

Policies and Procedures for Requesting Academic Accommodations Spring 2019

Georgian Court University (GCU), in accordance with all applicable government regulations, guidance and policies, including those underlying Section 504 of the Rehabilitation Act of 1973, works to ensure that reasonable accommodations are implemented for enrolled students with documented disabilities to function in the academic environment and have equal access to academic programs and services.

What Are Reasonable Accommodations?

When a student registers with the Disability Services Office (DSO), accommodations and academic adjustments are determined by the Director of the Academic Development and Support Center, who serves as the Disabilities Officer at GCU. All requested accommodations and/or academic adjustments must be determined to be appropriate to the student's **documented** needs.

Procedure for Requesting Accommodations:

- Students must make an appointment to meet with the Disabilities Officer (DO) to fill out forms to discuss the functional limitations of the disability in the academic setting and the requested accommodations. This should be done before the semester begins or the first week of classes.
- Documentation must be presented to the DO that supports the accommodations requested. (see section on **DOCUMENTATION GUIDELINES** p.2)
- Approved accommodations are kept in the student's file and the student delivers copies to his or her faculty members. If the course is online, then the DO will scan and send the accommodation letter to the professor.
- After accommodations have been granted, the DO recommends that the student and faculty member privately discuss the limiting effects of the student's disability and how it may impact elements of the course.
- Accommodations are divided into those needed for the classroom and for testing.
- Note-takers depend on availability, otherwise most appropriate alternative will be provided.



DOCUMENTATION GUIDELINES

Each student requesting accommodations and support services through the Disability Services Office in the Academic Development and Support Center (ADSC) located in the lower level of the GCU Library, is required to submit documentation to verify eligibility under the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, and GCU policies and procedures. As defined by Section 504 and the ADA, an individual with a disability is a person who has a physical or mental impairment which substantially limits a major life activity, including learning. Academic accommodations are implemented to provide equal access to college programs and services.

I. Documentation for Sensory, Physical, and Psychological Disabilities:

Supportive documentation of a disability is used to determine eligibility for disability services and accommodations, which must be provided by an appropriately certified professional who is knowledgeable about **you and your condition**. Such professionals include physicians, educational psychologists, therapists, mobility specialists, and rehabilitation counselors.

Documentation must include the following components, and must be current (generally within the past 3 years):

- **Diagnosis** - A current medical diagnosis including appropriate medical reports, relevant medical history, and clinical summary.
- **Current treatment** - Identification of treatment, medications, assistive devices, or other services currently prescribed or in use.
- **Evaluation of impact** - Identification of the substantial limitation on a major life activity presented by the disability, and a description of the current functional impact (limitation) of the disability in a college setting. The assessment should validate the need for services based on the impact of the student's disability and level of functioning in an educational setting.
- **Specific recommendations** - Suggested accommodations and/or academic adjustments, with an explanation supporting the need for each accommodation to achieve equal access.
- **Past use of disability services**- Description of the accommodations and services used in the past.

****Documentation for psychological disabilities must be current within 6 months of the accommodation request. See *Disability Verification form for students with Psychological Disabilities (p.10)* to be filled out by the certifying professional.**



II. Substantiation of a Learning Disability:

Qualifications of the Evaluator

Professionals conducting assessments, rendering diagnoses of specific learning disabilities, and making recommendations for appropriate accommodations must be qualified to do so. Trained and certified and/or licensed psychologists, learning disabilities specialists (LDT-Cs), and educational therapists are typically involved in the process of assessment. Experience in working with an adolescent or adult population is preferred. It is not considered appropriate for professionals to evaluate members of their families.

Documentation

- A. Documentation should validate the need for services based on the individual's current level of functioning in a postsecondary educational setting. A comprehensive assessment battery and the resulting diagnostic report should include background information; a diagnostic interview; assessment of aptitude, academic achievement, and information processing, as well as a diagnosis.
- B. There must be clear and specific evidence and identification of a learning disability. Individual "learning styles" and "learning differences" in and of themselves do not constitute a learning disability. The diagnostician is expected to use direct language in the diagnosis and documentation of a learning disability, avoiding the use of terms such as "suggests" or "is indicative of." **(Please provide this information to your diagnostician.)** If the data indicate that a learning disability is not present, the evaluator should state this in the report.
- C. A well-written clinical diagnostic summary based on the comprehensive evaluation process as defined is a necessary component of the report. The Clinical Summary should include:
 - A written summary of background information about the student's educational, medical, and family histories that relate to the learning disability;
 - Demonstration that the evaluator has ruled out alternative explanations for academic problems as a result of poor education, poor motivation and/or study skills, emotional problems, attentional problems, and cultural or language differences;
 - Indication of how patterns in the student's cognitive ability, achievement, and information processing reflect the presence of a learning disability;



- Indication of the substantial limitation to learning or other major life activity presented by the learning disability and the degree to which it affects the individual (functional limitations) at the postsecondary level in the learning context for which the accommodations are being requested;
- Indication as to why specific accommodations are needed and how the effects of the specific disability are accommodated;
- An addendum of scores.

The report should be printed on letterhead, signed, and dated; the signature of the evaluator should include his or her credentials.

