comments out of turn, grab objects from others, clown around, and cause trouble at home, in school, work, and in social settings.

From a young age, people with ADHD may experience failure repeatedly, including rejection from peers. The consequences are low self-esteem and sometimes more serious problems.

### SYMPTOMS OF ADHD

If six or more of the following symptoms have persisted for at least 6 months to a degree that is maladaptive:

#### Inattention

- Often fails to attend to details, or makes careless mistakes in schoolwork, work or other activities;
- Often finds it difficult to maintain attention in tasks or play activities;
- Often does not seem to listen when spoken to;
- Often doesn't follow through on instructions and doesn't finish schoolwork, chores, or tasks;
- Often has difficulty organizing tasks or activities
- Often avoids tasks that demand sustained mental effort, such as schoolwork or homework;
- Often loses things needed for tasks or activities, such as toys and school assignments;
- Is often easily distracted by extraneous stimuli
- Is often forgetful in daily activities

#### Hyperactivity

- Often fidgets with hands or feet or squirms in seat
- Often leaves seat in classroom or in other situations in which remaining seated is expected

- Often runs about or climbs excessively in situations in which it is inappropriate
- Often has difficulty playing or engaging in leisure activities quietly
- Often “on the go” or often acts as if “driven by a motor”
- Often talks excessively

### Impulsivity

- Often blurts out answers to questions before the questions have been completed
- Often has difficulty awaiting turn
- Often interrupts or intrudes on others

## TREATMENT OPTIONS

A careful assessment and diagnosis by a professional familiar with AD/HD are essentials, especially since some of the typical AD/HD behaviors may resemble those of other disorders. This is a lifelong disorder, though sometimes attenuated in adulthood.

The diagnosis is especially difficult to establish in young children, e.g., at the toddler and preschool level, because behavior that is typical at that age is similar to the symptoms of AD/HD. Children at that age may be extremely active but do not develop the disorder. Current treatments can have a positive impact and, in some cases, transform behaviors so that a formerly chaotic life becomes one over which the person has much greater control and more frequent experience of success. Treatment should be based on an understanding that Attention-Deficit/Hyperactivity Disorder is not international, and punishment is not a cure.

The AD/HD person has a greater need for external motivation, consistency, and structure. A professional who is familiar with the disorder should provide this environment. For a school-aged child, it is important to enlist the help of the school in designing a treatment plan which should include concrete steps aimed at developing specific competencies (e. g. handling time, sequencing, problem-solving, and social interaction).

Medication is often prescribed but should not be the only treatment. Since this condition affects all members of the family, the family needs help in providing consistency and structure, and in changing the role of the AD/HD person as the family member who always gets into trouble.

## DEPRESSION

Feelings of sadness are common to everyone and quite natural in reaction to appropriate circumstances. The death of a loved one, the end of a relationship, or other traumatic life experiences are bound to bring on “the blues.” But when feelings of sadness and despair persist beyond a reasonable period, arise for no particular reason, and begin to affect our ability to function, help is needed. Depression is a diagnosis made by a psychiatrist or other mental health professional to describe serious and prolonged symptoms of sadness or despair. While it is quite common, it is also a disease that no one should take lightly. Depression can be deadly. Some people who are deeply depressed think about or actually try to commit suicide! And even relatively mild depression, if untreated, can disrupt marriages and relationships or impede careers. Fortunately, much has been learned about depression recently and it is one of the most treatable diseases.

## SYMPTOMS OF DEPRESSION

Depression is diagnosed when an individual experiences persistent feelings of sadness or loss of interest or pleasure in usual activities, in addition to five of the following symptoms for at least two weeks:

- Significant weight gain or loss unrelated to dieting;
- Inability to sleep or, conversely, sleeping too much;
- Restlessness and agitation
- Fatigue or loss of energy
- Feelings of worthlessness or guilt
- Diminished ability to think or concentrate;
- Recurrent thoughts of death or suicide;
- Distress that is not caused by a medication or symptoms of a medical illness.

### Associated Features

Because depression can range from moderate to severe, people who are depressed may exhibit a variety of behaviors. Often, people who are depressed are tearful, irritable, or brooding. Problems sleeping, either insomnia or sleeping too much, is common. People with depression may worry unnecessarily about being sick or having a disease, or they may complain of physical symptoms such as headaches or other pains. Depression can seriously affect people's friendships and intimate relationships.

Abuse of alcohol, prescription drugs, or illegal drugs is also common among people who are depressed. The most serious risk associated with depression is the risk of suicide. People who have tried to commit suicide in the past, or who have family members who have committed suicide are especially at risk. Individuals who have a more serious mental disorder, such as schizophrenia, in addition to depression are more likely to commit suicide.

### Age, Gender, Prevalence

Every year more than 17 million Americans suffer some type of depressive illness. Depression does not discriminate; anyone can have it. Children, adults and the elderly are susceptible. Nevertheless, studies do indicate that women are twice as likely to have depression as men. Among adolescents, suicide is believed to be the fifth leading cause of death. Depression is also common among the elderly and can be treated as an illness distinct from the loneliness or sadness that may accompany old age.

### Treatment Options

Because depression is a serious illness, even when it is relatively mild, it cannot be treated with the methods many people use to get through a period of "the blues," such as exercise, taking a vacation, or listening to music. If a person experiences the symptoms of depression, he or she should seek treatment from a qualified professional. The vast majority of people with depression get better when they are treated properly, and virtually everyone gets some relief from their symptoms.

A psychiatrist or other mental health professional should conduct a thorough evaluation, including an interview; a primary care provider should do a physical examination. Based on a complete evaluation, the appropriate treatment will be prescribed. Most likely, the treatment will be medication or psychotherapy, or both. The prescribing psychiatrist will recommend that patients continue to take medication at least six months after symptoms have improved.

Psychotherapy, or “talk therapy,” may be used to help the patient improve the way he or she thinks about things and deals with specific life problems. Individual, family or couple therapy may be recommended, depending on the patient’s life experiences. If the depression is not severe, treatment can take a few weeks; if the depression has been a long-standing problem, it may take much longer. But in many cases, a patient will experience improvement in 10-15 sessions.

## **POST-TRAUMATIC STRESS DISORDER**

Traumatic events can stay with us for a long time. Such events range from the rare and horrific, such as severe torture, to more common events such as an automobile accident or a violent crime. Veterans of war often spent years reliving, or trying to forget, the experiences of combat. Effects of some childhood experiences can last well into adulthood. When the after-effects of a traumatic event are so severe and so persistent that they impair functioning, professional help is necessary. Post-Traumatic Stress Disorder, or PTSD, is a diagnosis made to describe the psychological and physiological symptoms that arise from experiencing, witnessing or participating in a traumatic event.

### **Symptoms**

- Exposure to a traumatic event in which the person experienced, witnessed, or was confronted by death or serious injury, or a threat to the physical integrity of self or others, and the person’s response involved intense fear, helplessness, or horror;
- Recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions;
- Recurrent distressing dreams of the event;
- Acting or feeling as if the traumatic event were recurring;
- Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event;
- Persistent avoidance of stimuli associated with trauma;
- Numbing of general responsiveness;
- Persistent symptoms of increased arousal;
- Duration of the disturbance is more than one month;
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important settings.

## **Associated Features**

Response to traumatic events can vary from person to person. Some characteristics, however, are common among individuals with PTSD. If a person has survived a life-threatening event, there may be a profound sense of guilt, particularly if others did not survive the event. These guilt feelings may be exacerbated if the individual had to do extraordinary things to survive.

People with PTSD may also strive to avoid situations that remind them of the traumatic event, in ways that can be disruptive to normal life. They may also experience “dissociative symptoms” meaning that in certain situations that are threatening, they may lose consciousness or revert to a state that they will be unable to recall later. In other cases, a person with PTSD may complain of physical symptoms that have no discernible anatomic or psychological explanation, but which are manifestations of psychic distress; these are known “somatic” complaints. The patient with PTSD is also liable to experience a range of feelings that make it difficult or impossible for him or her to carry on with life in a normal fashion. They may feel that the trauma they experienced damaged them permanently and irreparably, or may give up on previously strongly held beliefs; in some cases, people with PTSD undergo a profound change in personality. Patients with PTSD may also have any of a number of other distinctive mental illnesses at the same time: Depression, Obsessive-Compulsive, social Phobia, or Substance Abuse related Disorders.

## **Prevalence**

Since PTSD grows out of an experience, it is not confined to any particular group or gender. Anyone who experiences a traumatic event can have Post-traumatic Stress Disorder. Studies in the community reveal prevalence ranging from one percent to fourteen percent. But when the study population is one that has experienced traumatic event-combat veterans or victims of criminal violence- the prevalence ranges from three percent to fifty-eight percent. Women may be more susceptible.

## **Treatment Options**

Therapies include medication and/or psychotherapy. Behavior therapy is a kind of psychotherapy. Behavior therapy is a kind of psychotherapy that focuses on helping the patient recognize the thought processes that result in traumatic stress reactions. By working with professionals and learning methods of relaxing and countering the stress reactions, the individual can learn to overcome the traumatic event. Behavior therapy may involve exposing the patient in a safe environment to stimuli that prompt a stress reaction; through repeated exposures, the patient slowly “desensitizes” and in time will be able to experience the stimuli without having a stress reaction. Traditional psychodynamic psychotherapy may also be useful to help the patient examine conscious and unconscious psychological conflicts surrounding the traumatic event. It can also be useful to rebuild self-confidence and self-esteem. Participation in a support group can also be extremely beneficial to individuals with PTSD. Groups have formed around particular issues and particular traumatic experiences; for instance, there are support groups for survivors of rape, incest, or the sudden loss of a loved one. Support groups also exist for combat veterans and other trauma victims.



As with many psychiatric disorders, treatment often involves some combination of therapy and medication. Antidepressant medications can be especially helpful in PTSD. Some success with lithium has been reported in treatment of certain kinds of PTSD symptoms. Also useful in some situations are benzodiazepines, beta-blockers, and clonidine.

