



## ACCOMMODATING SPECIAL NEEDS

### I. POLICY

The College will consider all requests for special accommodations and will evaluate those requests in order to assist students with disabilities achieve success. Requests cannot be approved if one or more of the following conditions exist:

1. Individual with a disability is not an otherwise qualified individual.
2. An accommodation would not enable the individual to perform the essential functions outlined.
3. An accommodation would cause undue hardship to the College.
4. Even with the accommodation, the individual would pose a direct threat to the health or safety of himself/herself or others.
5. An accommodation would require a fundamental alteration of the program.

If any of these five conditions is found, the College will not provide the accommodation nor accept for employment or enrollment or continued enrollment, the disabled individual.

### II. PROCEDURE

#### A. Reasonable Accommodation:

1. Before the College has any duty to accommodate, the Coordinator, Advising and Student Success must be informed, in writing, using the Request for Accommodations form, of the need for accommodation. This request may be submitted at any time during enrollment. The request will generally be processed in two weeks. If extended beyond this time, the Coordinator will notify the student.
2. Students requesting accommodations under the Americans with Disabilities Act (ADA) and/or Section 504 of the Rehabilitation Act of 1973 must provide documentation of the disability which substantially limits a major life activity. Documentation may include, but is not limited to the following: student self-report on the Request for Accommodations form; observation of student performance; diagnostic documentation by a licensed professional; or proof of prior accommodations in an educational setting. All documentation must be relevant to the disability and appropriate to the education setting. Diagnostic documentation will generally follow the guidelines below:
  - a) **Psychiatric Disability**
    - A complete DSM-V diagnosis will be completed with an accompanying description of the specific symptoms the student experiences. The diagnosis should be based upon a comprehensive clinical interview and psychological testing (when testing is clinically appropriate).
    - A complete description of the impact on academic functioning of the student's psychiatric symptoms must be provided. Descriptions of impact upon study skills, classroom behavior, test taking and organizing information would be examples of academic functioning.
    - Documentation must be current, reflective of the student's current functioning, by a licensed psychiatrist, psychologist, or other appropriate licensed professional with competencies related to the student's diagnosis(s).
  - b) **Attention Deficit Hyperactivity Disorder (ADD/ADHD)**
    - 1) A comprehensive assessment by a qualified professional will be conducted inclusive of the following:
      - Interview with spouse/partner, parents, siblings or another adult with knowledge of student's history. Interview may include concerns about the student, history of the concern, review of developmental domains (motor, sensory, language, intellectual,

- academic, emotional, etc.), review of family relationships and social circumstances, developmental/medical history and information regarding onset, longevity and severity of symptoms and treatment.
- Behavior rating scales, questionnaires, intellectual screenings and measures of sustained attention and distractibility (e.g., Brown Adult Attention Deficit Disorder Scale, Wender Utah Rating Scale, etc.).
  - Evidence of clinically significant impairment in social, academic or occupational functioning based upon information from the assessment and utilizing DSM-IV criteria.
- 2) Documentation must be current, reflective of the student's current functioning, by an evaluator who has training and experience in the evaluation of adult psychiatric disorders, specifically ADD/ADHD.
- c) **Learning Disability**
- 1) A comprehensive assessment of the neuropsychological or psycho-educational evaluation for the diagnosis of a specific learning disability will include evidence that a learning disability does exist. Such assessment should consist of and be based on a comprehensive assessment battery and not rely on one test to determine medical, developmental, psychosocial, family, academic and employment histories. It should include assessments including, but not limited to, the following:
    - Cognitive tests, appropriate for an adult population, with all subtest and standard scores reported (e.g., Wechsler Adult Intelligence Scale, Woodcock-Johnson Psychoeducational Battery-Revised, etc.).
    - Achievement tests relevant to suspected areas of disability, often to include a reading assessment, with all subtest and standard scores reported (e.g., Stanford Test of Academic Skills, Nelson-Denny Reading Skills Test, etc.).
    - Assessment of the student's information processing strengths and weaknesses to include areas such as short and long-term memory, processing speed, metacognition, etc., gathered from the comprehensive assessment, diagnostic interview and examiner's observations of test behavior.
  - 2) Documentation must be current, reflective of the student's current functioning, by an evaluator who has training and experience in rendering diagnoses of learning disabilities and making recommendations for appropriate accommodations.
- d) **Physical Disability**
- 1) A current medical diagnosis including appropriate medical reports, relevant medical history and clinical summary of disabling condition should be provided.
  - 2) A complete description of the level of impact on the student's functioning in an educational setting must be provided. This description should validate the need for services based on the impact of the disabling condition.
  - 3) Documentation must be current, reflective of the student's current functioning, by a physician who has training and experience in the specialization most associated with the particular medical condition identified.
3. The Coordinator, Advising and Student Success or the Dean, Student Affairs and Enrollment Management may require additional documentation or seek additional information prior to approving a request for accommodation. This may include, but is not limited to, a second assessment from a qualified professional of the college's choosing or consultation with the physician, psychiatrist, psychologist or other appropriate licensed professional.
  4. The Coordinator, Advising and Student Success or the Dean, Student Affairs and Enrollment Management will complete an assessment of the essential functions of the program that the student is capable of performing with or without accommodations. The assessment is based on the request for accommodation and related documentation, the student's related abilities, functional limitations, whether reasonable accommodations would enable the applicant to perform all of the essential functions of the program and whether the needed recommendation would fundamentally alter the program or create an undue hardship on the institution. The Coordinator and Dean will determine whether, and/or what, reasonable accommodation is offered. *Should the requested accommodation be unusual or require significant resources or be inconsistent with the mission or goals of the program, the coordinator or dean will consult with the provost and/or the program chair prior to approving the accommodation.*