III. Recommendations for Accommodations

- A. The diagnostic report should include specific recommendations for accommodations as well as an explanation as to why each accommodation is recommended.
- B. A description of any accommodation and/or auxiliary aid that has been used at the secondary or postsecondary level should be discussed. Include information about the specific conditions under which the accommodation was used (e.g., standardized testing, final exams) and whether or not it benefited the student. If no accommodations have been previously provided, a detailed explanation as to why none has been used and the rationale for the student's currently needing accommodation(s) must be provided.
- C. Accommodation needs can change over time, and are not always identified through the initial diagnostic process. Conversely, a prior history of accommodation does not in and of itself warrant the provision of a similar accommodation at the postsecondary level.
- D. Before your third year of enrollment at GCU, you may be required to provide updated documentation to support accommodations.

IV. Substantiating ADD or ADHD

Documentation for Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) must be from an appropriate professional with comprehensive training in differential diagnosis, as well as direct experience working with adolescents and adults with ADD/ADHD. The evaluator may not be a relative. Professionals considered qualified to evaluate and diagnose



ADD/ADHD include clinical psychologists, neuropsychologists, psychiatrists, and other relevantly trained medical doctors, such as neurologists.

The diagnostic report should be typed and submitted on official letterhead with name, title, professional credentials, address, and phone/fax numbers of the evaluator. The documentation must include:

- A specific diagnosis of ADD or ADHD based on DSM-IV diagnostic criteria, date of the current diagnostic evaluation, and the date of the original diagnosis.
- Evidence and assessment of current functional impairment (presenting symptoms and how they cause impairment).
- Relevant developmental, medical and medication history, a thorough academic history, and a review of prior psycho-educational test reports.
- A summary of relevant assessment data that supports or refutes a diagnosis of ADD/ADHD. Diagnostic assessment must consist of more than a self-report. Possible data sources include results from the Continuous Performance Test, the T.O.V.A., Trail Making Test, or a neuropsychological evaluation. Assessments such as checklists and rating scales should not be used as the sole criterion for a diagnosis of ADD/ADHD.
- Evidence of alternative diagnoses or explanations being ruled out. The documentation must investigate and discuss the possibility of dual diagnoses and alternative or coexisting mood, behavioral, neurological, and/or personality disorders that may confound the ADD/ADHD diagnosis.
- Neurological or psycho-educational assessment may be necessary in order to determine the current impact of the disorder on the individual's ability to function in an academic setting and to establish eligibility for classroom accommodations, including alternative testing, note-takers, etc. Such data should include subtest and standard scores.
- An indication of whether or not the student was evaluated while on medication and the prescribed treatment reduces the level or degree of impairment.
- A clinical summary which: (a) indicates the substantial limitation to a major life activity posed by the disability, (b) describes the extent to which these limitations would impact the student in an academic setting, (c) suggests how the specific effects of the disability may be accommodated, and (d) states how the effects of the ADD/ADHD are mediated by the recommended accommodations.

For questions or concerns, please contact:

Luana Fahr, M.S.Ed, LDT-C

Director of ADSC

732.987.2646 (direct line)



Self-Identification Form

Student must fill out this form

Semester: _____

Today's Date: _____

Name: _____ ID: _____

Address (include city, state and zip):

Home phone: _____ Cell Phone: _____

Work phone: _____ Residence Hall Phone: _____

Name of Residence Hall: _____ Room #: _____

Email (we can only use your GCU email): _____

Nature of Disability (check all that apply):

ADD/ADHD	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>
Autism Spectrum Disorder	<input type="checkbox"/>	Medical/Chronic Health	<input type="checkbox"/>
Blindness	<input type="checkbox"/>	Mobility/Physical	<input type="checkbox"/>
Deafness	<input type="checkbox"/>	Neurological	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	Temporary	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	Other (please explain below)	<input type="checkbox"/>

Please describe problems you encounter due to your disability in academic settings _____

Have you received accommodations at any other school? _____

If so, where? _____

List the accommodations you received: _____



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900 Lakewood Ave.
Lakewood, NJ 08701

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Fax: 732.987.2026

Please list any medications you are taking: _____

Please check YES or NO

YES

NO

Do you require use of an elevator?		
Can you go up and down stairs?		
Will you require assistance in an emergency evacuation?		

From which outside agencies have you received support?

___ DVRS ___ VA ___ Commission for the Blind ___ Services for Deaf or Hearing Impaired

Check if you are currently affiliated with any of the following campus programs:

- a) The Learning Connection (TLC) ___ b) PACT ___
 c) Equal Opportunity Fund ___ d) TRIO Student Support Services ___
 e) Other _____

Staff Notes:

For the following semester:

No change in the (circle one and state year) Fall _____ Spring _____ semester

Student Signature _____ Date _____



Confidentiality of Information Form

Disability Services- Academic Development and Support Center- Library, Lower Level

The Disability Services Office (DSO) is committed to ensuring that all information and communication pertaining to a student's disability is maintained as confidential as required or permitted by law. Any information collected by the office is used for the benefit of the individual. This may include psycho-educational testing, grades, biographical history, disability information, and case notes.

