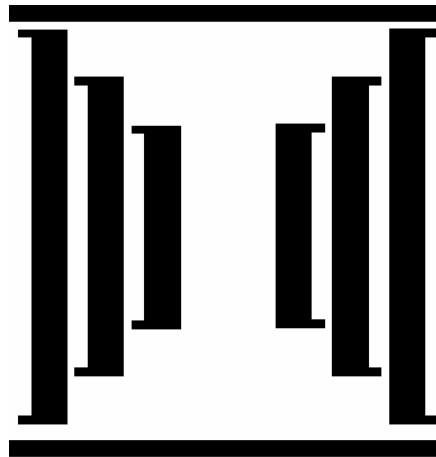


# NC Community Colleges Disability Services Resource Guide

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Disability Services Advisory Board*

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# INTRODUCTION

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*What is a Disability?  
The Law*

# What is a Disability?

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A disability under Section 504 of the *Rehabilitation Act* and the *Americans with Disabilities Act*, is described as a mental, or physical impairment that substantially limits a major life activity. Examples of impairments that can have a substantial impact on a major life function are visual impairments and blindness, hearing impairment and deafness, mobility impairment, learning disabilities, or systemic medical conditions.

The definition of a disability and criteria for establishing eligibility for accommodations services under 504 and ADA for post secondary institutions may be different than the definitions and criteria implemented in the public schools, rehabilitation programs, social security, Veterans Administration, or as covered under insurance policies.

## The Law

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### Section 504 of the Rehabilitation Act:

*Section 504 of the Rehabilitation Act of 1973 states that ...*"No otherwise qualified individual with a disability in the United States...shall solely by reason of ...disability, be denied the benefits of, be excluded from the participation in, or be subject to discrimination under any program or activity receiving federal financial assistance."

*A person with a disability includes ...*"any person who (1) has a physical or mental impairment which substantially limits one or more major life activities [including walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, and performing manual tasks], (2) has a record of such an impairment, or (3) is regarded as having such an impairment."

*A "qualified person with a disability" is defined as one ...*"who meets the academic and technical standards as requisite to admission or participation in the educational program or activity."

Section 504 protects the rights of qualified individuals who have disabilities such as, but not limited to:

Blindness/visual impairment	Specific learning disabilities
Cerebral palsy	Speech and language disorder
Deafness/hearing impairment	Spinal cord injury
Epilepsy or seizure disorder	Tourett's syndrome
Orthopedic/mobility impairment	Traumatic brain injury

Section 504 also protects student with chronic illnesses and "treatable disabilities", such as, but not limited to:

AIDS

Arthritis

Cancer

Cardiac disease

Diabetes

Multiple sclerosis

Muscular dystrophy

Psychiatric disability

*Under the provisions of Section 504 of the Rehabilitation Act of 1973 ...colleges may not discriminate in the recruitment, educational process, or treatment of students. Students who have self-identified, provided documentation of disability, and requested reasonable accommodations are entitled to receive approved modifications of programs, appropriate academic adjustments, or auxiliary aids that enable them to participate in the benefit from all educational programs and activities.*

*(See Appendix III, Auxiliary Aids and Services for Postsecondary Students with Disabilities, for additional information)*

# RIGHTS & RESPONSIBILITIES

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*College Rights & Responsibilities*  
*Student Rights & Responsibilities*

# ***College Rights & Responsibilities***

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## **College Rights**

- Identify and establish essential functions, abilities, skills, knowledge, and standards for courses, programs, services, jobs, and activities, and to evaluate students on this basis;
- Request and receive current documentation from a qualified professional that supports requests for accommodations, academic adjustments, and/or auxiliary aids and services;
- Deny a request for accommodations, academic adjustments, and/or auxiliary aids and services if the documentation does not demonstrate that the request is warranted, or if the individual fails to provide appropriate documentation;
- Select among equally effective accommodations, adjustments, and/or auxiliary aids and services;
- Refuse to provide an accommodation, adjustment, and/or auxiliary aid and service that imposes a fundamental alteration on a program or activity of the college.

## **College Responsibilities**

- Accommodate the known limitations of an otherwise qualified student with a disability;
- Ensure that courses, programs, services, and activities, when viewed in their entirety, are available and usable in the most integrated and appropriate settings;
- Provide or arrange accommodations, academic adjustments, and/or auxiliary aids and services for students with disabilities in courses, programs, services, and activities;
- To maintain appropriate confidentiality of records and communication, except where permitted or required by law;
- To maintain academic standards by providing accommodations without compromising the content, quality, or level of instruction.

# ***Student Rights & Responsibilities***

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## **Student Rights**

- Equal access to courses, programs, services, jobs, and activities offered by the college;
- Equal opportunity to work, learn, and receive accommodations, academic adjustments and/or auxiliary aids and services;
- Confidentiality of information regarding their disability as applicable laws allow;
- Information available in accessible formats.

## **Student Responsibilities**

- Meet qualifications and maintain essential institutional standards for the programs, courses, services, and activities;
- Self-identify disability status in a reasonable and timely manner;
- Provide disability documentation from a qualified professional that reflects the student's current disability status, and how their disability limits participation in courses, programs, services, and activities;
- Follow published procedures for obtaining academic adjustments, and/or auxiliary aids and services.

## **Suggestions for students**

- Some accommodations require extra time so it is imperative to self-identify and request accommodations as soon as possible;
- Attend classes and follow instructions provided in the class syllabus concerning absences, emergency needs, or other information specific to class;
- If possible inform instructor ahead of time of any absences;
- Contact other outside agencies for possible eligibility in additional services;
- Arrange for personal attendants if needed, whether paid for by an agency or family (colleges are not required under ADA to provide personal attendants, tutors, or personal items such as hearing aids, prostheses, individually designed and fitted special extensions or wands for computer or other resource operation).
- Students with disabilities should process their own college business i.e., registration, drop/add, refunds, etc.

