TEACHING STUDENTS WITH DISABILITIES

A Resource Guide for Faculty

Acknowledgements

The creation of this publication came from years of working directly with students with disabilities and their classroom instructors. The sections on **Strategies and Suggestions** are practical approaches for designing an accessible and barrier free learning environment. Much of the information included here has been gathered from existing publications and the dedicated work of other professionals in the fields of education and disability.

Sources: Written material is based on experience of professionals and publications issued by such organizations as the McBurney Resource Center, Higher Education and the Handicapped (HEATH) Resource Center, President's Committee on Employment of People with Disabilities (Washington, D.C., 1992), *Measuring Student Progress in the Classroom* (HEATH), Onondaga Community College Reference Manual: *Reasonable Accommodations for Students with Disabilities, The College Student with a Disability: A Faculty Handbook (*Washington, D.C., The President's Committee on Employment of the Handicapped, 1980). Descriptions of specific disabilities are taken from in full or modified from, *LaGuardia Community College Edition: Reasonable Accommodations, A Faculty Guide to Teaching College Students with Disabilities*.

Additional information on disabilities and resources are available from: ADA 1-800-949-4ADA and from the Suffolk County Community College website:
www.sunysuffolk.edu/StudentServices. Select Disability Services.
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I. INTRODUCTION

The **purpose of this guide** is to provide Suffolk County Community College (SCCC) faculty with **policies, practical information and suggestions** to help meet the needs of students with disabilities in their classrooms.

Students with disabilities are a rapidly growing minority within SCCC, SUNY and elsewhere in American higher education. In the years to come, we can expect to see more and more students with disabilities entering the classroom. The results of mainstreaming and inclusion in the secondary schools, combined with a sincere effort to eliminate architectural and programmatic barriers at the post-secondary level, have allowed individuals with disabilities to more actively pursue higher education. Additionally, increasing numbers of people with disabilities see higher education as a means of expanding options for employment and independence.

The responsibility to accommodate students with disabilities extends beyond our college's commitment to fulfill the promise of access. There is a legal imperative embodied in Section 504 of the Rehabilitation Act of 1973 (often referred as the "Civil Rights Act" for the disabled); which states, in part:

> *No otherwise qualified handicapped individual...shall, solely by reason of his handicap be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.*

In order to comply with this mandate, colleges and universities that receive Federal assistance **must** assure that the same educational programs and services offered to other students are available to students with disabilities. To accomplish this goal, both physical and programmatic access must be provided. This means more than the removal of architectural barriers and the provision of auxiliary services. It means that **reasonable accommodations must be made in the instructional process.**

The means of achieving this ideal are often not merely matters of judgement. They are matters of knowledge and sensitivities that some simply do not have because of inexperience in providing services for individuals with disabilities. This handbook is designed to fill such gaps, to heighten awareness and provide basic information for the benefit of both faculty and students.

Philosophy

Suffolk Community College is **committed to providing all students with the opportunity to reach their full potential.** This includes promoting independence and assisting students with disabilities in becoming their own best advocates. The college assists with necessary support services, and students are expected to assume an active role in making arrangements on their own behalf.

II. LEGISLATION SUPPORTING STUDENTS WITH DISABILITIES

The Rehabilitation Act of 1973 (amended 1977) prohibits discrimination on the basis of disability. Section 504 specifically refers to **all colleges and universities** and mandates that they **be free from discrimination in recruitment, admissions and treatment of students.** The college must also make reasonable accommodations in the academic program to insure maximum participation by all students with handicapping conditions.

The term handicapped includes such conditions as speech, hearing, visual and orthopedic impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, diabetes, heart disease, substance abuse, emotional illness, and specific learning disabilities such as perceptual handicaps, dyslexia, minimal brain dysfunction and developmental aphasia.

Under Section 504, the student who is disabled is assured of an equitable chance to compete in college. The post-secondary institution's responsibility is to provide accommodations that will enable the student who is disabled to take part in the typical activities and services that are open to its students. In order to insure equal opportunity, the overall post-secondary education experience of a student with a disability must be comparable to that of his/her non-disabled counterpart. These accommodations do not insure success, nor do they take the form of privileges. Accommodations are implemented so those barriers that have been either consciously or unconsciously presented to the person as a result of his or her disability do not impede a person’s academic prerogative.

The college must provide the same opportunities for qualified students with disabilities as for students without disabilities, to participate in campus programs and activities including academic, research, occupational training, housing, health, counseling, physical education, transportation, and extra-curricular activities.

Accommodations or modification of academic requirements may be necessary for qualified students with disabilities. Modifications may include changes in the length of time permitted for the completion of degree requirements and adaptation of the manner in which classes are conducted or learning is demonstrated.

The college must notify students, applicants, and employees that the college does not discriminate in its programs and activities. Methods of initial and continuing notification may include the posting of notices, publications in newspapers and magazines, placement of notices in college publications, and distribution of memoranda and other written materials.