## **COLLEGE STUDENTS WITH EPILEPSY**

Epilepsy is a disorder of the nervous system. It is the general term for more than 20 different types of seizure disorders produced by brief, temporary changes in the normal functioning of the brain's electrical system. These brief malfunctions mean that more than the usual amount of electrical energy passes between cells. The sudden overload may stay in one small area of the brain, or it may swamp the whole system. Epilepsy can induce a mild seizure, causing someone to have subtle, uncontrollable shaking, or the person can have grand mal seizures, which can cause the whole body to experience convulsions. After this type of seizure the person may appear to be in a coma or asleep. They can be non-responsive for a few minutes. The person may be able to hear you, but unable to respond.

### **During times of seizure attack:**

1. Remain calm, explain to the class that the person is an epileptic and he/she is having a seizure.
2. If possible, move objects or furniture out of the student's way.
3. Call Campus Police at (662) 246-6470 or emergency #: (662) 246-8011.
4. If possible, roll the student onto his or her side and place something soft under the head such as a jacket, if available. Putting the person on his or her side will help prevent the person from swallowing the tongue.
5. Do not attempt to hold the person down or put anything in his or her mouth.
6. Note the time when the seizure begins. If the seizure last more than five minutes, an ambulance should be called.

Sometimes the person with epilepsy can ward off a seizure by walking. Therefore, the student may leave class in order to walk around and prevent the onset of a seizure.

### **Accommodating a student with epilepsy:**

1. A volunteer note taker is needed to ensure the students get all the notes. A student with epilepsy may have a petit mal seizure in which the student appears to have a blank stare. This type of seizure usually lasts only a few seconds. Another reason a note taker is needed is that the student may come to class after having had a grand mal seizure in which the person experiences convulsions causing confusion and attention deficit.

2. Individual testing is sometimes needed because stress can trigger a seizure. Individual testing eliminates some of the stress and ensures that the student with epilepsy will not be a distraction to other students who are testing.

Other accommodations may be requested if it is warranted. Each student is evaluated individually and provided the accommodations that are needed according to their disability and individual needs.

*See Appendix D for an Epilepsy Information Sheet, which is given to faculty who have a student with epilepsy (with student's written consent).*

## SCHIZOPHRENIA

Schizophrenia is a devastating disease of the brain that severely impairs an individual's ability to think, feel and function normally. Though not a common disorder, it is one of the most destructive, disrupting the lives of sufferers, as well as of family members and loved ones. Long misunderstood, people with schizophrenia and their families have also borne a stigma in addition to the burden of their illness.

Fortunately, much has been learned about the disease in recent years and treatments have improved markedly. If properly treated, many people with schizophrenia can live stable lives.

Today, schizophrenia is understood to be a genetically determined disorder of the brain, and older theories of poor parenting or unhappy families have been discredited. While many theories exist to explain the neurological origin and cause of schizophrenia, one prominent theory is that it is a disorder of "information processing" resulting from a defect in the prefrontal cortex of the brain. Because this system is defective, an individual with schizophrenia is easily "overwhelmed" by the amount of information and stimuli coming from the environment. Typically, a person with schizophrenia may hear voices. He or she may also have strange thoughts and ideas; believing that he or she is God or a famous historical figure. Schizophrenia is a chronic disease, and once diagnosed a person is liable to need treatment for the rest of his or her life. However, great strides have been made in treating the disease, and many people can now live productive lives without relapse.

### Symptoms

- Delusions;
- Hallucinations;
- Disorganized speech;
- Grossly disorganized or catatonic behavior (extremely agitated or zombie-like);
- Negative symptoms (abnormal symptoms of dullness, or flatness feeling);
- The symptoms cause social and occupational dysfunction;
- Signs of the disturbance persist for at least six months;

- The symptoms are not related to mood or depressive disorders substance abuse of general medical conditions.

### **Age, Gender, Prevalence**

The first episode of schizophrenia usually occurs in teenage years, although some cases may occur in the late thirties or forties. Onset prior to puberty is rare, though cases as early as five years old have been reported. Women are more likely to have a later onset and a better prognosis. Estimates of the prevalence of schizophrenia vary widely around the world, but probably one percent of the population has the disease.

### **Associated Features**

People with schizophrenia, because their disease renders them incapable of perceiving their environment and responding to it normally, will often act strange and have odd beliefs. Very often, they hear voices that may tell them what to do. A person with the disease may act socially inappropriately—for instance, by smiling, laughing or being silly for no reason. "Anhedonia"—the inability to enjoy pleasurable activities—is common in schizophrenia, as are sleeping disturbances and abnormalities of psychomotor activity. The latter may take the form of pacing, rocking, or immobility. Schizophrenia takes many forms, and there are a number of subtypes of the illness:

- Paranoid schizophrenia;
- Disorganized type;
- Catatonic type;
- Undifferentiated type;
- Residual type.

People with schizophrenia who are not properly treated may be more prone to violence than the general population. However, it is important to emphasize that this is not always the case; schizophrenia is known as a "heterogeneous" disease, meaning that the illness takes many forms, depending on a variety of individual characteristics and circumstances. It has been established that patients who receive appropriate treatment are not more violent than the general population and may indeed live quite normal lives without people even knowing they have the disease.

The life expectancy of people with schizophrenia is shorter than the general population for a variety of reasons: suicide is common among people with the disease, and people with schizophrenia often have poorer overall health, often too ill to take care of themselves.

### **Treatment Options**

Because schizophrenia is known to be a disease of the brain, medications used to treat the disease are designed to correct chemical imbalances in the brain. Two new drugs, Clozapine and Risperdal, have been remarkably successful in correcting the positive symptoms of schizophrenia—those symptoms that cause hallucination, voices, and other overt behavioral abnormalities. However, Clozapine causes a serious side effect in a small percentage of people who take it. This side effect, a blood disorder called agranulocytosis,

can be fatal, causing the body to stop producing white blood cells vital to protection from infections. As a result, use of Clozapine, and the blood monitoring system required, can be expensive. Risperdal does not have this side effect.

Other antipsychotic medications can have serious side effects, the most prominent being Tardive Dyskinesia that causes involuntary muscular movements. Often, patients report that antipsychotic medications make them feel "loggy," or lethargic.

Compliance with medication is often a problem, and failure to continue taking medication is a major cause of relapse. For this reason, treatment should include supportive therapy, in which a psychiatrist or other mental health professional provides counseling aimed at helping the patient maintain a positive and optimistic attitude focused on staying healthy. Supportive therapy should also involve family members to help them learn how to deal with the patient's behavior. Other forms of therapy, such as social skills training, have also found some success and may be useful in helping a person with schizophrenia learn appropriate social and interpersonal behavior.

## DEAFNESS/HEARING IMPAIRMENTS

More individuals in the United States have a hearing impairment than any other type of physical disability. A hearing impairment is any type or degree of auditory impairment while deafness is an inability to use hearing as a means of communication. Hearing loss may be sensor neural, involving an impairment of the auditory nerve; conductive, a defect in the auditory system which interferes with sound reaching the cochlea; or a mixed impairment, involving both sensor neural and conductive. Hearing loss is measured in decibels and may be mild, moderate or profound. A person who is born with a hearing loss may have language deficiencies and exhibit poor vocabulary and syntax. Many students with hearing loss may use hearing aids and rely on lip reading. Others may require an interpreter.

Accommodations may include, but are not limited to:

- Seating in the front of the classroom
- Written supplement to oral instructions, assignments and directions
- Visual aids as often as possible
- Speaker facing the class during lectures
- Speaker repeating the questions that other students in the class ask
- Note taker for class lectures
- Test accommodations: extended time, separate place, proofreading of essay tests, access to word processor, interpreted directions
- Unfamiliar vocabulary written on the board or a handout
- Small amplification system called an FM loop system
- Interpreter seated where the student can see the interpreter and the lecturer

- Excess noise reduced as much as possible to facilitate communication

*If you want to know more about deafness/hearing impairments...*

Hearing aids and lip reading - Some students may use hearing aids and lip reading to assist in discriminating sounds; but only 30% of spoken words in the English language can be lip-read. It is important when speaking to a student with a hearing impairment to look at the student, keep hands away from the mouth, use shorter sentences, speak slowly and use appropriate facial expressions and gestures. Technical and unfamiliar vocabulary should be written down for the student. Standing in front of a window or a source of glare may limit visibility for the student. It is not helpful to shout or exaggerate lip movements. It is also important to reduce background noises. Some students with hearing impairments are unable to tolerate noise and may need ear protection or be in a room that has acoustics to absorb sounds.

Interpreters - If the student uses an interpreter, remember to look at the student, not the interpreter. The interpreter should be seated so that the student can see the lecturer and the interpreter. If overheads or videos are used, some light should be left on so that the student can see the interpreter. A note taker or copies of another student's notes may be necessary as the student cannot watch the interpreter and take notes at the same time. Interpreters are professionals with specialized training and they will not give opinions about the student's progress in the course. Consideration of a brief break during a long lecture will give the interpreter and student a much-needed rest.

Technology - Students with hearing impairments are unable to receive any information in auditory form. There are technological solutions for these students. These solutions are text telephones, relay services for placing calls, computer-assisted access to text telephones, telephone answering machines with text telephones, fax communications, electronic mail, visual cues for auditory prompts, computer-aided transcription, signaling systems, captioning systems and sign language training.

Other considerations - Classroom discussions are difficult and should be followed by summaries of the relevant information. The instructor should repeat questions raised by other students. Videos without captions require a written summary or outline of the important points. Verbal assignments, due dates, changes in schedule and other information may be missed by the student and should be provided in writing. Oral tests may be impossible for the student and can be solved by a written exam. The student may not hear what is said while the instructor writes on the board. The use of overheads and all types of visual aids provide better communication. The student may require grammar check software, spell check, word prediction programs or a speech output voice box if they have limited or poor speech. Their needs of daily living would be signaling systems which convert sound to visible, tactile or vibrating sounds, i.e., doorbells, telephones, alarm clocks, baby signaler or smoke alarm. They may also require a clip-on rear view driving mirror to increase their peripheral viewing area.

## **SPEECH AND LANGUAGE DISORDERS**

Speech and language disorders may result from hearing loss, cerebral palsy, learning disability or physical conditions. The disorder may result in stuttering, problems with articulation, voice disorders or aphasia.