*(See Appendix IV, Auxiliary Aids and Services for Postsecondary Students with Disabilities, for additional information)*

# DISABILITIES AND RECOMMENDED ACCOMMODATIONS

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*Attention-Deficit/Hyperactive Disorder*  
*Blindness/Visual Impairment*  
*Deaf/ Hard of hearing*  
*Learning Disabilities*  
*Physical Disabilities*  
*Psychiatric Disabilities*  
*Speech and Language Disabilities*  
*Traumatic Brain Injury*  
*Other Disabilities*

*(Colleges must look at each individual disability and the functional impact of the disability for each student. Colleges may not prepackage accommodations for all students in a particular disability category such as deaf and hard of hearing.)*

# Physical Disabilities

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

## Accommodations may include:

- Accessible location for the classroom and place to meet with instructor
- Extra time to get from one class to another, especially in inclement weather
- Adaptive seating in classrooms
- Notetakers, use of tape recorders, laptop computers, or copies of peer notes
- Test accommodations: extended time, separate place, scribe, access to word processors
- Special computer equipment/software: voice activated word processing, word prediction, keyboard modification
- Adjustable lab tables or drafting tables for classes taught in lab settings
- Lab assistance
- Accessible parking in close proximity to the building
- Activities that allow the student to participate within his/her physical capabilities and still meet the objectives of the course
- Course waiver or substitutions for certain students
- Taped texts
- Advance planning for field trips to ensure accessibility

## Considerations and Instructional Strategies:

- *When talking with a person who uses a wheelchair, try to converse at eye level; sit down if a chair is available.*
- *Make sure the classroom layout is accessible and free from obstructions.*
- *If a course is taught in a lab setting, provide an accessible work station.*
- *A wheelchair is part of the student's personal space; do not lean on, touch, or push the chair unless asked.*
- *Let the student set the pace when walking or talking.*
- *Ask the student if he or she will need assistance during an emergency evacuation, and assist in making a plan if necessary.*
- *When field trips are required for a course, make sure accessible transportation is available.*

### ***More information about orthopedic/mobility impairments...***

#### **Students with physical impairments may have any of the following characteristics:**

- pain, spasticity, or lack of coordination
- flare-ups of intensity of the symptoms
- periods of remission in which little or no symptoms are visible
- inability to walk without crutches, canes, braces, or walkers
- ability to stand or walk but may use wheelchair to conserve energy or gain speed
- inability to stand or walk and use wheelchair for total mobility
- limited lower body use but full use of arms and hands
- limited use of lower body and limited use of arms and hands
- impairment of speech or hearing
- limited head or neck movement
- decreased physical stamina and endurance
- decreased eye-hand coordination

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

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

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

***Degenerative Diseases:*** Progressive diseases such as muscular dystrophy and multiple sclerosis may limit gross motor functions and/or fine motor activity.

***Post-Polio Syndrome:*** A variety of problems are presumed to be the late effects of polio. The symptoms may include fatigue, weakness, shortness of breath, and pain.

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

# ***Blindness/Visual Impairment***

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

## **Accommodations may include:**

- Reading lists or syllabi in advance to permit time for transferring into alternate form
- Textbooks ordered in the preferred medium of the student
- Seating in the front of the class without glare from windows
- Tape recording of lectures and class discussions
- Notetaking devices such as pocket Braille computers
- Handouts in the medium that the student prefers
- Clear black print on white or pale yellow paper for student with visual impairments
- Testing accommodations such as taped tests, reading of tests, scribe, extended time, alternate location, enlarged print, and word processing software with speech access
- Materials presented on the board or on transparencies read out loud
- Lab assistance
- Advance notice of class scheduling changes
- Note takers or note sharing
- Videos with audio description
- Closed Circuit TVs
- Computer software to enlarge print

## **Considerations and Instructional Strategies:**

- *If needed, identify yourself at the beginning of a conversation and notify the students when you are exiting a room.*
- *Nonverbal cues depend on visual acuity. Verbally acknowledging key points in the classroom or conversation facilitates the communication process.*
- *A student may use a guide dog or white cane for mobility assistance. A guide dog is a working animal and should not be petted.*

- *When giving directions, be clear: say "left," "right," or "step down." Let the students know where obstacles are; for example, "the chair is to your left."*
- *When guiding or walking with a student, verbally offer your elbow instead of grabbing his.*
- *Allow the student to determine the most ideal seating location so he/she can see, hear and, if possible, touch much of the presented material.*
- *Discuss special needs for field trips or other out-of-class activities well in advance.*
- *Assist the student in labeling lab materials so they are easily identifiable.*
- *Familiarize the student with the layout of the classroom or laboratory, noting the closest exits, and locating emergency equipment.*
- *Ask the student if she will need assistance during an emergency evacuation and assist in making a plan if necessary.*

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

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

# ***Learning Disabilities***

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

## **Accommodations may include:**

(Students may not need all of these accommodations. Specific accommodations should be based on the diagnostic information.)

- Tape recorders and/or laptop computers
- Copies of classmate's and/or instructor's notes or overheads
- Extended time for tests
- Testing in a quiet, distraction-minimized environment
- Frequent breaks allowed during tests
- Test given by page or by section
- Clear arrangement of test items on paper
- Calculator, spellchecker, thesaurus, reader, and/or scribe during tests
- Alternative form of test, such as an oral test or an essay instead of multiple choice format
- Use of blank card or paper to assist in reading
- Extended time to complete assignments
- Taped texts and classroom materials
- Use of handouts and visual aids
- Extended time for in class assignments to correct spelling, punctuation, and/or grammar
- Word processor with spell check and/or voice output to provide auditory feedback
- Concise oral instructions
- Instructions and demonstrations presented in more than one way
- Syllabus provided before the start of the semester

## **Considerations and Instructional Strategies:**

*Instructors who use a variety of instructional modes will enhance learning for students with learning disabilities. A multi-sensory approach to teaching will increase the ability of students with different functioning learning channels--auditory, visual and/or kinesthetic--to benefit from instruction*

## **More information about learning disabilities...**

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

- dyslexia - difficulty reading
- dyscalculia - difficulty doing mathematics
- dysgraphia - difficulty writing words with appropriate syntax
- dysphasia - difficulty speaking with fluency or sometimes to understand others
- figure-ground perception - difficulty seeing an object from a background of other objects
- visual discrimination - difficulty seeing the difference in objects
- auditory figure-ground perception - difficulty hearing one sound among others
- auditory sequencing - difficulty hearing sounds in the right order

**Students may demonstrate one or more problem characteristics. The form may be mild, moderate, or severe.**

### **Study Skills**

- inability to organize and budget time
- difficulty taking notes/outlining material
- difficulty following directions
- difficulty completing assignments on time