If a student who is disabled feels that his or her rights, as stated above, have been violated, and the situation cannot be resolved between the parties involved, several avenues of recourse are available on campus. First, the special services counselor and/or the dean of Student Services should be contacted for an in-depth discussion of the situation. If the situation still can not be resolved established grievance procedures should be followed to investigate and/or remedy the problem. For information about this procedure, students should contact the Section 504 Compliance Officer (Executive Assistant to the President) on campus.

III. MYTHS ABOUT STUDENTS WITH DISABILITIES

In accommodating students with disabilities, it is vital to remember that similarities with others are much more significant than differences. **Most importantly, we are dealing with students**; they come to college for the same reasons other students do, and thus have the same range of academic abilities. People with disabilities, like other minority groups, are actively seeking full civil rights and want to be accepted in their communities as equals. What you write and what you say can enhance the dignity of people with disabilities, promote positive attitudes about their abilities, and affect the public's perception of their worth.

Let your descriptive words emphasize the person's worth and abilities, not the disabling condition. **Refer to the person first rather than the disability.** The phrase "people with disabilities" is preferred, for instance, over "the disabled" which tends to emphasize disability and creates the image of an unusual and homogeneous group. Examples of preferred affirmative phrases include:

- a person who uses a wheelchair vs. cripple, deformed or confined to a wheelchair
- a person without a disability vs. normal person (it implies that a person with a disability isn't normal)
- a person who is deaf or a person who is hearing impaired vs. suffers a hearing loss

There is no reason to avoid using terms that refer to the disability, such as "blind," "see," and "walk." However, you should take care to avoid generalizing a particular limitation to other aspects of a student's functioning. Often, for example, people in wheelchairs are spoken to very loudly, as if they had a hearing impairment. Students with a disability will probably have had some experience with the kind of initial uneasiness you may bring to the relationship.

Our best intentions often run into attitudes that dramatically distort our relations with persons with disabilities. Prevailing myths include:

- **The myth of the helpless invalid**
- **The myth of the invisible untouchable**
- **The myth of the heroic cripple**
- **The myth of the "spread" phenomenon**

Stereotyping not only perpetuates prejudicial treatment given to persons with disabilities elsewhere; it may undermine scholastic performance. It serves to reinforce negative attitudes that people with disabilities are trying to change.

IV. TEACHING STUDENTS WITH DISABILITIES

It is expected that Suffolk County Community College professionals will, at some point, be teaching students who have a disability. Concerns arise regarding the extra time required in working with such students, possible disruption of classroom procedures, and the sacrificing of quality education by making modifications in teaching methods and course requirements. Often, apprehension about these concerns is due to a lack of information and may interfere with a realistic appraisal of the situation.

Generally speaking, all students require varying amounts of assistance in order to make optimal use of their college experience. Students with disabilities are expected to meet the same standards of academic performance as all students. **It is not necessary to lower academic standards to accommodate a student with a disability**. In most cases, waivers of requirements instead of modifications do a disservice to the student.

Nevertheless, some course modifications and adjustments may be necessary in order to equalize the competitive disadvantage caused by a disability. The same treatment is not always equal treatment when a functional or processing problem limits a student's involvement in an activity. Adjustments may include extending time limits on tests, modifying the method of testing, use of auxiliary aids and accepting alternate methods that may be necessary to accommodate the student's specific situation.

The special services counselor on campus evaluates a student's academic needs based upon required documentation and subsequently generates a determination of "reasonable" accommodations and services. Although many students have already developed workable methods for managing their education, sometimes it is necessary for a student to discuss specific problem areas with his/her professor. Thus, the implementation process is fostered by **continuous communication among student, professor and special services counselor.**

Some students will identify themselves as having a disability by contacting the special services counselor and/or their instructors before or early in the semester. Others, especially those with "hidden" disabilities (hearing loss, legal blindness, cardiac conditions, learning disabilities, cancer, diabetes, kidney disease and psychiatric disorders), may not because of shame, their distaste for special treatment, or their fear of being disbelieved either about the legitimacy of their situation or the need for accommodations. Such students, in the absence of instructional adjustment, may run into trouble academically. In a panic they may self-identify just before an examination and expect instant attention to their needs.

Conversation between the student and instructor is critical. Encourage dialogue early on in the semester and follow-up meetings as needed. It is acceptable to discuss the student's disability as it relates to the course. It is helpful for **faculty to make an announcement at the beginning of the semester, or include a statement on the course outline, inviting students with disabilities to discuss their academic needs after class.** An example of such a statement might be, "If you are a student who has a disability and need information about obtaining services, you can contact a special services counselor. You will need to identify yourself as having a disability and provide appropriate documentation to be eligible for accommodations." These announcements ought to be done in a sensitive way so as not to embarrass the student. You may find such an approach awkward, at least initially, but the end result will be extremely beneficial if the student's condition is made known at the outset.