Accommodations may include, but are not limited to:

- Modifications of assignments such as one-on-one presentation or use of computers with voice synthesizer
- Substitutions for oral class report

*If you want to know more about speech and language disorders...*

Computerized voice synthesizers, electronic speaking machines or picture communication displays, may manage speech and language disorders. Speech therapy is frequently used to improve certain disorders. Anxiety and stress often accompany oral communication and exacerbate the problem.

### Special considerations

The student may speak slower in class and should be given time to express his/her thoughts. Interrupting or completing a sentence for the student is not helpful and may lead to embarrassment. It is appropriate to ask the student to repeat the statement. Summarizing the message helps the student to check for accuracy of understanding. The instructor's acceptance and support of the student is important to facilitate communication and manage the speech disorder. If an oral presentation is required, the instructor should discuss alternatives with the student. When using computers, communication devices may need to be used due to limited motor skills. Alternative input methods would be switch with scanning, alternate keyboards, joysticks, touch screens and/or headpointers. Students may also require arm and/or wrist supports or keyguards. Trackball tools to enter data or perform mouse functions may also be necessary. If a student has a slow keystroke speed, work prediction programs can be used. Some speech and language disorders also cause limited loudness levels. This can be resolved by using voice amplification devices. If there is a total hearing loss, the student may require a Telecommunications Device for the Deaf (TDD) or relay services for placing calls.

## **TRAUMATIC BRAIN INJURY (TBI)**

Head injury is one of the fastest growing types of disabilities especially in the age range of 15 to 28 years. Over 500,000 cases are reported hospitalized each year. There is a wide range of differences in the effects of a TBI on the individual, but most cases result in some type of impairment. The functions that may be affected include memory, cognitive/perceptual communication, speed of thinking, communication, spatial reasoning, conceptualization, psychosocial behaviors, motor abilities, sensory perception, and physical abilities.

Students with TBI may demonstrate one or more problem characteristics and the form may be mild, moderate, or severe:

- Organizing thoughts, cause-effect relationships, and problem solving
- Processing information and word retrieving
- Generalizing and integrating skills
- Interacting with others
- Compensating for memory loss

Accommodations may include the accommodations for students with learning disabilities.

*If you want to learn more about TBI...*

There are important differences which affect the educational program of a student with an acquired head injury as compared to students with learning disabilities.

A student with a TBI may:

- Need established routine with step-by-step directions
- Need books and lectures on tape
- Need repetition or some type of reinforcement to be learned
- Demonstrate poor judgment and memory problems
- Need a tutor
- Exhibit discrepancies in abilities such as reading comprehension at a much lower level than spelling ability.

## OTHER DISABILITIES

A large number of students have disabilities that do not necessarily fall into the major categories already discussed but are covered by Section 504/ADA. The degree to which these disabilities affect students in the academic setting vary widely. At times it is not the condition itself but the medication that is required to control symptoms that impairs academic performance. Common side effects of medications include fatigue, memory loss, shortened attention span, loss of concentration, and drowsiness. In some cases, the degree of impairment may vary from time to time because of the nature of the disability or the medication. Some conditions are progressive and others may be stable.

A partial list of other disabilities includes:

AIDS	Cerebral palsy
Arthritis	Chronic pain
Asthma	Motor neuron diseases
Burns	Diabetes mellitus
Cancer	Hemophilia
Cardiovascular disorders	Lupus

Multiple Sclerosis  
Muscular dystrophy  
Renal-kidney disease  
Respiratory disorders

Sickle cell anemia  
Stroke  
Tourette's syndrome

Accommodation may include, but are not limited to:

- Extended time for exams
- Enlarged printed materials
- Tape recorded course materials
- Readers
- Computers or other adaptive equipment
- Scribes
- Other accommodations found elsewhere in this guide

A student is required to makeup all missed assignments and tests.

*If you want to know about other disabilities...*

### Invisible Disabilities

Students may have invisible disabilities and desire confidentiality about their condition. When discussing an accommodation, it is important to respect the rules of confidentiality. If a student requests accommodations, the student must have medical documentation on file in the Student Support Services.

### Temporary Disabilities

Some disabilities are temporary but may require accommodations for a limited time. Students who are recovering from surgery, injury, or severe illness may be unaware of accommodations that may be reasonable for a limited time period. Encouragement to contact the office of disability services and to talk with faculty and staff may prevent students from dropping out of school. The student, faculty/staff member, and disability services staff may work together to establish reasonable accommodations.

### Seizure Disorders

Students who are subject to seizure disorders may have impaired consciousness, involuntary movements, and brief lapses of attention. Usually the seizures will be brief and infrequent. When a seizure occurs, there is a brief change in the normal functioning of the brain's electrical system.

### Permission to Leave Class

Some disabilities result in the need to consume large quantities of fluids and urinate often. The student may need to leave the classroom more frequently than nondisabled students.



## Pain

Chronic pain may result in limitations to strength, standing, walking, climbing, sitting, kneeling, stooping, and carrying. Cold or sudden changes in temperatures may increase the onset of pain. Students with chronic pain may need to stand or change position intermittently during class. Severe pain may increase the number of absences but the student would still be required to complete the course assignments.

## Respiratory Disorders

Some respiratory disorders can result in significant limitation to activities such as walking and climbing. Tolerance to temperature changes or extremes in temperature may be limited. Wet or humid conditions, along with fumes and dust may result in exacerbation of the problem. Environments where smoking is permitted should be avoided.

## Disability Facts:

- Majority of disabilities are hidden
- Number are increasing
- Stakes are higher
- Power of civil rights protection

## REQUEST FOR ACCOMMODATIONS PROCESS

1. Complete application for services, including Consent Form, and return to the Office of Student Disability Services. Explain the nature of the disability on these forms. Explain in detail what accommodations are needed. Remember to be specific.
2. Provide official documentation of disability to the Office of Student Disability Services. This documentation must be obtained from a qualified professional (physician, psychologist, etc.) and should include a description of the disability type and recommendations for appropriate accommodations. Written, professional documentation is **required**, even when the disability can be otherwise proven. No accommodations can be provided until proper documentation is on file.
3. The Disability Support Services Committee will respond to requests within thirty (30) days.
4. Meet with the Coordinator of Student Disability Services for further discussion of services needed and services to be provided.
5. Should an additional request for accommodations arise, students who have already registered with the Office of Student Disability Services need not re-apply. Any student wishing to add or change the accommodations they originally requested should notify the Coordinator of Student Disability Services. Accommodations approved by the Disability Support Services Committee will be valid until revoked by the student.

*See Appendix B for Complete Application Packet.*

## GENERAL GUIDELINES FOR DOCUMENTATION OF A DISABILITY

Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990 both require institutions of higher education to provide *equal access to educational opportunities to otherwise qualified "persons with disabilities."* Therefore, students requesting services from the Student Disability Services Office are required to submit documentation of the disability in order to verify their eligibility under these laws. It is the student's responsibility to seek and present documentation, which consists of an evaluation by an appropriate professional and a description of the current impact of the disability as it relates to the accommodations requested. The documentation provided is then used to evaluate the request for accommodations or aids. All documentation presented to the Student Disability Services Office is confidential and kept in confidential files.

The following guide for documentation is provided to assist you in working with your treating professional(s) to prepare the information needed to evaluate your request for accommodations. All documentation should be recent (within last three years) and should include a clear statement of the disability and its impact as it relates to the accommodation request. As appropriate to the specific disability, documentation should include:

- A diagnostic statement *clearly* identifying the disability, date of the most current diagnostic evaluation, and date of the original diagnosis.
- A description of the diagnostic tests, methods, and/or criteria used including specific test results (including standardized test scores) and the examiner's narrative interpretation.
- A description of the current functional impact or limitations of the disability on learning and other major life activities, and the degree to which it impacts the individual in the learning context for which accommodations are being requested.
- A description of treatments, medications, assistive devices, accommodations and/or assistive services in current use, as well as recommendations and rationale for accommodations to be provided in the post secondary learning environment.
- A description of the expected progression or stability of the impact of the disability over time.

The credentials of the diagnosing professional(s), including name, title, professional certifications, licensure, and qualifications; and contact information (location/address, telephone number, email address, etc.). Please note that diagnosing professionals shall not be family members or others with a close personal relationship with the individual being evaluated. All documentation should be dated and signed by the treating professional(s).

Requests for accommodations and supporting documentation *must be initiated by the student.*

Reasonable accommodations cannot be implemented until the student's documentation is complete. Once both the written request for accommodations *and* the documentation is received, the Disability Support Services committee will review the application and will respond within thirty (30) days.

## **POLICIES & PROCEDURES FOR ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES**

### **TAPE RECORDERS**

#### **Policy:**

Students at Mississippi Delta Community College may tape lectures, excluding clinical or related discussions.

#### **Procedure:**

Students who wish to tape lectures of a class or classes should notify the instructor of their intention of taping the lecture. The taping of the lecture should not disrupt the class activities. Clinical activities or clinical-related discussions should not be taped.

Note: Student may be asked to sign a written declaration stating that all taped materials will be used for personal, academic use only and will not be reproduced or publicized in any manner.

## NOTE TAKERS

### Policy:

Students with disabilities who qualify for a note taker as a reasonable accommodation will be provided with a copy of notes for each class.

### Procedure:

1. The Student Disability Services coordinator will notify the student's instructors of the student's accommodation of notetaking.
2. NCR (duplicate carbonless paper) paper is available from the designated ADA/504 Coordinator upon request. The ADA/504 Coordinator will deliver the paper to the instructor.
3. The instructor has the option of providing the student with a copy of the instructor's notes or arranging for a student in the class to create a duplicate set of notes. If using a notetaker, the instructor will obtain the copy from the notetaker and discreetly deliver it to the disability services student.
4. If the student requiring a note taker does not receive the notes, it is the student's responsibility to notify the appropriate ADA/504 Coordinator of the problem. Once informed, the ADA/504 Coordinator will quickly facilitate a resolution to the problem.

## INTERPRETER SERVICES

### Policy:

Students with disabilities who qualify for interpreter services as a reasonable accommodation will be provided with a qualified interpreter during course/college related activities.