### **Writing Skills**

- frequent spelling errors
- incorrect grammar
- poor penmanship
- poor sentence structure
- difficulty taking notes while listening to class lectures
- problems with organization, development of ideas and transition of words

### **Oral Language**

- difficulty understanding oral language when lecturer speaks fast
- difficulty attending long lectures
- poor vocabulary and word recall

- problems with correct grammar
- difficulty in remembering a series of events in sequence
- difficulty with pronouncing multi syllabic words

### **Math Skills**

- computational skill difficulties
- difficulty with reasoning
- difficulty with basic math operations (multiplication tables)
- number reversals, confusion of symbols
- difficulty with concepts of time and money
- difficulty copying problems

### **Social Skills**

- spatial disorientation
- low frustration level
- low self-esteem
- impulsive
- disorientation in time
- difficulty with delaying problem resolution

## ***Attention Deficit Disorder (ADD) Attention-Deficit/Hyperactivity Disorder (ADHD)***

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ADD and ADHD are neurological conditions affecting both learning and behavior. They result from chronic disturbances in the area of the brain that regulate attention, impulse control, and the executive functions which control cognitive tasks, motor activity, and social interactions. Hyperactivity may or may not be present. Treatable but not curable, ADD and/or ADHD can lead to lifelong problems.

### **Accommodations may include:**

- copies of classmate's notes and/or copies of instructor's notes or overheads
- extended time for tests
- exams in a quiet, distraction-minimized environment
- frequent breaks allowed during exam; exam given by page or by section
- clear arrangement of test items on paper
- calculator, spellchecker, thesaurus, reader, and/or scribe during exams
- use of blank card or paper to assist in reading
- extended time to complete assignments
- tape recorders and/or laptop computers
- taped texts and classroom materials
- use of handouts and visual aids
- extended time for in-class assignments to correct spelling, punctuation, grammar
- word processor with spell check and/or voice output to provide auditory feedback
- Instructions or demonstrations presented in more than one way
- concise oral instructions
- syllabus provided before the start of the semester

### ***Considerations and Instructional Strategies:***

- *Since these students often also have learning disabilities, effective accommodations may include those also used with students with learning disabilities.*
- *Effective instructional strategies include providing opportunities for students to learn using visual, auditory and hands-on approaches.*

### ***More information about ADD and ADHD...***

**Students with ADD and/or ADHD may demonstrate one or more of the following problem characteristics:**

- Difficulty following directions, listening, and concentrating
- Poor time management skills
- Difficulty in being prepared for class, keeping appointments, and getting to class on time
- Reading comprehension difficulties
- Starting, organizing, and completing tasks
- Difficulty with math problems requiring changes in action, operation and order
- Difficulty interacting with others
- Difficulty producing work at a consistent level
- Blurting out answers

**A student with ADD and/or ADHD may:**

- Perform better in morning classes
- May not perform well at all before noon
- Need to sit in the front of the class
- Need assignment organizers (planners)
- Need assignments in writing
- Experience difficulty following through with several directions at once
- Have problems organizing multi-step tasks
- Benefit from structure, using lists, and following schedules

# ***Traumatic Brain Injuries (TBI)***

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

## **Accommodations may include:**

- Tape recorders and/or laptop computers
- Copies of classmate's and/or instructor's notes or overheads
- Extended time for tests
- Tests in a quiet, distraction-free environment
- Frequent breaks allowed during test; test given by page or by section
- Clear arrangement of test items on paper
- Calculator, spellchecker, thesaurus, reader, and/or scribe during tests
- Alternative form of test, such as an oral test or an essay test instead of multiple choice format
- Use of blank card or paper to assist in reading
- Extended time to complete assignments
- Taped texts and classroom materials
- Use of handouts and visual aids
- Word processor with spell check and/or voice output to provide auditory feedback
- Instructions or demonstrations presented in more than one way
- Concise oral instructions
- Syllabus provided before the start of the semester

## ***Considerations and Instructional Strategies:***

- *Brain injury can cause physical, cognitive, behavioral, and/or personality changes that affect the student in the short term or permanently.*
- *Recovery may be inconsistent. A student might take one step forward, two back, do nothing for a while and then unexpectedly make a series of gains.*
- *Effective teaching strategies include providing opportunities for a student to learn using visual, auditory and hands-on approaches.*
- *Ask the student if he or she will need assistance during emergency evacuation and assist in making arrangements if necessary.*

### ***More information about TBI...***

Highly individual; brain injuries can affect students very differently, depending on the area of the brain affected by the injury.

### **Students with TBI may demonstrate one or more of the following characteristics:**

- Organizing thoughts, cause-effect relationships, and problem solving
- Processing information and word retrieval
- Generalizing and integrating skills
- Social interactions
- Memory
- Balance and/or coordination
- Communication and speech

### **A student with TBI may:**

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

# ***Deaf/Hard of Hearing***

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More individuals in the United States have a hearing impairment than any other type of physical disability. A hearing impairment is any type or degree of auditory impairment, while deafness is an inability to use hearing as a means of communication. Hearing loss may be sensorineural, involving an impairment of the auditory nerve; conductive, a defect in the auditory system that interferes with sound reaching the cochlea; or a mixed impairment, involving both sensorineural and conductive. Hearing loss is measured in decibels and may be mild, moderate, or profound. A person born with a hearing loss may have language deficiencies and exhibit poor vocabulary and syntax. Many students with hearing loss may use a variety of communication methods, including hearing aids, lip reading, cued speech, signed English and/or American Sign Language.