Dividing the responsibilities. Students with disabilities are responsible for identifying their disabilities and using their accommodations. Faculty is instrumental in making the needed adjustments to the learning environments for students with disabilities. Examples include:

Attendance and promptness. The student using a wheelchair or other assistive devices may encounter obstacles or barriers in getting to class on time. Others may have periodic change in functioning, due to disability or from medication. Flexibility in applying attendance and promptness rules to such students would be helpful.

Classroom adjustments. A large segment of students with disabilities may be served in the classroom by making book lists available prior to the beginning of the semester, by careful seating arrangements, by speaking facing the class, and by writing key points and assignments on the chalkboard.

Functional problems. Careful attention is required to cope with the subtle and sometimes unexpected aspects of a disability. Chronic weakness and fatigue characterize some disabilities and medical conditions. Drowsiness, fatigue or impairments of memory may result from prescribed medications. Such changes in functioning may interfere with the student's ability to perform and should be distinguished from the apathetic behavior it may resemble.

V. ACCOMMODATIONS

For students **to receive accommodations in the classroom**, they must submit current documentation from a physician, appropriate health care provider, school or rehabilitation agency to a special services counselor. This documentation identifies the nature and duration of their disability as well as the requirements necessary to minimize the impact of the disability in a college environment.

A special services counselor meets with the student requesting classroom accommodations. Together they secure the appropriate documentation, and then discuss the type and method of **classroom accommodations he or she is entitled to by law** as well as the appropriate way to approach faculty. At the same time, the special services counselor also assists the student with awareness and use of academic support services and identification of assistive technology that exists on campus.

Once this meeting has occurred and the documentation is in place, the counselor prepares **a faculty notification form** to be submitted to instructors (Appendix A). This **confidential** form identifies all the services and accommodations that the individual is legally entitled to receive. This form does not indicate what the student’s disability is, only that the student has a disability as defined by law. **An instructor cannot refuse to accommodate a student** in any of the indicated areas on this form. Reasonable accommodations are not a choice, but rather a Federal mandate.

The determination of a need and appropriateness of the accommodation is not open to reinterpretation or negotiation by faculty. These forms will be specific to each student as to where and how the accommodations must be provided. However, if you have concerns or ideas about how to better assist the student, such as an appropriate alternative to a standard accommodation, do not hesitate to talk directly to the student and/or the special services counselor.

VI. UNDERSTANDING ACCOMMODATIONS

1. **Interpreter/Signer –** An interpreter is secured to accompany a student with a hearing impairment to class. The interpreter typically "mouths" what is being said while manually using sign language. Their services are paid for and arranged through the special services counselor. Typically, the same interpreter will accompany the student throughout the length of the course. Occasionally, a substitute interpreter will accompany the student in the absence of the contracted one. There are times when the contracted interpreter is unable to give sufficient notice for a substitute to be employed. In these cases, every effort will be made to find a suitable alternative.

2. **Note Taker –** It is the responsibility of the instructor to arrange for a note taker in class. Sometimes the student with a disability is confident enough to arrange for this service on his or her own. Do not however, expect the student to do so. Simply address the class, asking for a volunteer to take notes for another student (do not identify the student with a disability at this juncture). Ask the volunteer to remain after class to discuss the process and meet the student in need. The student with a disability can obtain carbonized notepaper from the special services counselor to share with the note taker or the instructor can arrange to copy notes in the faculty office.

3. **Tape Recorded Classes –** Often an instructor feels hesitant to allow a student with a disability to tape record a class, especially when students are disclosing personal information. Again, this accommodation cannot be refused (it can be modified for personal dialog) if it has been indicated as necessary on the faculty notification form. An instructor can request that the tapes be submitted to him/her at the end of the semester.

4. **Use of a Calculator -** The college has a special calculator policy for developmental math courses. Specifically, in MA01, students are not permitted to use calculators on examinations for topics where the emphasis is computational. The topics that have been judged to be computational are operations on whole numbers (Keedy, Chapter 1), fractions (Keedy Chapters 2,3), decimals (Keedy, Chapters 4,5), and real number system/signed numbers (Keedy, Chapter 11).

Students are entitled to use a calculator on topics where the emphasis is more conceptual than computational. Those topics judged to be conceptual are ration and proportion (Keedy, Chapter 6), percent (Keedy, Chapter 7), and geometry (Keedy, Chapters 9, 10).

For all other mathematics courses, students with disabilities are entitled to use calculators (with the exception of graphing calculators) if it has been indicated on the faculty notification form. Note: calculators may be equipped with both a visual and audio output.

5. **Use of a Scribe –** This accommodation is appropriate for those who have difficulty writing as a result of a physical impairment, visual impairment and/or specific learning disability. Arrangements are made among the special services counselor, faculty member and student as to where and how a scribe will assist the student. A scribe can record answers to exam questions and in-class writing assignments. Unless otherwise indicated on the faculty notification form, the student with a disability is responsible for indicating to the scribe the proper spelling of more difficult words, punctuation, paragraphing, etc. In some cases, access to a word processor and extended time allows the student to produce his or her own work independently.