### Procedure:

**Getting an Interpreter:** Students who require interpreter services can request accommodations through the appropriate designated ADA/504 Coordinator. It is important that students submit complete, up-to-date documentation upon admission to the college. In some cases, interpreters may be difficult to locate in rural areas. The ADA/504 Coordinator in collaboration with the Mississippi Department of Rehabilitation Services will make every attempt to keep an updated list of certified interpreters in the MDCC service area. Mississippi Delta Community College must be given reasonable notice in order to locate an interpreter.

**Who:** Interpreter services are provided to students with documented disabilities from the local community.

**When:** The request for services must be made at least six weeks before the beginning of the class. Interpreter services cannot be guaranteed for late requests.

**Schedule Changes:** If you make any changes in your schedule, you must notify the ADA/504 Coordinator of the changes so that arrangements for interpreter services may be changed.

**Special Requests:** An interpreter will be provided for all college-related activities. You must notify the ADA/504 Coordinator and request an interpreter for additional hours at least two days in advance of the special activity. Some examples of college-related activities are assessment testing, meeting with teachers, graduation, workshops, and field trips.

**Additional Class/Lab Hours:** Some classes require additional lab hours per week. An interpreter will be provided; however, arrangements must be made at the beginning of the semester.

**Student No-Shows:** If you do not show up for class, or if you are late, the interpreter will wait the following amount of time and then will leave:

- 10 minutes for a 1-hour class
- 15 minutes for a 1 ½-hour class
- 20 minutes for a 2-hour class
- 30 minutes for a 3-hour class

**Interpreter No-Shows:** If the interpreter does not show up for class, notify the ADA/504 Coordinator in your area after class.

**Qualified Interpreters:** Students should have a right to a qualified interpreter. If you feel your needs are not being met, you should

- Work with your interpreter in establishing a plan to improve services, and then give the interpreter a chance to change.
- If your needs are still not being met, you should talk to the ADA/504 Coordinator.

**Interpreter's Role:**

- The interpreter will sign everything the speaker says and speak everything that is signed in the manner which the speaker or person intended.
- Interpreters will not answer questions for the student. The student should direct all questions to the instructor.
- Interpreters will keep all information obtained while interpreting confidential. (Exception: If a student is planning to harm self, others or College property, the interpreter will report this to the appropriate, designated ADA/504 Coordinator.)

## TESTING ACCOMMODATION POLICY

### Policy:

Accommodations involving exam modification include, but are not limited to, extended test-taking time, use of assistive technology, minimal distraction testing environment, oral examinations, use of readers and the use of scribes. The instructor is asked to administer all exam modifications. If the instructor is unable to provide exam modifications, the ADA/504 Coordinator can assist.

### Procedure:

The Student Disability Services coordinator will notify the instructor of a student's accommodation.

1. The instructor will determine whether or not the accommodation can be administered in the classroom of an appropriate setting relative to the accommodation.
2. If the instructor is unable to provide the accommodation, the ADA/504 Coordinator may possibly administer the exam. However, due to scheduling restraints, scheduled exams may take place one or two days late.
3. The instructor is responsible for forwarding the exam to the appropriate ADA/504 Coordinator. The testing instructions and the exam must be submitted prior to exam administration.
4. With the approval of the instructor, the ADA/504 Coordinator or staff appropriately trained in testing procedures will administer or proctor the exam.
5. Students' personal belongings, books, purses, book bags, cellular phones, etc., will not be allowed in the testing room unless specified on the testing instructions form that is completed by the instructor.

### Use of Readers

Readers are approved persons who read aloud any materials to be graded. Readers read aloud only printed materials such as instructions, test questions, and multiple-choice answers. The reader is not permitted to tutor a student, encourage a response or answer any questions that may affect test integrity. The reader cannot clarify instructions or questions, but may reread any information requested.

A request for a reader should take place two weeks prior to the date of the accommodation in order to ensure the needs of the student are met and the ADA/504 Coordinator has adequate time to locate a qualified reader. Appropriate (comprehensive and up-to-date) documentation must be on file before a reader is located.

### Use of Scribes

A scribe is an approved person to write down answers that are provided by the student on any material to be graded. The scribe writes/types words verbatim as dictated. The scribe cannot edit or assist in the answering of any questions pertaining to the material tested. Students using scribes may be asked to spell or punctuate material in some cases.

A request for scribes should take place two weeks prior to the date of the accommodation in order to ensure the needs of the student are met and the ADA/504 Coordinator can have adequate time to locate a qualified scribe. Appropriate (comprehensive and up-to-date) documentation must be on file before a scribe is located.

### **Alternate Format Policy**

With appropriate notice, classroom documents will be made available in alternate format for students whose documentation of disability supports the need for alternate format.

#### **Large Print Format**

Documents can be enlarged to 11"x17" with capability up to 200% of the original print size. Information on disk can be printed to individual font size needed.

Technology is available for an individual user to access information from documents/materials in large print format on campus.

#### **“Live” Audio Format**

Materials can be made available in audio format by the use of a reader.

#### **Disk Format**

Students may scan their own documents and produce a disk.

When document must be scanned to provide a disk or other alternative format, the student is responsible for bringing the materials to the ADA/504 Coordinator and requests the alternate format in a timely manner. E-text for textbooks should be requested prior to the beginning of the semester to ensure sufficient time to obtain the documents.



## EARLY REGISTRATION

### Policy:

Early registration allows a student with a documented disability to be granted permission to register when semester courses are available, prior to general registration. Permission for early registration may be granted to a student with a disability for the following reasons:

1. The time required to travel between classes regularly exceeds the ten minutes available to students and requires careful scheduling.
2. The student requires the assistance of a personal care attendant and must arrange classes to coincide to the maximum degree possible with the availability of attendant care.
3. The student's health, or the necessity of arranging for other ongoing support services not associated with Mississippi Delta Community College, requires continuity of scheduling.
4. Time for renovation or relocation of classroom space may be required to ensure access for the student when the course is scheduled to begin.
5. Other valid reasons as approved by the appropriate ADA/504 Coordinator.

### Procedure:

To request early registration the following procedures must be met:

1. The student may make requests for early registration to the student's designated ADA/504 Coordinator. The student must have a documented disability and need for early registration as stated in the approved reasons listed above.
2. The student's designated ADA/504 Coordinator may make requests for early registration and request clearance from the Business Office to register the student.
3. The designated ADA/504 Coordinator will register or refer the student to an Academic Counselor in campus to assist in the registration process. Counselors should schedule the student's classes in order to provide feedback on course location and time.
4. Appeals of denied requests may be made to the Associate Vice President for Institutional Effectiveness within five days of the denial.

## STUDENT ACCESS TO FACULTY

Mississippi Delta Community College's policy on student access to faculty is that all instructors be accessible to students. If an instructor's office space is not accessible, the student can request to meet with the instructor in an agreed upon, accessible location during normal office hours. This meeting can be arranged in person, via telephone, written correspondence or e-mail with the instructor. If the student needs assistance in this matter, the student can contact the designated ADA/504 Coordinator.

## EVENT ACCESSIBILITY

Policy:

Institutional departments that offer programs or events that are open to the public must be accessible to those with disabilities.

Procedure:

1. Public announcements or advertisements for programs open to the public will include a statement regarding accessibility and whom to contact to request special assistance.
2. ADA/504 Coordinators are not responsible for providing accommodations for out-of-classroom activities that are not related to achieving a degree or credits for a degree. Decisions to attend extracurricular activities and services to the students with disabilities are the responsibility of the activity host, i.e., athletics department, student sponsored activities board, theater, graduation committee, etc.
3. The appropriate designated ADA/504 Coordinator will serve as a consultant to the division department/college in meeting individual requests for accommodations at such events.

*See Appendix F for Event Accessibility Checklist.*

## STUDENTS WITH DISABILITIES GRIEVANCE/APPEAL PROCEDURES

Policy:

Mississippi Delta Community College attempts to resolve internally all types of grievances at the level where they occur and in a timely manner.

Procedure:

It is to the student's advantage to keep communication open with faculty, staff and peers, thus avoiding the necessity of appeals. If there is a situation that the student feels is escalating and she/he is uncomfortable with the direction it is going, contact someone immediately to request assistance: faculty,

the department chair, the Dean of Student Services, the Associate Vice President of Institutional Effectiveness, the designated ADA/504 Coordinator or the financial aid office (whichever is deemed most appropriate). In the event a situation is not resolved, there are procedures for appeals in place that usually follow the chain of command as listed:

1. Grades- Academic departments (faculty, department chair, Vice President of Instruction))
2. Financial Aid- Financial Aid Office (director)
3. General Complaints and Grievances- Dean of Student Services
4. Parking- Dean of Student Services
5. Sexual Harassment- Dean of Student Services

The appropriate designated ADA/504 Coordinator will support and assist you in the process with the above procedures when it is a reasonable request.

### **Grievance Policy:**

For complaints or appeals related specifically to services with disabilities provided by Mississippi Delta Community College as required under the Americans with Disabilities Act, the following procedures will be followed. Address the complaint to the appropriate designated ADA/504 Coordinator or the chair of the Grievances/Appeals Committee on your campus/center.

1. The written complaint should contain the name and address of the person(s) filing it and briefly describe the alleged violation of the regulations. It should be filed with the designated ADA/504 Coordinator or the chair of the Grievance/Appeals Committee within ten workdays from the alleged complaint.
2. An investigation conducted by the coordinator or chair, as may be appropriate, shall follow the filing of the complaint. The investigation shall be informal but thorough, and it should afford all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the complaint.
3. A written determination as to the validity of the complaint and a description of the resolution, if any, shall be issued by the ADA/504 Coordinator or the chair of the Grievances/Appeals Committee and forwarded to the complainant no later than ten workdays after the filing.
4. The ADA/504 Coordinator shall maintain the files and records relating to the complaints for a period of at least three years.
5. If a grievance is against the ADA/504 Coordinator, the above procedures are to be followed. The initial complaint will be made to the Grievance/Appeals Committee Chair or to the Coordinator's supervisor.
6. The complaint can request reconsideration of the case in instances of dissatisfaction with the resolutions. The request for reconsideration should be made to the appropriate Dean and/or Director of the Division or Center (Academic, Career & Technical, Distance Learning), or Dean of Student Services within ten workdays of the resolution of the complaint. The Dean and/or Director will then meet with the designated ADA/504 Coordinator as well as the complainant (if

deemed necessary). The Dean and/or Director will make his/her decision and communicate it to the student in writing within ten working days of the student's reconsideration request.