## **Accommodations may include, but are not limited to:**

- Seating which allows a clear view of the instructor, the interpreter, and the blackboard
- An unobstructed view of the speaker's face and mouth
- Written supplements to oral instructions, assignments, and directions
- Providing handouts in advance
- Visual aids as often as possible, including captioned versions of videos and films
- Repeating questions and comments from other students
- Interpreters and/or notetakers for class lectures or lab
- Test accommodations may include: extended time, alternate location, proofreading of essay tests, access to word processor and interpreted directions
- Providing unfamiliar vocabulary in written form, on the blackboard, or in a handout
- Use of electronic mail, Fax, or word processor for discussions with the instructor
- Excess noise reduced as much as possible to facilitate communication

## **Considerations and Instructional Strategies:**

- *American Sign Language (ASL) is not equivalent to English; it is a visual language having its own syntax and grammatical structure.*
- *Look directly at the student during a conversation, even when an interpreter is present, and speak in natural tones.*
- *Make sure you have the student's attention before speaking. A light touch on the shoulder, wave or other visual signal will help.*

- *Recognize the processing time the interpreter takes to translate a message from its original language into another language; the students may need more time to receive information, ask questions and/or offer comments.*
- *It is **not** helpful to shout or exaggerate lip movements.*

### ***More about deafness and hard of hearing...***

**Students who are Deaf or hard of hearing may have one or more of the following characteristics:**

- be skilled lipreaders, but many are not; only 30 - 40 percent of spoken English is distinguishable on the mouth and lips under the best conditions
- also have difficulties with speech, reading and writing skills, given the close relationship between language development and hearing
- use speech, lipreading, hearing aids and/or amplification systems to enhance oral communication
- be members of a distinct linguistic and cultural group; as a cultural group, they may have their own values, social norms and traditions
- use American Sign Language as their first language, with English as their second language

# ***Speech and Language Disabilities***

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Speech and language disabilities may result from hearing loss, cerebral palsy, learning disabilities, and/or physical conditions. There may be a range of difficulties from problems with articulation or voice strength to complete absence of voice. Included are difficulties in projection, fluency problems, such as stuttering and stammering, and in articulating particular words or terms.

## **Accommodations may include:**

- Modifications of assignments such as one-to-one presentation or use of a computer with voice synthesizer
- Alternative assignment for oral class reports
- Course substitutions

## **Considerations and Instructional Strategies:**

- *Give students opportunity--but do not compel speaking in class. Ask students for a cue they can use if they wish to speak.*
- *Permit students time to speak without unsolicited aid in filling in the gaps in their speech.*
- *Do not be reluctant to ask students to repeat a statement.*
- *Address students naturally. Do not assume that they cannot hear or comprehend.*
- *Patience is the most effective strategy in teaching students with speech disabilities.*

# Psychiatric Disabilities

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Psychiatric disabilities refer to a wide range of behavioral and/or psychological problems characterized by anxiety, mood swings, depression, and/or a compromised assessment of reality. These behaviors persist over time; they are not in response to a particular event. Although many individuals with psychiatric disabilities are stabilized using medications and/or psychotherapy, their behavior and affect may still cycle.

## Accommodations may include:

- Extended time for tests
- Quiet, distraction-free testing area
- Tests divided into segments with rest breaks
- Notetakers, readers, or tape recorders in class
- Use of computer or scribe for essay tests
- Extensions, incompletes, or late withdrawals in the event of prolonged illness
- Some flexibility in the attendance requirements in case of health related absences
- Seating arrangement that enhance the learning experience of the student
- Assistance with time management and study skills

## Considerations and Instructional Strategies:

- *Student with psychiatric disabilities may not be comfortable disclosing the specifics of their disability. Instructors can help these students by providing an understanding and accepting environment in the classroom, which will encourage them to request the accommodations they need to succeed.*
- *With treatment and support, many students with psychiatric disabilities are able to manage their mental health and benefit from college classes.*
- *If students seem to need counseling for disability-related issues, encourage them to discuss their problems with a trained counselor. Maintaining a clear, distinct separation of roles between instructor and counselor is critical for this population.*
- *Sometimes students may need to check their perceptions of a situation or information you have presented in class to be sure they are on the right track.*
- *Sequential memory tasks, such as step-by-step instructions, spelling, and math may be more easily understood by breaking up tasks into smaller ones.*
- *Drowsiness, fatigue, memory loss, and decreased response time may result from prescription medications.*

### ***More about psychological disorders...***

**Invisible Disabilities** - Psychological disorders fall into the group of invisible disabilities that may have little or no impact on learning. With proper diagnoses and treatment, students with psychological disorders are productive and successful in the academic environment.

**Depression** - Depression is a common occurrence that may affect social functioning, concentration and motivation, and the ability to tolerate stress. Episodes of lower level academic functioning related to the disability may be time limited. In some cases the student may need to withdraw from school or take an incomplete in course work to allow time for the condition to stabilize.

**Medications** - Medications or changes in the medications that a student is taking may cause sleep disturbances, interference with concentration, diminished ability to attend class, or successfully complete assignments or tests. Accommodations may be needed for the presenting disability and the side effects of the medications.

**Behavior** - Some students may exhibit negative behavior such as indifference or occasionally disruptive behavior. In the event of disruptive behavior, the student should be informed about the specific limits of acceptable behavior in the classroom and on campus.

## ***Other Disabilities***

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Other disabilities include conditions affecting one or more of the body's systems. These include respiratory, immunological, neurological, and circulatory systems.

### **Examples include:**

- Cancer
- Chronic Fatigue Syndrome
- Epilepsy/Seizure Disorder
- Fibromyalgia
- Lupus Erythematosus
- Multiple Sclerosis
- Chemical Dependency (*current users* are excluded from the ADA and section 504)
- Diabetes
- Epstein Barr Virus
- HIV+/AIDS
- Multiple Chemical Sensitivity
- Renal Disease

**Accommodations may include:**

- Conveniently located parking
- Extended time for tests
- Enlarged printed materials
- Recorded course materials
- Use of scribe and/or readers
- Use of computers or other assistive technology
- Modified course load
- Test modifications, such as increased frequency, shorter testing sessions, or administering the test by page or by section.

**Considerations and Instructional Strategies:**

- *The condition of a student with a systemic disability may fluctuate or deteriorate over time, causing the need for the type of accommodation to vary.*
- *Fatigue may be a significant factor in the student's ability to complete required tasks within regular time limits.*
- *Some conditions may cause the student to exceed the attendance policy. A reasonable accommodation should reflect the nature of the class requirements and the arrangements initiated by the student for completing the assignments.*
- *Ask the student if he or she will need assistance during an emergency evacuation and assist in making a plan if necessary.*

# TIPS FOR STUDENT SUCCESS

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*Tips for Faculty*  
*Tips for Interacting with People with Disabilities*

## ***Tips For Faculty***

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Many teaching strategies that assist students with disabilities are known to also benefit nondisabled students. Instruction provided in an array of approaches will reach more students than instruction using only one method. The following are some dos and don'ts to assist students in an academic setting.