6. **Special Seating Arrangements –**Often it is important for students with visual or hearing impairments and/or learning disabilities to be seated in the front row. Students with mobility impairments may require a separate desk and chair or a table that can accommodate a wheelchair. These arrangements are typically made in advance with the special needs counselor.

7. **Special Testing Conditions**:

   a. Extended Time - The **standard allocation of extra time** on examinations, quizzes, etc., is **time and one-half**. Double the time or unlimited time may be appropriate in some isolated situations (using readers, scribes or adaptive equipment takes a longer amount of time) and would be indicated on the faculty notification form. Often, faculty can arrange for the extra time allocation with the student by meeting before or after class, during office hours, etc. However, if the faculty notification form indicates that a student is entitled to extended time and to take an examination in a separate location, the student must be allowed to take his or her exam in the location that is specified on the form; a separate location cannot be negotiated away (see section on alternate locations).

   b. Readers – The accommodation for readers for exams can vary from needing directions read and/or clarified, to having the entire test read. The faculty notification form will indicate where a student is to take the exam in order to have a reader present. It is the student's responsibility to make an appointment with the office that will be providing readers as soon as a test date is known. Ideally, the student will be taking the exam at the same time the class is scheduled to do so. It is the instructor's responsibility to see that the exam is delivered to the specified location and ready upon the student's arrival. Those who provide reading accommodations are bound by the same standards of conduct, as are the students who are taking the exams.

   c. Alternate Testing Location – An alternate location is made available to provide testing situations that are private, quiet, and uninterrupted. Such locations are available on each campus as indicated on the faculty notification form.

   d. Use of Spell Checker/Omit Spelling from Grading – When use of a spell checker applies to a student with a disability, grading lower for spelling errors is not acceptable. There are several options to meeting this accommodation. Students can use a word processor with a spelling check option, use of a hand-held "Franklin Speller," obtain the services of a proofreader, or have the instructor ignore spelling errors. A student who has this need indicated on the faculty notification form cannot be penalized for spelling errors.

   e. Alternative Test Format – Changing a test format is considered when it appears that the exam discriminates on the basis of a student's disability, rather than measuring knowledge of the course content. The burden of proof is on the faculty member who insists on a specific testing method to prove that it is essential to the occupation and/or licensing requirements. Changes in test formats include oral exams rather than written ones, having the exam material on tape, dictating answers into a tape recorder, large print editions of tests, increased spacing between test items, etc.

   f. Answers Recorded in Any Manner – Some students may not be able to record test answers conventionally and have learned to respond in a manner that is appropriate for them. They may not be able to use computer-scored answer sheets or circle multiple choice answers. Alternate methods include writing directly on the test, using a scribe, etc.

Note: Accommodations are not given as privileges, but as modifications in order to minimize or eliminate the impact of the disability and to give such students equal access and a chance to demonstrate mastery of the course material. **Accommodations provide equal opportunity, not guaranteed success.**

VI. UNDERSTANDING DISABILITIES

1. MOBILITY IMPAIRMENTS

Mobility impairments generally restrict the person's gross motor functioning and may require use of specially constructed equipment. Mobility impairments may also effect strength, coordination, endurance or dexterity that are necessary for proper hand function. Disabilities that generally restrict mobility and motor functioning are:

a. Cerebral Palsy - disabling conditions that result from damage to the central nervous system. The effects can cause an inability to control bodily movement, and can affect speech or hearing. Such individuals may walk with crutches or use a wheelchair thus; access to the environment may be restricted. Architectural barriers may impede travel.

b. Arthritis - a progressively degenerative disease creating an inflammation of the joints; mobility problems may be encounter. Fine motor control is often impaired and writing may be difficult and/or painful.

c. Congenital defects - impairments exist from birth, and may include the total or partial loss of limbs (requiring the use of prostheses). Mobility may require wheelchair use. Impairment of individual body functions may also exist.

d. Spinal cord injury - damage results in severely scarred or a partially severed spinal cord.

1. **Quadriplegia -** paralysis of the upper and lower extremities. Use of a wheelchair is required.
2. **Paraplegia** - paralysis of the lower extremities. Use of a wheelchair is nearly always necessary.
3. **Hemiplegia** - incomplete paralysis involving one side may result from spinal cord injury, stroke or traumatic brain injury. Ambulating is sometimes possible with the use of aids.

e. Multiple Sclerosis – a progressive disease of the central nervous system. It is characterized by a decline of muscle control. Symptoms range from mild to severe, including blurred vision, blindness, tremors, weakness or numbness in limbs, unsteady walk, paralysis, slurred speech, mood swings or attention deficits. Onset usually occurs between the ages of 20 and 40, thus students are likely to be adjusting to his/her condition. Progression of multiple sclerosis is highly unpredictable; periodic remissions are common and may last from a few days to many months as the disease progresses. Mood swings from euphoria to depression may occur. It is not unusual to have inconsistencies in performance.

f Muscular Dystrophy - is a group of hereditary, progressive disorders producing degeneration of voluntary muscles of the torso and lower extremities. Atrophy of the muscles results in fatigue and chronic weakness. This may cause respiratory or cardiac problems. Walking may be slow and appears uncoordinated. Manual dexterity of materials in class may be difficult.