7. The right of a person to a prompt and equitable resolution of the complaint filed hereunder shall not be impaired nor shall use of this procedure be a prerequisite to the pursuit of other remedies.
8. These rules shall be construed to protect the substantive rights of interested persons, to meet the appropriate due process standards and to assure that the college complies with ADA.
9. Students may further appeal any of these decisions within the hierarchy of the institution. The President of the College is next in the chain of command above these persons and committees.
10. Although students are encouraged to attempt to resolve a grievance within the campus process, the student has the right to file any grievance directly to the Office of Civil Rights.

#### **Non Retaliation Statement:**

An individual filing a complaint of discrimination in good faith shall not be subjected to any form of retaliation by the College. An individual may file a complaint alleging retaliation.

## **REDUCED COURSE LOAD AS AN ACCOMMODATION**

#### **Policy:**

On a semester-by-semester basis and individual student-request basis, the appropriate designated ADA/504 Coordinator (with consultation of other selected professionals for expert input and/or the Disability Support Services Committee) will determine eligibility and recommend full-time enrollment equivalency (i.e., full-time student status with less than the required full-time hours for qualified students).

#### **Procedure:**

1. The student will provide adequate up-to-date documentation to the appropriate designated ADA/504 Coordinator and request accommodation on a semester basis.
2. The appropriate designated ADA/504 Coordinator (with consultation of other selected for expert input and/or the Disability Support Services Committee) will determine eligibility and recommend full-time enrollment equivalency.
3. The appropriate offices will receive a completed and signed Full-Time Enrollment Equivalency Verification form from the designated ADA/504 Coordinator.
4. Students are strongly encouraged to request full-time equivalency as an accommodation prior to the first week of any semester to facilitate campus services that would be significantly affected otherwise (Student Financial Assistance, Housing, etc.)

## POLICY FOR GRANTING RELAXED ATTENDANCE

### Policy:

Relaxed attendance is **not** granted as an accommodation because attendance is generally considered an essential aspect (requirement) of its courses or programs. However, individuals may make a request for leniency in attendance when it is a medical emergency and/or a direct result of their disability. A doctor's excuse will be required for medical absences. Any other absences will be considered on an individual basis. Requests for leniency in attendance should be made to the ADA/504 Coordinator. It is the responsibility of the student to obtain and save all doctor's excuses for disability-related absences.

### Procedure:

1. The designated ADA/504 Coordinator and the instructor will approach excessive absences on a case-by-case basis.
2. The student will keep record of all absences due to medical conditions (doctor's note) and report all disability related absences to the appropriate ADA/504 Coordinator and instructor within two days of missed instruction.
3. Individuals with mobility problems whose safety is affected by inclement weather may contact Student Services to determine conditions on the campus.
4. If the student believes that it is unsafe for them to attend school that day, they should leave a voice mail with both the instructor and the appropriate ADA/504 Coordinator. The disability letter to faculty provided at the beginning of the semester notes this potential accommodation.

## COURSE SUBSTITUTIONS AND WAIVERS

### Policy:

Requests for **course waivers are not granted as accommodations** for students' disabilities. However, requests for course substitutions will be forwarded to the Director of Admissions/Registrar, provided that the documentation of the student's disability supports such a request. The ADA/504 Coordinator can only support the student's request for a course substitution; it cannot be mandated. The decision to substitute a course is made by the Director of Admissions/Registrar in accordance with the demands of the student's major, not the ADA/504 Coordinator.

Substitutions may not be made for certain courses that are considered essential to any degree or major.

### Procedure:

1. Student requesting the course substitution must be present documentation of his/her disability, which supports such a request.
2. The ADA/504 Coordinator will discuss guidelines for course substitutions/waivers with student requesting review.
3. The ADA/504 Coordinator will forward the student's request to the Director of Admissions/Registrar.
4. The Director of Admissions/Registrar will then make a decision regarding the substitution of a specified course. All parties involved may request additional information, documentation and consultation (for expert input) with the Disability Support Services Committee.

## SERVICE ANIMALS

### Policy:

Service Animals are permitted on campus with the handler. The following requirements are designed to facilitate a process for ensuring equal access while addressing necessary health and safety concerns, particularly in residence halls/classrooms.

### Procedure:

1. Service animals are allowed in all campus buildings and in all classrooms except where specific restrictions apply.
  - a. A service animal or dog is any animal trained to do work or perform tasks for the benefit of a person with a disability.
  - b. An animal in training is permitted when accompanied by a trainer and is identified as such. Handlers of service dogs in training must also adhere to the requirements for service animals and are subject to the removal policies as listed in Number 6 below.
2. Service animals provide numerous work tasks including but not limited to; assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who have a hearing impairment to the presence of people or sounds, assisting an individual during a seizure, mobility of a person in a wheelchair, physical support and assistance with balance for individuals with mobility disabilities, retrieving medications or other devices, and by helping individuals with psychiatric and/or neurological disabilities by preventing or interrupting impulsive or destructive behaviors. \*(Under particular circumstances set forth in the ADA regulations at 28 CFR 35.136(i), a miniature horse may qualify as a service animal.
3. It is recommended that the animal wear some type of commonly recognized identification symbol, identifying the animal as a working animal, but not disclosing disability.
  - a. If there is no identification, college staff may ask the two questions below to determine if a dog is a service animal
    - i. **Is the dog a service animal required because of a disability?**
    - ii. **What work or task has the dog been trained to perform?****\*College staff may not ask about the individual's disability, require medical documentation, require a special identification card or training documentation for the dog or ask that the dog demonstrate its ability to perform the work or task.**
4. Under the ADA, service animals must be harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or the individual's disability prevents using these devices. In that case, the individual must maintain control of the animal through voice, signal, or other effective controls.
5. It is the handlers responsibility to:
  - a. Attend to the well-being and cleanliness of the animal.
  - b. Keep animal under control at all times.
  - c. Be responsible for removal of animal waste and maintain clean conditions. In the event that the handler is not physically able to clean up after the animal, it is then the responsibility of the handler to hire someone capable of cleaning up after the animal.
6. Service Animals may be ordered to be removed for the College for the following reasons:

- a. A handler may be directed to remove an animal that is out of control and the handler does not take effective action to control the animal.
- b. A handler may also be directed to remove an animal that is not housebroken.
- c. A handler may be directed to remove an animal that the College determines to be a direct threat to life, health, safety or welfare of the College community (ill animal, substantial lack of cleanliness of the animal, etc.).

Should a service animal be properly removed pursuant to this policy, the College will work with the handler to determine reasonable alternative opportunities to participate in the service, program, or activity without having the service animal on the campus.

- 7. If a class poses a health/safety concern to the animal (i.e., some science labs), the handler should contact the appropriate designated ADA/504 Coordinator to seek alternative accommodation. If a location is deemed unsafe for the use of a service animal, alternative accommodations will be explored and provided as appropriate to ensure the individual equal access to the activity. Such aids and services will be provided unless doing so would result in a fundamental alteration of a program.
- 8. The handler is responsible for any preventable damage to persons or College property caused by the animal.
- 9. Should any emergency arise, the handler is responsible for the well-being and/or alternate shelter of the animal.
- 10. If an animal is a seizure animal, the handler should inform the ADA/504 coordinator, instructors, and campus security of the typical responses and reactions to the handler and others when a seizure occurs.
- 11. Students living in campus housing must also complete the Service Animal Agreement and Roommate/Suitemate Consent.
- 12. If a situation arises where an individual has an allergic reaction to animals that is substantial enough to qualify as a disability, the College will consider the needs of both persons in meeting its obligations to reasonably accommodate all disabilities and to resolve the problem as efficiently and expeditiously as possible. Students, faculty or staff requesting allergy accommodations should contact Student Disability Services.

**See Appendix I for a Service Animal Agreement.**

**See Appendix J for Roommate/Suitemate Acknowledgement.**

## **ASSISTANCE ANIMALS (including Emotional Support Animals)**

### **Policy:**

Assistance Animals will be allowed in campus housing if certain conditions are met. The animals must be a necessity for the student with a disability to afford the student an equal opportunity. There must be an identifiable relationship between the student's disability and the assistance the animal provides. An accommodation is unreasonable if it presents an undue financial or administrative burden on the College, poses a direct threat to the life, health, safety or welfare of the college community. Unlike a Service Animal, an Assistance Animal might not be trained and it does not accompany a person with a disability at all times. Although Assistance Animals may be considered for limited access to college housing, they are not permitted in other areas of the college (e.g. libraries, academic buildings, classrooms, labs, etc.).

**Procedure:**

1. An assistance animal is one that is necessary to afford the person with a disability an equal opportunity. An assistance animal may provide physical assistance, emotional support, calming, stability and other kinds of assistance. Animals do not perform work or tasks that would qualify them as “service animals” under the ADA. Assistance animals that are not service animals under the ADA may still be permitted, in certain circumstances, in campus housing pursuant to the Fair Housing Act.
2. Requests for support animals should be made by:
  - a. Submitting medical/reasonable documentation from a licensed medical professional to the ADA/504 Coordinator.
  - b. All requests will be determined on a case-by-case basis.
3. It is recommended that the animal wear some type of commonly recognized identification symbol, identifying the animal as a working animal, but not disclosing disability.
4. It is the handlers responsibility to:
  - a. Attend to the well-being and cleanliness of the animal.
  - b. Keep animal under control at all times.
  - c. Be responsible for removal of animal waste and maintain clean conditions. In the event that the handler is not physically able to clean up after the animal, it is then the responsibility of the handler to hire someone capable of cleaning up after the animal.
  - d. Maintain up-to-date licensing (if applicable) and verification of a clean health certificate and vaccinations.
5. Assistance Animals may be ordered to be removed for the College for the following reasons:
  - a. A handler may be directed to remove an animal that is out of control and the handler does not take effective action to control the animal.
  - b. A handler may also be directed to remove an animal that is not housebroken.
  - c. A handler may be directed to remove an animal that the College determines to be a direct threat to life, health, safety or welfare of the College community (ill animal, substantial lack of cleanliness of the animal, etc.).
6. The handler is responsible for any preventable damage to persons or College property caused by the animal.
7. Should any emergency arise, the handler is responsible for the well-being and/or alternate shelter of the animal.
8. Students living in campus housing must also complete the Assistance Animal Agreement, Assistance Animal Professional Questionnaire, and Roommate/Suitemate Consent.
9. If a situation arises where an individual has an allergic reaction to animals that is substantial enough to qualify as a disability, the College will consider the needs of both persons in meeting its obligations to reasonably accommodate all disabilities and to resolve the problem as efficiently and expeditiously as possible. Students, faculty or staff requesting allergy accommodations should contact Disability Support Services.