### **DO...**

- write key terms or an outline on the board, or prepare a lecture handout
- create study guides
- assign advance readings before the topic is due in the class session
- briefly review the previous lecture
- use visual aids such as overheads, diagrams, charts, and/or graphs
- allow the use of tape recorders
- emphasize important points, main ideas, and key concepts
- explain technical language and terminology
- speak distinctly and at a relaxed rate, pausing to allow students time for note-taking
- leave time for questions
- administer frequent quizzes to provide feedback for students
- give assignments in writing as well as orally
- treat an individual with a disability the same way you would treat anyone--with dignity and respect

### **DON'T...**

- turn your back to the class when speaking
- embarrass a student with a disability by drawing attention to the disability in front of the class
- assume that certain professions or majors are more suited to persons with disabilities
- assume a student with a disability does not belong in a certain major or program
- assume a student with a disability cannot perform well in your class
- make medical judgements
- feel apprehensive about discussing the student's needs as they relate to the course



# ***Tips for Interacting with People with Disabilities***

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When interacting with people with disabilities, it is important to extend them the same courtesies and respect that is shown to others. However, there are some rules of etiquette that will help both you and the person with the disability feel more comfortable.

## ***General***

- Relax. Be yourself. Don't be embarrassed if you happen to use accepted, common expressions such as "See you later" or "Got to be running along" that seem to relate to the person's disability.
- Offer assistance to a person with a disability if you feel like it, but wait until your offer is accepted **BEFORE** you help. Listen to any instructions the person may want to give.
- Be considerate of the extra time it might take for a person with a disability to get things done or said. Let the person set the pace in walking and talking.
- When talking with someone with a disability, speak directly to that person rather than through a companion who may be present.
- It is appropriate to shake hands when introduced to a person with a disability. People with limited hand use or who wear an artificial limb do shake hands.

## ***Hearing***

- To get the attention of a person who is deaf or hard of hearing, tap the person on the shoulder, wave your hand, stamp your foot or flash the lights.
- Follow the person's cues to find out if he/she prefers sign language, gesturing, writing or speaking.
- Look directly at the person and speak clearly to establish if the person can read your lips. Those who do will rely on facial expressions and other body language to help in understanding. Remember, not all persons who are deaf or hard of hearing can lip read.
- Speak in a normal tone of voice. Talking too loudly or with exaggerated speech can cause a distortion of normal lip movements. Shouting won't help.
- Try to eliminate background noise.
- Written notes can often facilitate communication.
- Encourage feedback to assess clear understanding.
- If you have trouble understanding the speech of a person who is deaf or hard of hearing, let him/her know.

## ***Vision***

- When greeting a person with a severe loss of vision, always identify yourself and others who may be with you.
- When speaking in a group, remember to say the name of the person to whom you are speaking to give verbal cues.
- Speak directly to the vision impaired student and address him or her by name.
- Speak in a normal tone of voice, indicate when you move from one place to another and let it be known when the conversation is at an end.
- When you offer to assist someone with vision impairment, allow the person to take your arm. This will help you to guide rather than propel or lead the person. When offering seating, place the person's hand on the back or arm of the seat.
- Use specifics such as "left a hundred feet" or "right two yards" when directing a person with a visual impairment.

### ***Speech***

- Give whole, unhurried attention when you're talking to a person who has difficulty speaking. Allow extra time for communication.
- Keep your manner encouraging rather than correcting. Be patient--don't speak for the person.
- If necessary, ask short questions that require short answers of a nod or shake of the head.
- Never pretend to understand if you are having difficulty doing so. Repeat what you understand. The person's reaction will clue you in and guide you to understanding.
- Use hand gestures and notes.

### ***Cognitive***

- Be patient. Take the time necessary to assure clear understanding. Give the person time to put his/her thoughts into words, especially when responding to a question.
- Use precise language incorporating simpler words. When possible, use words that relate to things you both can see. Avoid using directional terms like right, left, east, or west.
- Be prepared to give the person the same information more than once in different ways.
- When asking questions, phrase them to elicit accurate information. People with cognitive disabilities may be eager to please and may tell you what they think you want to hear. Verify responses by repeating each question in a different way.
- Give exact instructions. For example, "Be back from lunch at 12:30," not "Be back in 30 minutes."
- Too many directions at one time may be confusing.

- Depending on the disability, the person may prefer information in written or verbal form. Ask the person how you can best relay the information.

### ***Mobility/Wheelchair Users***

- Any aid or equipment a person may use, such as a wheelchair, guide cane, walker, crutch or assistance animal, is part of that person's personal space. Don't touch, push, pull, or otherwise physically interact with an individual's body or equipment unless you're asked to.
- When speaking with someone in a wheelchair, talk directly to the person and try to be at his/her eye level, but do not kneel. If you must stand, step back slightly so the person doesn't have to strain his/her neck to see you.
- When giving directions to people with mobility limitations, consider distance, weather conditions and physical obstacles such as stairs, curbs and steep hills.
- Always ask before you move a person in a wheelchair--out of courtesy, but also to prevent disturbing the person's balance.
- If a person transfers from a wheelchair to a car, barstool, etc., leave the wheelchair within easy reach. Always make sure the chair is locked before helping a person transfer.

### ***Service Animals***

- Service animals should not be petted or otherwise distracted when in harness.
- If the animal is not in harness, permission from the animal's companion should be requested and received prior to any interaction with the animal.
- Guide dogs will need special consideration when you plan laboratory exercises and field trips.

# DOCUMENTATION

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*Guidelines*

*Examples of Documentation*

- *Attention Deficit Disorder/Attention Hyperactivity Disorder*
  - *Blindness or Visual Impairment*
    - *Chronic Health Disorders*
      - *Deaf/Hard of Hearing*
  - *Head Injury/Traumatic Brain Injury*
    - *Learning Disorders*
    - *Physical Disabilities*
- *Psychiatric/Psychological Disabilities*
  - *Temporary Impairments*

# Guidelines

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Documentation has two main purposes:

- 1- to establish that an individual has a disability
- 2- to describe and document the functional impact of the disability for use in establishing the need for and design of accommodations

*(Each college should develop it's own policies and procedures for delivery of documentation and confidentiality of documentation.)*

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*Information below is adapted from Longwood College, "What Documentation Do I Need - General Guidelines," <http://web.lwc.edu/disability/whatdocumentation.html>*

Documentation will be used to evaluate requests for reasonable accommodations and/or auxiliary aids. The evaluation process will include the impact of the documentation on the goals and standards of the program, course and/or activity. Below are suggested documentation guidelines.