Strategies and Suggestions

- **Classroom Accessibility -** Courses should be scheduled in accessible classrooms. Classes may need to be relocated if a student with a mobility impairment enrolls in a class where the location is inaccessible.
- **Lateness and Absences** - Students with mobility impairments may be unavoidably late for class due to slow elevators, stairs, narrow/heavy doors, lack of accessible rest rooms, van service difficulties, roundabout accessible pathways, parking and weather problems. As a result, reasonable consideration is needed for absence or lateness under these circumstances. In addition, physical problems may require absences for medical treatment. Student and instructor may want to plan for these occasions so the student will not miss out on important class material. If absences become excessive, withdrawal from the course may be necessary. Because many students with mobility impairments rely on private transportation services, it is imperative to contact the student directly and expeditiously when a class is cancelled.
- **In class** - Every effort ought to be made to integrate the student with a mobility impairment into the class. Relegating them to a doorway, a side aisle or the back of the room should be avoided. Portable stations may replace laboratory stations that are too high for wheelchair users to reach or transfer to.
  Note: Some students may need to be accompanied to class by a nurse or an aide.
- **Internships -** Advance preparation is required to insure that the work site is barrier free and that accessible transportation is available.
- **Conferences, Special Meetings -** Students should not have to miss special meetings, conferences with advisors, or other such events because of inaccessible locations. Conferences or meetings should be moved to an accessible location as soon as possible when a student with a disability will be attending. Also, the student should be notified in advance if the schedule or location is changed.

2. MANUAL DEXTERITY IMPAIRMENTS

Impairment on a student's classroom functioning depends on the degree of muscle weakness or impairment present. Often students with manual dexterity problems are also mobility impaired, requiring additional attention to architectural and environmental barriers.

Strategies and Suggestions

- **Science Labs -** Students and instructors should jointly develop methods to enable the student to have the fullest extent of participation possible. Often, lab equipment, tools, machinery can be adapted without undue expense. Pairing students with a disability with other students or using an assistant may be sufficient. Requirements may have to be altered to allow students to demonstrate an understanding of the use of the equipment, theory, and methodology involved.

3. LEARNING DISABILITIES

A learning disability is a permanent disorder that affects the way individuals take in, retain and express information. Like radio interference or a scrambled TV screen, incoming and/or outgoing information may become jumbled as it travels from the eye, ear or skin to the brain. Often inconsistent, problems may be present on day but not the next. It may also manifest itself in only one specific academic area, such as spelling, math or foreign language.

Students with learning disabilities are generally regarded as having average to above average intellectual abilities. He/she does not typically achieve at a level commensurate with his/her age or ability. Often he/she demonstrates a severe discrepancy between achievement and intellectual ability in one or more areas and not resulting from primarily visual, hearing or motor dysfunction, or from mental retardation or emotional difficulties. With appropriate supportive services, most students with a learning disability will be able to achieve close to their potential level of intellectual ability.

Common Characteristics:

Reading Skills

- Slow reading rate and/or problems in modifying reading rate in accordance with material difficulty
- Poor comprehension and retention
- Difficulty identifying important points and themes
- Poor mastery of phonics, confusion of similar words, difficulty integrating new vocabulary

Written Language Skills

- Difficulty with sentence structure (e.g., incomplete sentences, run-ons, poor use of grammar, missing inflectional endings)
- Frequent spelling errors (e.g., omissions, substitutions, transpositions), especially in specialized and foreign vocabulary
- Inability to copy correctly from a book or the blackboard
- Slow writer
- Poor penmanship (e.g., poorly formed letters, incorrect use of capitalization, trouble with spacing, overly large handwriting)

Oral Language Skills

- Inability to concentrate on and comprehend oral language
- Difficulty in orally expressing ideas
- Written expression is better than oral expression
- Difficulty speaking grammatically correct English
- Cannot tell a story in proper sequences

Mathematical Skills

- Incomplete mastery of basic facts (e.g., mathematical tables)
- Reverses numbers (e.g., 123 to 321 or 231)
- Confuses operational symbols, especially +, x
- Copies problems incorrectly from one line to another
- Difficulty recalling the sequence of operational processes
- Inability to understand and retain abstract concepts
- Difficulty comprehending word problems
- Reasoning deficits

Organizational and Study Skills

- Time management difficulties
- Slow to start and complete tasks
- Repeated inability, on a day-to day basis, to recall what has been taught
- Difficulty following oral and written directions
- Lack of overall organization in written notes and compositions
- Demonstrates short attention span during lectures
- Inefficient use of library reference materials

Social Skills

Some students with learning disabilities may also have socialization difficulties due to inconsistencies in perceptual abilities. Similar to visual perceptual problems, such as discriminating between the letters b and d, a student may be unable to detect the difference between a joking wink and a disgusted look. Students with auditory perceptual problems might not notice the difference between a sincere and sarcastic comment, or be able to recognize changes in tone of voice. Such difficulties in interpreting nonverbal messages may result in difficulty meeting people, working cooperatively with others, making friends and lowered self-esteem.