**See Appendix J for Roommate/Suitemate Acknowledgement.**

**See Appendix K for Assistance Animal Agreement.**

**See Appendix L for Assistance Animal Professional Questionnaire**



## **ASSISTANCE WITH REGISTRATION**

The ADA/504 Coordinator can provide assistance with course registration for students whose disability restricts them from registering. Students requiring assistance with registration must first seek advisement from an assigned advisor according to the course of study and make an appointment with the ADA/504 Coordinator or appropriate counselor for registration assistance. The student should register for courses during the regularly assigned registration window unless the ADA/504 Coordinator has approved accommodations for early registration.

## **TRANSPORTATION**

Transportation is not provided for all students on campus and is therefore not an accommodation mandated under Section 504/ADA. Students are responsible for arranging personal mobility needs. In an event of an emergency, any student may seek assistance from the Mississippi Delta Community College Police by calling (662) 246-6470.

If there is a class field trip and/or special event to which transportation is provided to the student for that purpose, the instructor or person sponsoring the event will contact the assigned ADA/504 Coordinator to work together to determine a solution to provide accessible transportation for the student.

Students with mobility impairments are encouraged to visit the campus prior to scheduling courses and attend classes to assess their ability to move across campus. Students with mobility impairments are also encouraged to schedule back-to-back courses in close proximity to one another to allow time to move between classes.

Personal care attendants are not provided by Mississippi Delta Community College.

## **TUTORING**

Tutoring is not an accommodation mandated under Section 504/ADA, but is available to all students at Mississippi Delta Community College. Contact (662) 246-6251 for more information.

## **CONFIDENTIALITY**

Due to confidentiality requirements, the exact diagnosis or disability may not be disclosed to a faculty member unless it is determined there is a special need to know. In circumstances where the designated ADA/504 Coordinator believes it is in the best interest of the faculty member, students will be encouraged to self-disclose the nature of their disability. The student may also give consent to the ADA/504 Coordinator to discuss the nature of the student's disability with the instructor.

Information received concerning persons receiving or requesting disability accommodations will be kept confidential (treated as medical records) and not released to a third party unless permission (a written release signed by the student) is granted by the student. Exceptions to this policy are if there is a threat to an individual's or another person's safety and/or in an emergency situation.

See Appendix A for a Sample Consent Form.

## TIPS TO FACILITATE STUDENT LEARNING

Many teaching strategies that assist students with disabilities are known to also benefit nondisabled students. Instruction that is provided in an array of approaches will reach more students than instruction using one method. The following are teaching strategies that will benefit students in the academic setting.

### Required text

- Select a text with a study guide

### On the syllabi

- Include a statement that students need to inform faculty members of their special needs as soon as possible to ensure that those needs are met in a timely manner

### Before the lecture

- Write key terms or an outline on the board or prepare a lecture handout
- Create study guides
- Assign advance readings before the topic is due in the class session
- Give students questions that they should be able to answer by the end of each lecture

### During the lecture

- Briefly review the previous lecture
- Use visual aids such as overheads, diagrams, charts or graphs
- Allow the use of tape recorders
- Emphasize important points, main ideas, key concepts
- Face the class when speaking
- Explain technical language/terminology
- Speak distinctly and at a relaxed rate, pausing to allow students time for notetaking
- Leave time for questions periodically
- Administer frequent quizzes to provide feedback for students
- Give assignments in writing as well as orally

### Grading and evaluation

- Consider a variant grading system with multiple grades for various tasks weighed differently
- Work with the student to make arrangements early with the office of student disability services for extended time or proctors for exams

# TIPS FOR DISABILITY AWARENESS

## Appropriate Language

- People with disabilities are people first. The Americans with Disabilities Act officially changed the way people with disabilities are referred to and provided the model. The person first and then the disability. This emphasizes the person and not the disability.
- Do use the word disability when referring to someone who has a physical, mental, emotional, sensory or learning impairment.
- Do not use the word handicapped. A handicap is what a person with a disability cannot do.
- Avoid labeling individuals as victims or the disabled or names of conditions. Instead, refer to people with disabilities or someone who has epilepsy.
- Avoid terms such as wheelchair bound. Wheelchairs provide access and enable individuals to get around. Instead, refer to a person who uses a wheelchair or someone with a mobility impairment.
- When it is appropriate to refer to an individual's disability, choose the correct terminology for the specific disability. Use terms such as quadriplegia, speech impairment, hearing impairment or specific learning disability.

## Appropriate Interaction

- When introduced offer to shake hands. People with limited hand use or artificial limbs can usually shake hands. It is an acceptable greeting to use the left hand for shaking.
- Treat adults as adults. Avoid patronizing people who use wheelchairs by patting them on the shoulder or touching their head. Never place your hands on a person's wheelchair as the chair is a part of the body space of the user.
- If possible, sit down when talking to a person who uses a wheelchair so that you are at the person's eye level.
- Speak directly to the person with a disability. Do not communicate through another person. If the person has an interpreter, look at the person and speak to the person, not the interpreter.
- Offer assistance with sensitivity and respect.
- If you are a sighted guide for a person with a visual impairment, allow the person to take your arm at or above the elbow so that you guide rather than propel.

- When talking with a person with a speech impairment, listen attentively, ask short questions that require short answers, avoid correcting and repeat what you understand if you are uncertain.
- When first meeting a person with blindness, identify yourself and any others who may be with you.
- When speaking to a person with a hearing impairment, look directly at the person and speak slowly. Avoid placing your hand over your mouth when speaking. Written notes may be helpful for short conversations.

## LEGAL DECISIONS

### **The college is not required to lower its standards.**

Post-secondary institutions are not required to make modifications to their courses that would fundamentally alter the nature of the program. A college's refusal to waive academic requirements that the college can demonstrate are essential to the program of instruction is not regarded as discrimination on the basis of disability [28 CFR 35.130 (b)(7); *Southeastern Community College v. Davis*, 442 U.S. 397, 413 (1979)].

### **The college must provide accommodations.**

Under Section 504 [34 CFR 104.441 and Title II [28 CFR 35.160(b)(1)], in order to make a course accessible to a student with a disability, a college is required to provide services in the form of necessary academic adjustments and auxiliary aids, even though it is not providing such services to nondisabled students.

### **The college is not required to provide tutors or assistance to help students complete assignments outside the classroom.**

Section 504 and Title II make it clear that colleges are not required to provide "attendants, individually prescribed devices or services of a personal nature" (34 CFR 104.44 (d)(2); 28 CFR 35.135). OCR has determined that the college's responsibility to provide auxiliary aids has not extended beyond the physical boundaries of its educational programs wherever those programs are operated, including business locations other than the main campus. For example, unless the college is providing nondisabled students with transportation services to/from home, students with disabilities have been responsible, regardless of the severity of their disability, getting to/from home.

Tutoring has been regarded as within the category of services that are "for personal use or study" therefore, post-secondary institutions have not been required to provide tutoring as an accommodation to a student with a disability unless it is offered to nondisabled students.

The college is not required to provide an attendant to assist a student with homework assignments because any assistance outside the classroom is considered for personal use.

### **In order for a student to receive accommodations he/she must provide documentation to the proper person on campus.**

Under Section 504 and the ADA, colleges and universities have every right to require adequate documentation of disabilities. This has been recognized repeatedly by the Department of Education's Office of Civil Rights (OCR), which is charged with enforcing Section 504 and ADA and with investigating student complaints. In *Community College of Vermont*, 4 NDLR 406 (Sept. 17, 1993) (LRP Publications), the university had no obligation to accommodate a student as long as he refused to provide medical documentation of his disability: *Lewis and Clark* (OR), 5 NDLR 248 (Feb. 16, 1994) (LRP Publications).

**RESOURCE:**

Daniel J. Gephart, (1998). Disability Compliance for Higher Education, 1998 Year Book, LRP Publications, Horsham PA.

LRP, a monthly publication, Disability Compliance for Higher Education, can be ordered by calling (561) 622-6520.

# APPENDIXES

**Appendix A: Sample Consent Form**  
**CONSENT FORM**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize Mississippi Delta Community College's Office of Student Disability Services to communicate with the following as needed (please check any or all appropriate):

Parents or Guardians

*List exclusions, if any:* \_\_\_\_\_

MDCC Faculty/Staff; other On-Campus services (i.e. Student Services, Housing, etc.)

*List exclusions, if any:* \_\_\_\_\_

Off-Campus Services (i.e. Professionals, Schools, Vocational Rehab, etc.)

*List exclusions, if any:* \_\_\_\_\_

Communication as denoted above may include obtaining and/or releasing student's historical and/or current information regarding assessment, diagnosis, needs, recommendations, treatment, prior services, academic records, performance, or information that may relate to accommodating student's needs on MDCC's campus.