"As appropriate to the disability, the documentation should include the following six elements:

- 1- A diagnostic statement identifying the disability, date of the most current diagnostic evaluation, and the date of the original diagnosis.
- 2- A description of the diagnostic tests, methods, and/or criteria used.
- 3- A description of the current functional impact of the disability which includes specific test results and the examiner's narrative interpretation.
- 4- Treatment, medications, and/or assistive devices/services currently prescribed or in use.
- 5- A description of the expected progression or stability of the impact of the disability over time, particularly the next few years.
- 6- The credentials of the diagnosing professionals if not clear from the letterhead or other forms.

Beyond the six elements expected to be included in documentation; recommendations for accommodations, adaptive devices, assistive services, compensatory strategies and/or collateral support services will be considered."

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*Note: This document does not endorse a specific time line for renewed documentation (every 3 years, etc..), but instead suggests that the age of acceptable documentation is dependent upon the condition, the current status of the student and the student's request for accommodations.*

# Examples

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The following examples are adapted from:

Longwood College, <http://web.lwc.edu/disability/ADDguidelines.html>

University of Colorado at Boulder, <http://www.Colorado.EDU/sacs/disabilityservices.html>

Association on Higher Education and Disabilities (AHEAD)

## **Documentation Guidelines for Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder**

Under the Americans with Disabilities Act, a "qualified individual with a disability is one who, with or without reasonable modification to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provisions of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or participation in programs or activities provided by a public entity." A person with a disability is anyone with a physical or mental impairment that substantially limits one or more of such major activities as walking, seeing, hearing, caring for self, performing manual tasks, working or learning.

The following guidelines are provided to assist the college in collaboration with each student to determine appropriate accommodations. Documentation serves as a foundation that legitimizes a student's request for appropriate accommodations. (A school plan such as an Individualized Educational Plan [IEP] or a 504 Plan is insufficient documentation.) Recommended documentation includes:

1. Evaluations must be comprehensive. Documentation must show that DSM-IV criteria for attention deficit/hyperactivity disorder have been met.
2. Information and/or test scores to rule out possible diagnoses including medical and psychiatric disorders as well as educational and cultural factors which impact then individual and may result in behaviors mimicking ADHD/ADD.
3. Documentation must give clear and specific evidence of attention deficit/hyperactivity disorder. A brief statement on a prescription form or letterhead is not acceptable.
4. The process of diagnosis should be reported, providing test scores and/or appropriate data.

5. Documentation should reflect the current level of functioning and is dependent on the condition, the current status of the student and the student's request for reasonable accommodations.
6. If medication is recommended, this should be noted.
7. Professional conducting assessment and rendering diagnosis of attention deficit/hyperactivity disorder must be qualified to do so. The person who signs the report must be the one who conducts the evaluation and writes the report. (Documentation by family members, immediate or otherwise, is not acceptable.)

**All documentation is confidential and should be submitted to:**  
*(College should insert relevant information)*

## ***Documentation Guidelines for Blindness or Visual Impairment***

Under the Americans with Disabilities Act, a "qualified individual with a disability is one who, with or without reasonable modification to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provisions of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or participation in programs or activities provided by a public entity." A person with a disability is anyone with a physical or mental impairment that substantially limits one or more of such major activities as walking, seeing, hearing, caring for self, performing manual tasks, working or learning.

The following guidelines are provided to assist the college in collaboration with each student to determine appropriate accommodations. Documentation serves as a foundation that legitimizes a student's request for appropriate accommodations. (A school plan such as an Individualized Educational Plan [IEP] or a 504 Plan is insufficient documentation.) Recommended documentation includes:

1. A clear and current statement of the vision related disability with supporting data (the age of acceptable documentation is dependent upon the condition, the current status of the student and the student's request for reasonable accommodations).
2. A summary of assessment procedures and evaluation instruments used to make the diagnosis and the summary of results including standardized scores.
3. A summary of present symptoms that meet the criteria for diagnosis.
4. Medical information relating to the student's needs and the status of the student's vision (static or changing) and its impact on the demands of the academic program.
5. Narrative or descriptive text providing both quantitative and qualitative information about the student's abilities including the use of corrective lenses and ongoing visual therapy (if appropriate).
6. Suggestions of reasonable accommodation(s), which might be appropriate at the postsecondary level, are encouraged. These recommendations should be supported by the diagnosis.

**All documentation is confidential and should be submitted to:**  
*(College should insert relevant information)*

## ***Documentation Guidelines for Deaf/Hard of Hearing***

Under the Americans with Disabilities Act, a "qualified individual with a disability is one who, with or without reasonable modification to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provisions of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or participation in programs or activities provided by a public entity." A person with a disability is anyone with a physical or mental impairment that substantially limits one or more of such major activities as walking, seeing, hearing, caring for self, performing manual tasks, working or learning.

The following guidelines are provided to assist the college in collaboration with each student to determine appropriate accommodations. Documentation serves as a foundation that legitimizes a student's request for appropriate accommodations. (A school plan such as an Individualized Educational Plan [IEP] or a 504 Plan is insufficient documentation.) Recommended documentation includes:

1. A clear statement of Deafness or hearing loss, with a current audiogram (the age of acceptable documentation is dependent upon the condition, the current status of the student, and the student's request for reasonable accommodations).
2. A summary of assessment procedures and evaluation instruments used to make the diagnosis and a narrative summary of evaluation results, if appropriate.
3. Medical information relating to the student's needs and the status of the individual's hearing (static or changing) and its impact on the academic program.
4. A statement regarding the use of hearing aids or cochlear implants (if appropriate).