Material on learning disabilities is excerpted from: College Students with Disabilities, McBurney Resources Center

Strategies and Suggestions

- **Provide additional visual instruction** for students with auditory processing problems or **auditory opportunities** for students with visual processing problems.
- **Modify test format -** examples include orally testing a student who has great difficulty with the writing process; eliminating fill-in-the blanks for the student whose memory will not allow retrieval of single word answers; or simply allowing the student with perceptual problems to write on the exam itself, rather than on the grid answer sheet.
- Provide students with a **detailed course syllabus**. Make it available before the start of classes.
- **Clearly spell out expectations** before course begins (e.g., grading, materials to be covered, due dates).
- **Start each lecture with an outline of material** to be covered that period. At the conclusion of class, briefly summarize key points.
- **Speak directly to students**, and use gestures and natural expressions to convey further meaning.
- Present new or technical **vocabulary on the blackboard** or use a handout. Terms should be used in context to convey greater meaning.
- **Give assignments both orally and in writing** to avoid confusion.
- **Announce reading assignments well in advance.** For students who are using taped materials, it takes an average of six weeks to get a book tape-recorded.
- **Provide study questions** for exams that demonstrate the format, as well as the content of the test. Explain what constitutes a good answer and why.
- **Provide adequate opportunities for questions** and answers, including review sessions.
- If possible, select a textbook with an **accompanying study guide** for optional student use.
- **Encourage students to use campus support services** (e.g., assistance in ordering taped textbooks, alternative testing arrangements, peer support groups, study skills training, academic tutorial assistance, computer lab, etc.)

Success in the classroom can be greatly altered by these and many other accommodations, which in **no way waters down the content**, but in fact provides an **equal opportunity to succeed**.

4. HEARING IMPAIRMENTS

The most severe hearing disabilities manifest when a person is born deaf or becomes deaf prior to speaking. Because language is not heard, impairments generally extend beyond hearing to speaking and reading. Students may rely on lip reading, which by itself enables them to comprehend only 30 to 40 percent of the spoken word even when the skill is highly developed. Those with a partial degree of hearing ability may be assisted by amplification provided by hearing aids, public address systems, and transmitter-receiver systems (with a clip-on microphone for the speaker). Students who are deaf often rely on sign language, which requires the services of an interpreter who "mouths" what is being said and translates language through a standardized form of hand communication.

Strategies and Suggestions

- **Provide the interpreter and student with a list of technical words at the beginning of the semester** allowing them time to develop or learn signs for those words.
- **Reserve a front-row seat** for the student. If an interpreter is present, the student should be positioned in such a way as to see both you and the interpreter.
- **Face the student**; keep your face within view whenever you speak, and speak in a natural tone of voice.
- If an interpreter is present, **speak directly to the student and not to the interpreter**.
- At the beginning of a presentation and after intervals, **draw the student's attention** by touching his or her desk before speaking.
- **Repeat the question** and remarks **of other people** in the room.
- **Use the chalkboard to reinforce** spoken presentations to the extent practical.
- When possible, **provide the student with class outlines,** lecture notes, lists of new technical terms and printed transcripts of audio and audio-visual material.
- **Keep a minimum amount of lighting** on when presenting **audio-visual** information so your face or the interpreter's can be seen at all times. Alternatively, **facilitate independent viewing time** for audio-visual materials.
- Do not hesitate to **communicate with the student in writing** when conveying important scheduling information or when other occasions call for it.

5. VISUAL IMPAIRMENTS

The range of visual impairments is from partial loss to total blindness. The definition for legally blind is visual acuity of 20/200 or less in the stronger eye with use of corrective lenses. Legal blindness usually involves some vision. Partially sighted individuals may rely on residual vision with the use of adaptive equipment. Students function independently with the use of an enlarger, magnifying eyeglasses, cane or guide dog, reader services, tape recorder, and taped textbooks.

Students can participate fully in classroom activities, discussions and group assignments. For taking notes, some may choose to utilize adaptive equipment such as portable or computerized Braillers. Challenges may occur in laboratory classes, field trips and internships. Proper planning and use of adaptive equipment can provide access to such opportunities.

Strategies and Suggestions

- For students with severely impaired vision, **advance preparation for the class** will be necessary**.** Last-minute assignments can present a problem due to preparation and reader scheduling.
- Make note of the **furniture arrangement** in that particular classroom and see to it that it remains the same throughout the semester.
- **Verbalize** information presented on chalkboard or overhead projector.
- **Provide a required reading list as soon as possible** for student to obtain taped texts.

6. EMOTIONAL DISABILITIES

Emotional or psychiatric disabilities may present some of the more subtle challenges in the classroom and require sensitivity on the part of the instructor. Impairments may be hidden and/or sporadic and result in little or no effect on learning. Unlike other disabilities however, emotional disturbances may manifest themselves in negative behavior ranging from indifference to being disruptive in class.