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

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

Witnessed by: \_\_\_\_\_

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

*This consent form will be valid until revoked by the student.*

*A photocopy of the original consent form shall be as valid as the original consent form.*



**Appendix B: Disability Support Services Application**



## **Guidelines for Student Disability Services**

- 1\*. Complete attached application for services, including Consent Form, and return to the Office of Student Disability Services. Explain the nature of the disability on these forms. Explain in detail what accommodations are needed. Remember to be specific.
- 2\*. Provide official documentation of disability to the Office of Student Disability Services. This documentation must be obtained from a qualified professional (physician, psychologist, etc.) and should include a description of the disability type and recommendations for appropriate accommodations. Written, professional documentation is required, even when the disability can be otherwise proven. No accommodations can be provided until proper documentation is on file.
3. The Committee will respond to requests within thirty (30) days.
4. Meet with the Coordinator of Student Disability Services for further discussion of services needed and services to be provided.
5. Should an additional request for accommodations arise, students who have already registered with the Office of Student Disability Services need not re-apply. Any student wishing to add or change the accommodations they originally requested should notify the Coordinator of Student Disability Services. Accommodations approved by the Disability Support Services Committee will be valid until revoked by the student.

\*Return all materials to: Mississippi Delta Community College  
Coordinator of Student Disability Services  
Frances Williams  
P. O. Box 668  
Moorhead, MS 38761



# MISSISSIPPI DELTA COMMUNITY COLLEGE

## STUDENT DISABILITY SERVICES

### Application for Services

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Permanent (HOME) Address: \_\_\_\_\_

School Address (if different): \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Home Cell School Other

List high schools and colleges previously attended below:

• Please list your intended major: \_\_\_\_\_

• In case of an emergency, contact: \_\_\_\_\_ phone: \_\_\_\_\_

• Type of Disability:  Deaf / Hard of Hearing  Learning Disability  
 Blind / Visually Impaired  Mobility Impaired  
 Other: \_\_\_\_\_

• Documentation from the appropriate treating professional is required in order to receive disability support services. Please list those who will be providing documentation for your file:

NAME

AGENCY

TYPE OF DOCUMENTATION

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- What specific accommodations are necessary for your success in the college setting? Please be very specific, listing each accommodation requested with as much detail as possible. Accommodations may include modifications to instruction, equipment, schedule and/or other areas. Remember, all accommodations requested must be appropriate to the disability, and must be supported by documentation from your treating professional(s).

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I understand that the Office of Student Disability Services will not disclose my records to others unless I give permission for them to do so, or unless the law authorized or compels them to do so.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**CONSENT FORM**

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

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

Date of Birth: \_\_\_\_\_

I hereby authorize Mississippi Delta Community College's Office of Student Disability Services to communicate with the following as needed (please check any or all appropriate):

Parents or Guardians

*List exclusions, if any:* \_\_\_\_\_

MDCC Faculty/Staff; other On-Campus services (i.e. Student Services, Housing, etc.)

*List exclusions, if any:* \_\_\_\_\_

Off-Campus Services (i.e. Professionals, Schools, Voc-Rehab, etc.)

*List exclusions, if any:* \_\_\_\_\_

Communication as denoted above may include obtaining and/or releasing student's historical and/or current information regarding assessment, diagnosis, needs, recommendations, treatment, prior services, academic records, performance, or information that may relate to accommodating student's needs on MDCC's campus.

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

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

Witnessed by: \_\_\_\_\_

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

*This consent form will be valid until revoked by the student.*

*A photocopy of the original consent form shall be as valid as the original consent form.*



### GENERAL GUIDELINES FOR DOCUMENTATION OF A DISABILITY

Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990 both require institutions of higher education to provide *equal access to educational opportunities to otherwise qualified "persons with disabilities."* Therefore, students requesting services from the Student Disability Services Office are required to submit documentation of the disability in order to verify their eligibility under these laws. It is the student's responsibility to seek and present documentation, which consists of an evaluation by an appropriate professional and a description of the current impact of the disability as it relates to the accommodations requested. The documentation provided is then used to evaluate the request for accommodations or aids. All documentation presented to the Student Disability Services Office is confidential and kept in confidential files.

The following guide for documentation is provided to assist you in working with your treating professional(s) to prepare the information needed to evaluate your request for accommodations. All documentation should be recent (within last three years) and should include a clear statement of the disability and its impact as it relates to the accommodation request. As appropriate to the specific disability, documentation should include:

- A diagnostic statement *clearly* identifying the disability, date of the most current diagnostic evaluation and date of the original diagnosis.
- A description of the diagnostic tests, methods, and/or criteria used including specific test results (including standardized test scores) and the examiner's narrative interpretation.
- A description of the current functional impact or limitations of the disability on learning and other major life activities, and the degree to which it impacts the individual in the learning context for which accommodations are being requested.
- A description of treatments, medications, assistive devices, accommodations and/or assistive services in current use, as well as recommendations and rationale for accommodations to be provided in the post secondary learning environment.
- A description of the expected progression or stability of the impact of the disability over time.





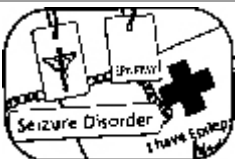



The credentials of the diagnosing professional(s), including name, title, professional certifications, licensure, and qualifications; and contact information (location/ address, telephone number, email address, etc.). Please note that diagnosing professionals shall not be family members or others with a close personal relationship with the individual being evaluated. All documentation should be dated and signed by the treating professional(s).

Requests for accommodations and supporting documentation *must be initiated by the student.*

Reasonable accommodations cannot be implemented until the student's documentation is complete. Once both the written request for accommodations *and* the documentation is received, the Disability Support Services committee will review the application and will respond within thirty (30) days.

## Appendix C: Additional Information

## COLLEGE STUDENTS WITH EPILEPSY

	
Cushion Head	Loosen Necktie
	
Turn On Side	Nothing In Mouth
	
Look For ID	Don't Hold Down
	
As Seizure Ends	...Offer Help

Epilepsy is a disorder of the nervous system. It is the general term for more than 20 different types of seizure disorders produced by brief, temporary changes in the normal functioning of the brain's electrical system. These brief malfunctions mean that more than the usual amount of electrical energy passes between cells. The sudden overload may stay in one small area of the brain, or it may swamp the whole system. Epilepsy can induce a mild seizure, causing someone to have subtle, uncontrollable shaking, or the person can have grand mal seizures, which can cause the whole body to experience convulsions. After this type of seizure the person may appear to be in a coma or asleep. They can be non-responsive for a few minutes. The person may be able to hear you, but unable to respond.

### During times of seizure attack:

1. Remain calm, explain to the class that the person is an epileptic and he/she is having a seizure.
2. If possible move objects or furniture out of the student's way.
3. Call Campus Police at 246-6470 or emergency # 246-8011
4. If possible roll the student onto their side and place something soft under their head such as a jacket, if available. Putting the person on their side will help prevent them from swallowing their tongue.
5. Do not attempt to hold the person down or put anything in their mouth.
6. Note the time when the seizure begins. If the seizure lasts more than five minutes, an ambulance should be called.



Panic Disorder is a serious condition that around one out of every 75 people might experience. It usually appears during the teens or early adulthood, and while the exact causes are unclear, there does seem to be a connection with major life transitions that are potentially stressful: graduating from college, getting married, having a first child, and so on. There is also some evidence for a genetic predisposition; if a family member has suffered from panic disorder, you have an increased risk of suffering from it yourself, especially during a time in your life that is particularly stressful.

### **Panic Attacks:**

A panic attack is a sudden surge of overwhelming fear that comes without warning and without any obvious reason. It is far more intense than the feeling of being 'stressed out' that most people experience. Symptoms of a panic attack include:

- racing heartbeat
- difficulty breathing, feeling as though you 'can't get enough air'
- terror that is almost paralyzing
- dizziness, lightheadedness or nausea
- trembling, sweating, shaking
- choking, chest pains
- hot flashes, or sudden chills
- tingling in fingers or toes ('pins and needles')
- fear that you're going to go crazy or are about to die

You probably recognize this as the classic 'flight or fight' response that human beings experience when we are in a situation of danger. But during a panic attack, these symptoms seem to rise from out of nowhere. They occur in seemingly harmless situations--they can even happen while you are asleep.

In addition to the above symptoms, a panic attack is marked by the following conditions:

- it occurs suddenly, without any warning and without any way to stop it.
- the level of fear is way out of proportion to the actual situation; often, in fact, it's completely unrelated.
- it passes in a few minutes; the body cannot sustain the 'fight or flight' response for longer than that. However, repeated attacks can continue to recur for hours.

A panic attack is not dangerous, but it can be terrifying, largely because it feels 'crazy' and 'out of control.' Panic disorder is frightening because of the panic attacks associated with it, and also because it often leads to other complications such as phobias, depression, substance abuse, medical complications, even suicide. Its effects can range from mild word or social impairment to a total inability to face the outside world.

In fact, the phobias that people with panic disorder develop do not come from fears of actual objects or events, but rather from fear of having another attack. In these cases, people will avoid certain objects or situations because they fear that these things will trigger another attack.

# What is Asperger syndrome?

## About Asperger syndrome:

Asperger syndrome is a type of disability.

There are many people with Asperger syndrome in the world.

You cannot tell that someone has Asperger syndrome by looking at them.

Asperger syndrome lasts for all of a person's life. Some people know that they have Asperger syndrome when they are children. But sometimes people do not know they have Asperger syndrome until they are older.

People with Asperger syndrome can do a lot of things and learn a lot of skills.

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## People with Asperger syndrome find these things difficult:

- They find it difficult to tell people what they need, and how they feel.
  - They find it difficult to meet other people and to make new friends.
  - They find it difficult to understand what other people think.
- 

## How do people with Asperger syndrome behave?

Here are some ways in which people with Asperger syndrome might behave.

- They can have good language skills. But some people with Asperger syndrome think that people always mean what they say. For example, someone with Asperger syndrome might not be able to tell when someone is joking.
  - They may only talk about their favorite subject.
  - They may be very interested in some things. For example, they may be very interested in trains or the weather.
  - They may not understand how other people feel.
  - They may want to take part in games or activities with other people. But they may not know how to do this.
  - They may like to play the same game or do the same thing every day.
-

## What else is special about Asperger syndrome?

Here is some more information about people with Asperger syndrome.