**All documentation is confidential and should be submitted to:**  
*(College should insert relevant information)*

## ***Documentation Guidelines for Chronic Health Disabilities***

Under the Americans with Disabilities Act, a "qualified individual with a disability is one who, with or without reasonable modification to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provisions of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or participation in programs or activities provided by a public entity." A person with a disability is anyone with a physical or mental impairment that substantially limits one or more of such major activities as walking, seeing, hearing, caring for self, performing manual tasks, working or learning. Chronic health impairments (such as, but not limited to, AIDS, arthritis, Crohn's disease, cystic fibrosis, fibromyalgia, heart disease, muscular dystrophy, multiple sclerosis, respiratory conditions) are considered disabilities under ADA if a major life activity is substantially limited.

The following guidelines are provided to assist the college in collaboration with each student to determine appropriate accommodations. Documentation serves as a foundation that legitimizes a student's request for appropriate accommodations. Documentation from family members, immediate or otherwise, is not acceptable. A school plan such as an Individualized Educational Plan [IEP] or a 504 Plan is insufficient documentation. Recommended documentation includes:

1. A clear and current statement of the medical diagnosis of the condition with supporting data (the age of acceptable documentation is dependent upon the disabling condition, the current status of the student, and the student's request for reasonable accommodations).
2. A summary of assessment procedures and evaluation instruments used to make the diagnosis, including evaluation results and standardized scores if applicable.
3. A description of present symptoms which meet the criteria for diagnosis.
4. Medical information relating to the student's needs should include the impact of treatments, medications, devices or services currently prescribed.
5. Suggestions of reasonable accommodation(s), which might be appropriate at the postsecondary level, are encouraged. These recommendations should be supported by the diagnosis.

**All documentation is confidential and should be submitted to:**  
*(College should insert relevant information)*

## ***Documentation Guidelines for Physical Disabilities***

Under the Americans with Disabilities Act, a "qualified individual with a disability is one who, with or without reasonable modification to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provisions of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or participation in programs or activities provided by a public entity." A person with a disability is anyone with a physical or mental impairment that substantially limits one or more of such major activities as walking, seeing, hearing, caring for self, performing manual tasks, working or learning. Physical disabilities (such as, but not limited to, mobility impairments, multiple sclerosis, cerebral palsy, chemical sensitivities, spinal cord injuries, muscular dystrophy, and spinal bifida) are considered disabilities under the ADA if a major life activity is substantially limited.

The following guidelines are provided to assist the college in collaboration with each student to determine appropriate accommodations. Documentation serves as a foundation that legitimizes a student's request for appropriate accommodations. Documentation from family members, immediate or otherwise, is not acceptable. A school plan such as an Individualized Educational Plan [IEP] or a 504 Plan is insufficient documentation. Recommended documentation includes:

1. A clear and current statement of the medical diagnosis of the condition with supporting data (the age of acceptable documentation is dependent upon the disabling condition, the current status of the student and the student's request for reasonable accommodations).
2. A summary of assessment procedures and evaluation instruments used to make the diagnosis, including evaluation results and standardized scores if applicable.
3. A description of present symptoms which meet the criteria for diagnosis.
4. Medical information relating to the student's needs should include the impact of treatments, medications, devices or services currently prescribed.
5. Suggestions of reasonable accommodation(s) that might be appropriate at the postsecondary level are encouraged. These recommendations should be supported by the diagnosis.

**All documentation is confidential and should be submitted to:**  
*(College should insert relevant information)*

## ***Documentation Guidelines for Head Injury/Traumatic Brain Injury***

Under the Americans with Disabilities Act, a "qualified individual with a disability is one who, with or without reasonable modification to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provisions of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or participation in programs or activities provided by a public entity." A person with a disability is anyone with a physical or mental impairment that substantially limits one or more of such major activities as walking, seeing, hearing, caring for self, performing manual tasks, working or learning. Head injuries are considered disabilities under the ADA if a major life activity is substantially limited. Head Injury or Traumatic Brain Injury is considered a medical or clinical diagnosis.

The following guidelines are provided to assist the college in collaboration with each student to determine appropriate accommodations. Documentation serves as a foundation to legitimize a student's request for appropriate accommodations. Documentation from family members, immediate or otherwise, is not acceptable. A school plan such as an Individualized Educational Plan [IEP] or a 504 Plan is insufficient documentation. Recommended documentation includes:

1. A clear statement and classification of the head injury or traumatic brain injury including date of injury and classification and dates pertaining to history of multiple concussions (as applicable).
2. Documentation should reflect the current level of functioning and is dependent upon the disabling condition, the current status of the student and the student's request for reasonable accommodations).
3. A summary of cognitive and achievement measures used and evaluation results (neuropsychological report) including standardized scores or percentiles used to make the diagnosis.
4. A summary of current residual symptoms and cumulative damage (as applicable and as a result of repeated injuries) which meet the criteria for diagnosis.
5. Medical information relating to the student's needs should include the impact of treatments, medications, devices or services currently prescribed.
6. Suggestions of reasonable accommodation(s) which might be appropriate at the postsecondary level are encouraged. These recommendations should be supported by the diagnosis.

**All documentation is confidential and should be submitted to:**  
*(College should insert relevant information)*

## ***Documentation Guidelines for Psychiatric/Psychological Disabilities***

Under the Americans with Disabilities Act, a "qualified individual with a disability is one who, with or without reasonable modification to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provisions of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or participation in programs or activities provided by a public entity." A person with a disability is anyone with a physical or mental impairment that substantially limits one or more of such major activities as walking, seeing, hearing, caring for self, performing manual tasks, working or learning. Psychiatric/Psychological disabilities (such as, but not limited to, depressive, anxiety, and bipolar disorders) are considered disabilities under the ADA if a major life activity is substantially limited.

The following guidelines are provided to assist the college in collaboration with each student to determine appropriate accommodations. Documentation serves as a foundation that legitimizes a student's request for appropriate accommodations. Documentation from family members, immediate or otherwise, is not acceptable. A school plan such as an Individualized Educational Plan [IEP] or a 504 Plan is insufficient documentation. Recommended documentation includes:

1. A clear statement of the disability, including the DSM-IV diagnosis, and a summary of present symptoms.
2. Documentation should reflect the current level of functioning is dependent upon the disabling condition, the current status of the student and the student's request for reasonable accommodations).
3. A summary of assessment procedures and evaluation instruments used to make the diagnosis, and a summary of evaluation results, including standardized or percentile scores.
4. Medical information relating to the student's needs should include the impact of medication on the student's ability to meet the demands of the postsecondary environment.
5. Suggestions of reasonable accommodation(s) that might be appropriate at the postsecondary level are encouraged. These recommendations should be supported by the diagnosis.