5. The coordinator and/or dean may re-evaluate approved accommodations as needed.
  6. The Coordinator will be responsible for notifying faculty of approved accommodations.
  7. If an otherwise qualified student with a disability rejects a reasonable accommodation, aid, service, opportunity or benefit that is necessary to enable the student to perform the essential functions of the program, the student is not considered a qualified individual with a disability.
  8. Students who feel they have been discriminated against or who wish to appeal a decision of accommodation should consult the Student Grievance Appeal Policy to be informed of steps that can be taken to address these concerns.
- B. The Accommodating Special Needs policy and procedure will be reviewed bi-annually.

### **Request for Accommodation**

This form is provided in compliance with the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973.

#### **Part 1: To be completed by the student (at the College)**

Name:		
Address:		
City:	State:	Zip:
Program:		Date:

The information requested below, and any documentation regarding your disability and need for accommodation, should be submitted to the Coordinator, Advising and Student Success, each semester you wish to be considered for accommodations. Please allow a minimum of two weeks for the review and determination of your accommodation request. This information will be considered confidential and will not be furnished to any other party without your permission. Instructors and other personnel will be included in the review of this request as necessary and will be advised of any recommendations for accommodation.

#### **Need for Accommodation**

Please describe the nature of your condition that substantially limits a major life activity, identify the major life activity (ies) affected, and describe the type of accommodation you are seeking. For example, “unable to hear...,” “cannot hear lectures or conversations with instructors...,” and “request permission to use hearing aids...” If necessary, use additional pages for explanation or detail.

1. Do you have a condition that substantially impairs a major life activity (i.e., seeing, hearing, walking, speaking, learning, etc.)? If so, please describe fully the nature of the condition that substantially limits a major life activity.
  
2. Describe completely the ways in which your impairment substantially limits any major life activity(ies) and provide all functional limitations you experience due to your impairment.

3. Describe the accommodation(s) you are requesting.
  
4. Please state whether your impairment is permanent or temporary. If temporary, please state the expected duration of the impairing condition.
  
5. Please state when you first began to experience the impairment.

Student Attestation

I attest that the above is true and correct. I understand that my request will be considered by the Dean for Student Affairs and Enrollment Management and college personnel as appropriate. I further understand that I have the right to appear on my behalf and present other relevant information.

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Student Signature

Date

Student Release

I give the licensed professional, identified on the following page, permission to consult with the appropriate official at Cabarrus College (Coordinator, Advising and Student Success and/or Dean, Student Affairs and Enrollment Management) for the purpose of evaluating my condition and satisfying my request for accommodation. I understand such consultation will be done confidentially.