Depression is one of the more common impairments. Depression may be temporary and a stress response to demands at college, on the job, or due to personal relationship problems. Symptoms may appear as apathy, disinterest, inattention, impaired concentration, irritability, or fatigue. Other physical symptoms may result in changes in eating, sleeping, or other living patterns. In certain students there may be a pathological sense of hopelessness or helplessness, which may provoke, in its extreme, threats or attempts at suicide

Anxiety is also a common impairment and varies according to life stresses. Anxiety may manifest as withdrawal, constant talking, complaining, joking, crying, fantasizing, fear, and sometimes panic. Physical symptoms may also include lightheadedness and hyperventilation.

Students may express a full array of psychiatric disorders, some manifesting in inappropriate classroom behavior or inadequate completion of assignments. Some students in treatment may be taking prescription medication to help regulate disturbing feelings, thoughts, and behaviors. Some medications can cause undesirable side effects such as drowsiness and disorientation that would be evident in class.

Strategies and Suggestions

- As soon as possible, **discuss inappropriate classroom behavior** with the student privately, directly, and forthrightly, clearly delineating the limits of acceptable conduct.
- In your discussions with the student, **do not attempt to diagnose or treat** the psychological disorder; only discuss the student's behavior in the class.
- If you sense that discussion would not be effective, or if the student approaches you for therapeutic help, **refer the student to the Counseling Center.**
- **Promptly refer** to the college's proper disciplinary or security channels any **behavior that continues to be disruptive or is otherwise abusive or threatening in any way.**

7. SPEECH IMPAIRMENTS

Speech impairments range from difficulties in the mechanics of speech to the complete inability to use the voice. Others fluency problems exist such as stuttering and stammering or poor articulation of particular words or phrases. Some speech impairment difficulties may be modified by mechanical devices such as "electronic speaking" machines or computers with voice capacity. Others impairments may be treated through speech therapy. Anxiety often surfaces when group communication projects are assigned, triggering the various speech impairment difficulties.

Students with speech impairments may be reluctant to speak in class and/or may require more time and patience to be understood. Practice listening to the student, it makes it easier to understand him/her. The special services counselor or a friend of the student can attend an initial interview or planning conference to facilitate communication.

Strategies and Suggestions

- **Patience** is the most effective strategy in dealing with students who have speech impairments.
- Give the opportunity but **do not compel students to speak in class.**
- **Permit the time required** by the student **to express him or herself** without unsolicited aid in filling gaps in their speech.
- Do not be reluctant to **ask the student to repeat a statement.**
- **Address students naturally.** Do not assume the "spread phenomenon" (i.e., that they cannot hear or comprehend).
- **Consider course modifications**, such as one-to-one presentations and the use of a computer with a voice synthesizer.
- **Alternatives for classroom participation** might be considered if the student finds speaking in class too difficult.
- If possible, **oral exams** should be **avoided**.

8. ALCOHOL AND SUBSTANCE ABUSE

Substance abuse is a psychological and/or physiological dependence on a chemical substance such as illegal drugs, prescription drugs and/or alcohol. Students recovering from drug or alcohol abuse or who are in treatment programs are protected by Federal legislation.

These students may struggle with psychological problems such as depression, anxiety and low self-esteem. Such students may have poor behavioral control and, if using medication as part of their treatment, may experience negative side effects such as memory loss or attention problems.

Strategies and Suggestions

- **Clearly spell out expectations** before course begins (e.g., grading, materials to be covered, due dates).
- **Start each lecture with an outline of material** to be covered that period. At the conclusion of class, briefly summarize key points.
- Present new or technical **vocabulary on the blackboard** or use a student handout. Terms should be used in context to convey greater meaning.
- **Give assignments both orally and in writing** to avoid confusion.
- If possible, select a textbook with an **accompanying study guide** for optional student use.

9. ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

Acquired Immune Deficiency Syndrome is a condition caused by a virus that attacks the body's immune system. This condition leaves the student vulnerable to opportunistic infections and other disorders when the immune system has been compromised. The virus may be transmitted through sexual contact and/or needle sharing with intravenous drug users; it cannot be transmitted through casual social contact.

Strategies and Suggestions

- Extreme fatigue is a common symptom thus **classroom adaptations** can be beneficial.
- Students may be afraid to reveal their condition because of the social stigma, fear and/or misunderstanding surrounding this illness. It is therefore exceptionally important that the **strictness of confidentiality be observed**.
- If the issue should arise in class, it is important to **deal openly and non-judgmentally** with it and to foster an atmosphere of understanding.

10. CANCER

Cancer occurs in almost any organ system of the body and the symptoms and challenges vary greatly from one person to another. Symptoms typically include; visual problems, lack of balance and coordination, joint pains, backaches, headaches, abdominal pains, drowsiness, lethargy, difficulty in breathing and swallowing, weakness, bleeding, anemia, nausea, drowsiness, and fatigue. Surgery for cancer can result in amputation, paralysis, sensory deficits, and language and memory problems. These conditions may affect academic functioning and/or cause absences.

