

SPECIAL ACCOMMODATIONS FOR DISABILITIES ACT

PURPOSE: The purpose of this policy is to communicate Roxborough Memorial Hospital School of Nursing's intent to support students with documented disabilities, to delineate the procedure for requesting accommodation for those disabilities, and to outline the Core Performance Standards that are the basis for determining the appropriateness of the requested accommodation.

POLICY: Roxborough Memorial Hospital School of Nursing is committed to supporting students with documented disabilities in their pursuit of an education. The school will attempt to address all reasonable accommodation requested by the student. "Reasonable Accommodations" as stipulated by the American Disability Act (ADA), are determined through formal assessment.

PROCEDURE:

1. All students applying for admission to the Program will be informed of the Special Accommodations for Disabilities Policy.
2. The Recruitment and Admissions Coordinator will act as the information person and liaison between the school and the student.
3. Students requesting accommodative services must submit written diagnostic/assessment information identifying the disability, recommendations for accommodation, and a stated rationale as to why the recommended accommodation is necessary and appropriate.
 - A. The Documentation of Disability and Request for Accommodative Services Form must be completed by a qualified, licensed professional and sent to the Recruitment and Admissions Coordinator.
- 4. The evaluation information must be current, within 3 years, and relevant to the request.**
5. The assessment documentation must include:
 - A. For learning disabilities:
 - i. A cognitive evaluation
 - ii. Achievement battery
 - iii. Assessment instrument's name
 - iv. Quantitative and qualitative information
 - v. The severity of the condition
 - vi. The area of educational impact
 - vii. The current level of functioning
 - viii. Additional observations
 - ix. The name of the evaluator, credentials, address and phone numbers
 - x. Date of testing
 - B. For physical disabilities:
 - i. A description of the condition
 - ii. The severity of the condition
 - iii. The area of physical limitation
 - iv. The current level of functioning

- v. Additional observations
 - vi. The name of the evaluator, credentials, address and phone numbers.
- C. For psychological/psychiatric disabilities/diagnosis
- i. A description of the condition
 - ii. The severity of the condition
 - iii. The area of psychological/psychiatric limitation
 - iv. The current level of functioning
 - v. Additional observations
 - vi. The name of the evaluator, credentials, address, and phone numbers
6. Students with a history of disability (learning, physical, and/or psychological) who are requesting accommodation must submit all appropriate documentation during the admission process and/or prior to the start of classes.
- A. If the student requires updated testing and has received accommodation at another postsecondary institution within the last 10 years, those accommodations will be honored for one semester to allow for updated testing.
- i. The Documentation of Disability Form and a copy of the expired testing must be submitted for review to provide accommodation.
 - ii. The student must provide updated documentation based on new testing to the Recruitment and Admissions Coordinator before the beginning of next semester for review.
 - iii. If the student fails to provide updated required documentation based on the new testing by the beginning of the next semester, their accommodation plan may not be honored.
7. Requests for accommodation may take at least seven business days for review and/or approval.
8. The school respects students' rights to privacy in disclosing information. Communication will be shared with the faculty to the extent that is required for accomplishing the accommodation plan.
9. The student is responsible for:
- A. Scheduling a meeting with the Recruitment and Admissions Coordinator to complete the Accommodation Plan prior to the start of the semester or when new accommodation is requested.
 - B. Communicating the details of the Accommodation plan with the Academic Coordinator.
 - C. Notifying the Academic Coordinator immediately regarding any concerns related to fulfillment of Accommodations.
10. The Recruitment and Admissions Coordinator will notify the student if accommodation can or cannot be provided.

References

Association on Higher Education and Disability, (2021). *Supporting Accommodations Requests: Guidance on*

- Documentation Practices*. Retrieved July 7, 2021, <https://www.ahead.org/professional-resources/accommodations/documentation>
- Pennsylvania State Board of Nursing (2017). *Request Form for Testing Accommodations* Retrieved July 7, 2021 <https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Documents/Applications%20and%20Forms/RequestForAccommodations.pdf>
- Southern Regional Education Board (2020). *The Americans with disabilities act: Implications for nursing education*. Retrieved July 7, 2021, <https://www.sreb.org/publication/americans-disabilities-act>
- U.S. Department of Justice, (2020). *A Guide to Disability Rights Laws*. Retrieved July 7, 2021, <https://www.ada.gov/cguide.htm>
- U.S. Department of Education, (2020). *Protecting Students with Disabilities*. Retrieved July 7, 2021 <https://www2.ed.gov/about/offices/list/ocr/504faq.html>

**ROXBOROUGH MEMORIAL HOSPITAL
SCHOOL OF NURSING**

**DOCUMENTATION OF DISABILITY AND REQUEST FOR ACCOMMODATIVE SERVICES
FORM**

All accommodative service requests must be submitted according to the Special Accommodations for Disabilities Policy. The school reserves the right to request clarification and/or additional information from the requesting student and/or health care provider(s) to determine the student's eligibility for reasonable accommodations due to disability.

Student Name: _____ **Date of Birth:** _____

ALL items below MUST be completed by a qualified, licensed professional to verify disability.

Specific diagnosis(es) (the precise type of disability must be stated): _____

DSM Code(s) and Title(s) (if applicable): _____

Treatment/medication history: _____

Date of initial diagnosis and treatment: _____

Date of most recent evaluation (Attach copy of evaluation): _____

Current treatment/medication status: _____

List the diagnostic tests performed (Attach copy of results): _____

Test results and conclusions, i.e., scores and interpretations: _____

Specific recommended accommodation(s) for classroom, exams and/or clinical: _____

Rationale: _____

Professional's signature: _____ **Date:** _____

Professional's name/credentials (print clearly): _____

Professional License #: _____ **State of Licensure:** _____

Specialty certification/qualifications: _____

**ROXBOROUGH MEMORIAL HOSPITAL
SCHOOL OF NURSING
ACCOMMODATION PLAN FORM**

This document verifies that the student whose name appears below and the Recruitment and Admissions Coordinator, have met and discussed the Documentation of Disability and Request for Accommodative Services.

The Recruitment and Admissions Coordinator and the student agree that this accommodation plan, as stated below, is reasonable and necessary according to the Documentation of Disability and Request for Accommodative Services completed by a qualified, licensed provider:

_____ By initialing, I certify that I am aware of the need for updated testing for accommodations. Furthermore, I am aware that it is my responsibility to schedule and complete the requirements as stated in the Special Accommodations for Disabilities Policy.

In accordance with the Special Accommodations for Disabilities policy, the student is responsible for meeting with instructors to discuss how the accommodation(s) will be implemented. The student is responsible for notifying the Academic Coordinator immediately regarding any concerns related to the fulfillment of Accommodations. The student signature authorizes the release and disclosure of this information to the designated Faculty member(s).

Student Signature: _____ Date: _____

Student Printed Name: _____

Signature: _____ Date: _____

Recruitment and Admissions Coordinator

cc: Student
Academic Coordinator
Student Health File