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Student Signature

Date

## Documentation of Disability

**Part 2. To be completed by a physician, psychiatrist, psychologist, or appropriate licensed professional who is treating the student identified above for the diagnosis identified in this document. In order to best serve the student, please thoroughly complete all requested information.**

Cabarrus College of Health Sciences offers services to students who are considered disabled under the mandates of the Americans with Disabilities Act (ADA) as amended of 2008. Under the ADA definition, a person with a disability is one with a physical, mental, emotional or chronic health impairment that substantially limits one or more major life activities such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major life activities also include bodily functions relating to the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproduction (this is not an exhaustive list).

Name:		
Title:		
Practice/Agency:		
Address:		
City:	State:	Zip:
License Number:		Phone:

### Certification of Need for Accommodation

The student presenting this form should provide you with the first four pages of this six page document that describes his or her need for the accommodation being requested. The student should discuss with you the nature of the program of enrollment at the College, including the essential functions of the program (available online in the catalog/student handbook).

Please be advised that:

1. LD/ADHD/ADD and related conditions require a psychological evaluation report by a qualified psychologist, psychiatrist, or other appropriate licensed professional that is current within three years.
2. Psychiatric and other mental diseases must be evaluated and diagnosed within six months and satisfy a DSM-IV code.

**Please complete the following:**

**Specific diagnosis/description of physical or psychological disability – you must provide full DSM or ICD-9 code:**

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**Assessment instruments and results – please describe the procedures, assessment tools, etc., used to establish the diagnosis:**

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**Please describe the functional impact of the disability/symptom on this student's:**

**Daily life (include any limitations related to personal care, social interactions, manual tasks, etc.):**

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**Academic pursuits (please consider situations in and out of the classroom):**

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**Initial date of diagnosis:** \_\_\_\_\_

**Date of last clinical visit:** \_\_\_\_\_

**Expected duration of disability noted above (please circle):**

Permanent    Chronic    Long term (3-12 mths)    Short term (60-90 days)    Temporary (≤60 days)

**Level of severity (please circle):**

Mild    Moderate    Severe    Partial Remission    Residual State

**What is the frequency and duration of symptoms of the student's condition? (please circle)**

Daily    1x/week    1-3x/week    1x/month    1-3x/year

Seasonal    None – symptoms under control with medication

Other \_\_\_\_\_

**Is the student on any medication that can affect attention, concentration, or any other facet of learning?**

Yes\_\_\_\_(If yes, please provide the information below)

No\_\_\_\_

Medication	Quantity & Frequency	Side effects

**Is the student able to attend classes?** Yes\_\_\_\_\_No\_\_\_\_\_

If no, what are the effective dates? Stop attendance: \_\_\_\_\_

Return date: \_\_\_\_\_

**Suggested accommodations for the academic setting based on specific documented limitations (use additional paper if necessary):**

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**Licensed Professional Attestation**

I understand that the student will present this request to the appropriate college official for review and I may be requested to present additional relevant information regarding my patient and/or client’s need for accommodation.

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Licensed Professional Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your help in providing this information.

**Please return this form to:**

**Cabarrus College of Health Sciences**  
**C/O: Sherry Hamilton**  
**401 Medical Park Drive, Concord, NC 28025**  
**Phone: (704) 403-1616 Fax: (704) 403-2077**  
**E-mail: [sherry.hamilton@carolinashealthcare.org](mailto:sherry.hamilton@carolinashealthcare.org)**

*In complying with the letter and spirit of applicable laws and in pursuing its goal of pluralism, Cabarrus College of Health Sciences shall not discriminate on the grounds of race, color, religion, sex, national origin or citizenship status, age, disability, or veteran’s status in employment, education, and all other areas of the College. The College provides reasonable accommodations to qualified individuals with disabilities upon request. Questions and complaints about discrimination should be directed to the Dean for Student Affairs and Enrollment Management, or the North Carolina Human Rights Commission, U.S. Equal Employment Opportunity Commission, Office for Civil Rights of the U.S. Department of Education, or other appropriate federal or state agencies.*