Strategies and Suggestions

- Physical problems may require **absences for medical treatment.** Student and instructor may want to plan for these occasions so the student will not miss out on important class material. Excessive absences may necessitate a withdrawal from the course.
- **Clearly spell out expectations** before course begins (e.g., grading, materials to be covered, due dates).
- **Start each lecture with an outline of material** to be covered that period. At the conclusion of class, briefly summarize key points.
- Present new or technical **vocabulary on the blackboard** or use a student handout. Terms should be used in context to convey greater meaning.
- **Give assignments both orally and in writing** to avoid confusion.
- If possible, select a textbook with an **accompanying study guide** for optional student use.

11.SEIZURE DISORDERS

Students with epilepsy and other seizure disorders may be reluctant to disclose their condition because of the fear of being misunderstood and stigmatized. There are three types of seizures:

Petit mal - "little seizure," commences with eye blinking or staring. It begins with sudden dimming of consciousness and may last only a few seconds. Activities the student is doing are suspended for a moment but resume as soon as the seizure is finished. Because of its briefness, the seizure may go unnoticed by the individual as well as by others.

Psychomotor seizures range from mild to severe. They may include staring, mental confusion, uncoordinated and random movement, incoherent speech and behavior outbursts, followed by immediate recovery. They last from two minutes to a half an hour and the student may have no recollection of what happened, but may experience fatigue. **Grand mal** seizures may be moderate to severe and are characterized by generalized contractions of muscles, twitching, and limbs jerking. Unconsciousness, sleep, or extreme fatigue may follow for a few minutes. Students with seizure disorders are often under preventive medication, which may cause drowsiness in class and temporary memory problems. Medication use makes it unlikely that a seizure will occur in class.

Strategies and Suggestions

- **Keep calm.** Although its manifestation may be intense, seizures are generally not painful to the individual.
- **Remove nearby objects** that may injure the student during the seizure.
- Help **lower the person to the floor** and place cushioning under his/her head. **Turn the head** to the side so that breathing is not obstructed. **Loosen tight clothing**.
- **Do not force anything between the teeth.**
- **Do not try to restrain bodily movement. Call the Health Services Office or security** or ask someone else to do so.
- **After a seizure, deal forthrightly with the concerns of the class** in an effort to forestall whatever negative attitudes may develop toward the student with the seizure disorder.

12. SICKLE CELL ANEMIA

Sickle Cell anemia is an inherited disease usually affecting students who are African-American. It reduces red blood cell supply to vital organs and the oxygen supply to blood cells. Adequate classroom ventilation thus becomes an important concern. Because many vital organs are affected, the student may also suffer from eye disease, heart condition, lung problems, and acute abdominal pain. At times of crisis, limbs, joints or organs may also be affected.

Strategies and Suggestions

- The disease is characterized by severe crisis periods, with extreme pain, which may necessitate hospitalization and/or absence from class.

13. TRAUMATIC BRAIN INJURY

Individuals with a head injury are often recovering from traumatic damage to the brain or may be rehabilitating from a stroke or other cerebral disorders. Head injury may contribute to a number of significant changes in the ability of a student. Depending on the location and extent of the injury,
Damage to the brain may affect areas such as motor coordination, sensation, perception, speech, and/or language processing, and/or intelligence and memory.

The student who is returning to college after traumatic injury may encounter frustration when discovering that he or she cannot function as successfully with the demands of college as he did before the injury.

Strategies and Suggestions

- **Avoid in-class questioning** unless the student volunteers. Immediate recall of facts is generally very difficult, and the pressure of in-class performance creates anxiety which further blocks recall.
- **Clearly spell out expectations** before the course begins (e.g., grading, materials to be covered, due dates).
- **Start each lecture with an outline of material** to be covered that period. At the conclusion of class, briefly summarize key points.
- Present new or technical **vocabulary on the blackboard** or use a handout. Terms should be used in context to convey greater meaning.
- **Give assignments both orally and in writing** to avoid confusion.
- If possible, select a textbook with an **accompanying study guide** for optional student use.

14. DIABETES

This is a metabolic disorder characterized by an insulin deficiency and excessive blood sugar. Insulin injections, diet restrictions, and exercise can usually control diabetes.

Strategies and Suggestions

- The strictness of diet forces the individual to eat at regular intervals. Therefore, it is possible that a **student may need to eat something during class**.

15. ASTHMA

Asthma is a respiratory system disorder, which may be accompanied by allergic conditions. The asthmatic condition impairs the ability to breathe, and can cause dizziness. In extreme instances, asthma can lead to respiratory distress resulting in a need for hospitalization.

A student with asthma leans to control his/her environment to eliminate the allergic triggers. Prescribed medications are often necessary.

Strategies and Suggestions

- It is important that a request for an **adjusted environment be considered.**
- Students with severe asthma are often adversely affected by smoke and would prefer others to **refrain from smoking** in their presence.

See form: **Faculty Notification of Special Services & Accommodations**