The following are DSO guidelines regarding confidentiality and the release of information from a student's file:

- No one will have immediate access to student files except DSO staff with appropriate training and/or expertise. Any information regarding a disability is considered confidential and will be shared only with others within the university who have a legitimate educational interest.
- In order to facilitate a student's accommodation request or coordinate services, information will be shared with university faculty and staff on a need-to-know basis only. For example, university faculty and staff generally do not have a right or a need to access diagnostic or other information regarding a student's disability. They may, however, need to know what accommodations are necessary and appropriate to meet the student's disability-related needs.
- Information in student files in DSO is protected by the Family Educational Rights and Privacy Act (FERPA). For more information about FERPA, see: <https://www2.ed.gov/policy/gen/guid/fpco/hottopics/ht-parents-postsecstudents.html>
- Sensitive information in DSO student files will not be released except in accordance with federal and state laws, which require a release if a student (a) states he/she intends to harm him/herself or another person(s), or (b) reports or describes any physical, neglect, or sexual abuse of an individual under 18 years of age.
- A student's file may be released pursuant to a court order or subpoena.
- If a student wishes to have information about his/her disability shared with others outside the university, the student must provide written authorization to the DSO Director to release the information. Before giving such authorization, the student should understand the purpose of the release and to whom the information is being released.
- A student has the right to review his/her own DSO file with written notification in accordance with the provisions outlined in FERPA.

I have been informed of the policy regarding confidentiality and the release of information from my DSO file. I understand that DSO may release information from my file to be used in a confidential manner with appropriate university faculty and officials who have a legitimate educational interest while I am a student at Georgian Court University.

Name (Print): _____ ID#: _____
Student Signature: _____ Date: _____



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FERPA WAIVER

Print Student Name (First, Middle, Last) _____
GCU ID: _____

In accordance with The Family Educational Rights and Privacy Act (FERPA), Georgian Court University will only disclose confidential information from the education records of students to parents or other third parties provided the University has written consent from the student on file. This form is provided as a means for students to give the staff of the Academic Development and Support Center (or designee) permission to discuss their educational records with someone other than themselves (i.e., with a parent, guardian, etc.).

Written consent will be kept permanently on file, and the Academic Development and Support Center will release information regarding the student's education record to the person(s) who have been designated on this form. If for any reason a student decides to cancel this release, he/she must submit a letter withdrawing the consent, indicate the person(s) affected, and send or deliver the written notice to: Georgian Court University, Academic Development and Support Center, 900 Lakewood Avenue, Lakewood, NJ 08701.

By signing below, I consent that Georgian Court University may disclose and discuss the following confidential information with the individual(s) referenced on this form (please check all that apply):

- Academic Records (grades, transfer information, academic standing, grade point average, schedule of classes)
- Financial Information (bill, tuition/fees, past due amount, payments made, loan/grant/scholarship information)
- Student Life (disciplinary information, student status, residential life information)
- Other: _____

Information may be released to: (Please Print):

Name: _____ Relationship to student: _____

Name: _____ Relationship to student _____

Personal Security Question (select one): Student must share this question and the answer with the individual(s) listed above – information will not be released unless the third party can identify the question and correctly answer it.

- Name of Elementary School: _____
- Name of First Pet: _____
- Student's First Vehicle Make/Model: _____

Student's Signature _____ Date _____

No change in the (circle one and state year) Fall _____ Spring _____ semester

Student Signature _____ Date _____



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Disability Verification Form for Students with Psychological Disability

To be completed by certified professional:

Student's Name: _____

Date of first contact with student: _____ Date of last contact with student: _____

Date(s) current psychological assessment completed: _____

Frequency of appointments with student (e.g., once a week, twice a month):

What is the DSM-IV diagnosis for this student (please include code as well)? _____

How long has the student had this diagnosis/condition? _____

What is the severity of the condition? ___ Mild ___ Moderate ___ Severe

Explain the severity indicated above:

What is the expected duration? ___ Chronic ___ Episodic ___ Short-term

Explain the duration indicated above: _____

Provide information regarding the impact, if any, of the condition on a specific major life activity (e.g., learning, eating, walking, interacting with others, etc.): _____

Describe any particular procedures used to establish diagnosis that you feel may be useful to us in determining appropriate academic accommodations or services:



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State the student's functional limitations from the disorder specifically in a classroom or educational setting:

List the student's current medication(s), including dosage, frequency, and adverse side effects (if applicable):

Are there significant limitations to the student's functioning directly related to the prescribed medications? ___ Yes ___ No If yes, explain:

Please provide your specific recommendations (based upon your assessment, the student's clinical and academic history, and diagnosis) for reasonable accommodations that you believe will help equalize the student's ability to access the GCU's educational program along with rationale for each:

Additional information you believe would be helpful in determining the nature and severity of this student's disability, and any additional recommendations that may assist the DSO in determining appropriate accommodations:

Certifying Professional Name and Title Area of Specialty (Please Print)

License Number _____ State of Licensure _____

Address, City, State, Zip _____

Phone # _____ Fax # _____

Signature of Certifying Professional _____

Date _____



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