- They can have a good IQ and may go to the same school as children who do not have a disability. Your IQ is a number. Your IQ is a way of thinking about how much you can learn and what you can do for your age.
- They may be bullied at school because other children think they are different. Being bullied means being treated badly by other people.
- They may be very good at something. For example, they may be very good at maths, art or music.
- They may be very good at learning information.
- They may be good at concentrating on one activity. Concentrating means to focus your mind on one thing.
- They may find coordination difficult. This means that they may find it difficult to do things like use scissors, use knives and forks, or ride a bike.
- They may have learning difficulties such as dyslexia. Dyslexia makes it difficult for a person to read and spell words.
- They may have mental health problems

<http://www.autism.org.uk/>

## Appendix D: Event Accessibility Checklist

### EVENT ACCESSIBILITY CHECKLIST

This checklist is designed to be used in the planning stages for university-sponsored events by professional staff, student workers and student volunteers.

<u>Campus</u>	Yes	No
Wheelchair accessible location (elevators with lowered controls, wide hallways, lowered fountains and phones, ramps, automatic doors)	----	----
Restrooms with wide stalls and grab bars	----	----
Frequently used materials on lower shelves or staff available to assist	----	----
Equipment used by students available in wheelchair accessible areas	----	----
Accessible parking nearby	----	----
Accommodations available at planned events such as interpreters, rooms arranged for visibility of speaker, handouts in alternate format and adequate space for wheelchairs	----	----
<u>Media</u>		
Statement regarding availability of accommodations on all advertising	----	----
Videos/films with captions	----	----
Statement that alternate formats are available upon request	----	----
TTY/TDD	----	----
<u>Inclusive Policy</u>		
Appropriate attitudes of the program staff toward individuals with disabilities	----	----
Appropriate language to refer to people with disabilities	----	----

## *Appendix E-ADA flyer*

# **SERVICES FOR STUDENTS WITH SPECIAL NEEDS ARE AVAILABLE AT MISSISSIPPI DELTA COMMUNITY COLLEGE**

In compliance with Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990, Mississippi Delta Community College provides reasonable accommodations for students with special needs. To request accommodations, please contact the Center of Learning, located in the Stanny Sanders Library: telephone (662) 246-6251; fax: (662) 246-8627; e-mail: [fwilliams@msdelta.edu](mailto:fwilliams@msdelta.edu)

## **Students Have the Responsibility to:**

- Self-identify specific accommodations needed in a timely manner;
- Provide, in advance, a reasonable amount of time for a requested accommodation;
- Provide current documentation of a disability from an appropriately certified or licensed professional;
- Request in a timely manner specific accommodations that are appropriate to the documented disability;
- Maintain reasonable contact with the Center of Learning;
- Follow procedures outlined by the Student Disability Services Office.

**Appendix F: Service Animal Agreement**  
**Mississippi Delta Community College**  
**Office of Student Disability Services**  
**Service Animal Agreement**

According to the Americans with Disabilities Act (ADA), a service animal are defined as dogs\* that are individually trained to do work or perform tasks for people with disabilities. Service animals provide numerous work tasks including but not limited to; assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who have an hearing impairment to the presence of people or sounds, assisting an individual during a seizure, mobility of a person in a wheelchair, physical support and assistance with balance for individuals with mobility disabilities, retrieving medications or other devices, and by helping individuals with psychiatric and/or neurological disabilities by preventing or interrupting impulsive or destructive behaviors. \*(Under particular circumstances set forth in the ADA regulations at 28 CFR 35.136(i), a miniature horse may qualify as a service animal. Service animals are allowed in all campus buildings and in all classrooms except where specific restrictions apply.

Owner/Handler's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

1. I understand that the care and supervision of a service animal is the sole responsibility of the owner/handler. I will provide a current clean health certificate.
2. I understand that if my service animal is unruly or disruptive (e.g., excessive barking, running around unleashed, aggressive towards others, bringing attention to itself, and/or other disruptive behavior) I may be asked to remove the animal from the college facilities.
3. I understand that regular bathing or cleaning of the service animal is expected.
4. I assume all liability for injury or damage caused by any preventable actions of my service animal.
5. I understand that I am responsible to arrange alternative care of my animal in case of emergency or required to be removed due to disruption, damage, etc.
6. I understand that my animal must be harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or the individual's disability prevents using these devices. In that case, the individual must maintain control of the animal through voice, signal, or other effective controls.
7. I have read the complete "Service Animal Policy" and agree to abide by it.

\_\_\_\_\_  
Owner/Handler's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ADA/504 Coordinator

\_\_\_\_\_  
Date

Appendix G: Roommate/Suitemate Acknowledgement  
**Mississippi Delta Community College**  
**Office of Student Disability Services**  
Service/Assistance Animal Policy  
Roommate/Suitemate Acknowledgement

By my signature below, I understand that I will share the common areas of my assigned residential space with the animal approved by this agreement. Should any concerns regarding the care and control of the approved animal arise I will discuss my concern with the ADA/504 coordinator on my campus. Should any concern arise after hours, I will present my concern to the Residence Hall Supervisor who will assist and bring the concerns to the ADA/504 Coordinator.

Student Name: \_\_\_\_\_

Residence Hall: \_\_\_\_\_ Room Number: \_\_\_\_\_

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

Residence Hall Supervisor: \_\_\_\_\_

Director of Housing: \_\_\_\_\_

ADA/504 Coordinator: \_\_\_\_\_

**Appendix H: Assistance Animal Agreement**  
**Mississippi Delta Community College**  
**Office of Student Disability Services**  
**Assistance Animal Agreement**

An assistance animal is one that is necessary to afford the person with a disability an equal opportunity. An assistance animal may provide physical assistance, emotional support, calming, stability and other kinds of assistance. Animals do not perform work or tasks that would qualify them as “service animals” under the ADA. Assistance animals that are not service animals under the ADA may still be permitted, in certain circumstances, in campus housing pursuant to the Fair Housing Act.

Owner/Handler’s Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

1. I understand that the care and supervision of an assistance animal is the sole responsibility of the owner/handler. I will provide a current clean health certificate.
2. I understand that if my assistance animal is unruly or disruptive (e.g., excessive barking, running around unleashed, aggressive towards others, bringing attention to itself, and/or other disruptive behavior, etc.) I may be asked to remove the animal from the college facilities.
3. I understand that regular bathing or cleaning of the assistance animal is expected.
4. I understand that I will be required to submit medical/reasonable documentation from a licensed medical professional to the ADA/504 Coordinator and all requests will be determined on a case-by-case basis.
5. I assume all liability for injury or damage caused by any preventable actions of my assistance animal.
6. I understand that I am responsible to arrange alternative care of my animal in case of emergency or required to be removed due to disruption, damage, etc.
7. I understand that my animal must be harnessed, leashed, or tethered, unless these devices interfere with the service animal’s work or the individual’s disability prevents using these devices. In that case, the individual must maintain control of the animal through voice, signal, or other effective controls.
8. I have read the complete “Assistance Animal Policy” and agree to abide by it.

\_\_\_\_\_  
Owner/Handler’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ADA/504 Coordinator

\_\_\_\_\_  
Date



## Appendix I: Assistance Animal Professional Questionnaire

# Mississippi Delta Community College Assistance Animal Professional Questionnaire

Student's Name \_\_\_\_\_

### Proposed Assistance Animal

Name \_\_\_\_\_

Type of animal \_\_\_\_\_

Age of animal \_\_\_\_\_

The student listed above has indicated that you are a qualified professional (physician, psychologist, social worker, LPC, etc.) who is discussing with your client having an Assistance Animal (AA) is necessary to provide them with an equal opportunity to use and enjoy College housing. So that we may better evaluate the necessity of an AA for this student, please read the following information and answer the questions to the best of your ability.

### Information Regarding the Student's Disability

A person with a disability includes "any person who (1) has a physical or mental impairment which substantially limits one or more major life activities, (2) has a record of such an impairment, or (3) is regarded as having such an impairment."

An Assistance Animal is an animal that works, provides assistance, or provides emotional support that alleviates one or more identified symptoms or effects of a student's disability **related to successful living in the campus housing room.**

There must be an established, documented, nexus between the student and animal through which the work of the AA alleviates the disability. The work or support the AA provides **must be directly related to the limitations or needs connected to the documented disability of the student to benefit in housing.**

Assistance Animals are **neither** pets **nor** therapy animals. Animals whose sole function is to provide support or comfort **without** a nexus to the disability are **not** Assistance Animals.

### **Mental Health Need**

Does the above named student have a mental health related disability under this definition?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe the nature of the student's mental health impairment, including how the student is substantially limited.

How long have you been working with the student regarding this mental health diagnosis?

What other treatment recommendations has the student tried that have proven to be successful or unsuccessful?

Does the student require ongoing treatment for this diagnosis? Alternatively, have you recommended ongoing treatment? Please explain if needed.

Yes \_\_\_\_\_ No \_\_\_\_\_

### **Information Regarding the Proposed Assistance Animal**

Is this animal that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

What symptoms will be reduced by having the Assistance Animal?

Is there evidence that an Assistance Animal has currently helped this student or helped in the past? Please explain.

### **Importance of Assistance Animal to Student's Well-Being**

In your professional opinion, how important is it for the student's well-being that the AA in residence on campus? What consequences, in terms of the disability symptomology, may result if the accommodation is not approved?

Have you discussed the responsibilities associated with properly caring for the animal while engaged in typical college activities and residing in college housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way? Please explain.

Please provide contact information, sign and date this request for information, and return it to:  
Frances Williams  
P. O. Box 668  
Moorhead, MS 38761

Contact Information

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Professional Signature

\_\_\_\_\_  
License # \_\_\_\_\_ Date \_\_\_\_\_

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date.

## RESOURCES

*Student with Disabilities and Assistive Technology, Mississippi State University*

*Project START, MS Department of Rehabilitation Services*

*Project PAACS (Postsecondary Accommodations for Academic and Career Success*

*Disability Compliance for Higher Education*

*University of Vermont Teleconference, Jeanne M. Kincaid permission granted*

*Special Thanks to Copiah-Lincoln Community College*

*Special Thanks to Meridian Community College*

*Special Thanks to Pearl River Community College*

*Special Thanks to Northeastern State University*