**All documentation is confidential and should be submitted to:**  
*(College should insert relevant information)*

## ***Documentation Guidelines for Learning Disabilities (as Endorsed by AHEAD)***

### **Introduction**

In response to the expressed need for guidance related to the documentation of a learning disability in adolescents and adults, the Association on Higher Education And Disability (AHEAD) has developed the following guidelines. The primary intent of these guidelines is to provide students, professional diagnosticians and service providers with a common understanding and knowledge base of those components of documentation, which are necessary to validate a learning disability and the need for accommodation. The information and documentation that establishes a learning disability should be comprehensive in order to make it possible for a student to be served in a postsecondary setting.

The document presents guidelines on four important areas: 1) qualifications of the evaluator, 2) recency of documentation, 3) appropriate clinical documentation to substantiate the learning disability, and 4) evidence to establish a rationale supporting the need for accommodations.

Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, individuals with learning disabilities are guaranteed certain protections and rights of equal access to programs and services; thus the documentation should indicate that the disability substantially limits some major life activity. The following guidelines are provided in the interest of assuring that LD documentation is appropriate to verify eligibility and to support requests for accommodations, academic adjustments and/or auxiliary aids. It is recommended that postsecondary institutions using these guidelines consult their legal counsel before establishing a policy on documentation relating to individuals with disabilities. In countries not regulated by this legislation further modification may be appropriate.

These guidelines are designed to be a framework for institutions to work from in establishing criteria for eligibility. It is acknowledged that different educational settings with different student populations will need to modify and adapt these guidelines to meet the needs and backgrounds of their student populations.

Recommendations for consumers are presented in Addendum A to assist them in finding and working with a qualified professional in regard to documentation.

## **Documentation Guidelines**

### **I. Qualifications of the Evaluator**

Professionals conducting assessments, rendering diagnoses of learning disabilities, and making recommendations for appropriate accommodations must be qualified to do so. Comprehensive training and direct experience with an adolescent and adult LD population is essential.

The name, title and professional credentials of the evaluator, including information about license or certification (e.g., licensed psychologist) as well as the area of specialization, employment and state/province in which the individual practices should be clearly stated in the documentation. For example, the following professionals would generally be considered qualified to evaluate specific learning disabilities provided that they have additional training and experience in the assessment of learning problems in adolescents and adults: clinical or educational psychologists, school psychologists, neuropsychologists, learning disabilities specialists, medical doctors, and other professionals. Use of diagnostic terminology indicating a learning disability by someone whose training and experience are not in these fields is not acceptable. It is of utmost importance that evaluators are sensitive and respectful of cultural and linguistic differences in adolescents and adults during the assessment process. It is not considered appropriate for professionals to evaluate members of their families. All reports should be on letterhead, typed, signed and otherwise legible.

### **II. Documentation**

The provision of all reasonable accommodations and services is based upon assessment of the impact of the student's disabilities on his or her academic performance at a given time in the student's life. Therefore, it is in the student's best interest to provide recent and appropriate documentation relevant to the student's learning environment.

Flexibility in accepting documentation is important, especially in settings with significant numbers of non-traditional students. In some instances, documentation may be outdated or inadequate in scope or content. It may not address the student's current level of functioning or need for accommodations because observed changes may have occurred in the student's performance since the previous assessment was conducted. In such cases, it may be appropriate to update the evaluation report. Since the purpose of the update is to determine the student's current need for accommodations, the update, conducted by a qualified professional, should include a rationale for ongoing services and accommodations.

### **III. Substantiation of the Learning Disability**

Documentation should validate the need for services based on the individual's current level of functioning in the educational setting. A school plan such as an individualized education program (IEP) or a 504 plan is insufficient documentation, but it can be included as part of a more comprehensive assessment battery. A comprehensive assessment battery and resulting diagnostic report should include a diagnostic interview, assessment of aptitude, academic achievement, information processing and a diagnosis.

#### **A. Diagnostic Interview**

An evaluation report should include the summary of a comprehensive diagnostic interview. Learning disabilities are commonly manifested during childhood, but not always formally diagnosed. Relevant information regarding the student's academic history and learning processes in elementary, secondary and postsecondary education should be investigated. The diagnostician, using professional judgement as to which areas are relevant, should conduct a diagnostic interview which may include: a description of the presenting problem(s); developmental, medical, psychosocial and employment histories; family history (including primary language of the home and the student's current level of English fluency); and a discussion of dual diagnosis where indicated.

#### **B. Assessment**

The neuropsychological or psycho-educational evaluation for the diagnosis of a specific learning disability must provide clear and specific evidence that a learning disability does or does not exist. Assessment, and any resulting diagnosis, should consist of and be based on a comprehensive assessment battery that does not rely on any test or subtest.

Evidence of a substantial limitation to learning or other major life activity must be provided. A list of commonly used tests is included in Addendum B. Minimally, the domains to be addressed must include the following:

##### **1. Aptitude**

A complete intellectual assessment with all subtests and standard scores reported.

##### **2. Academic Achievement**

A comprehensive academic achievement battery is essential with all subtests and standard scores reported for those subtests

administered. The battery should include current levels of academic functioning in relevant areas such as reading (decoding and comprehension), mathematics, and oral and written language.

### **3. Information Processing**

Specific areas of information processing (e.g., short- and long-term memory, sequential memory, auditory and visual perception/processing, processing speed, executive functioning and motor ability) should be assessed.

Other assessment measures such as non-standard measures and informal assessment procedures or observations may be helpful in determining performance across a variety of domains. Other formal assessment measures may be integrated with the above instruments to help determine a learning disability and differentiate it from co-existing neurological and/or psychiatric disorders (i.e., to establish a differential diagnosis). In addition to standardized tests, it is also very useful to include informal observations of the student during the test administration.

### **C. Specific Diagnosis**

Individual "learning styles," "learning differences," "academic problems" and "test difficulty or anxiety," in and of themselves, do not constitute a learning disability. It is important to rule out alternative explanations for problems in learning such as emotional, attentional or motivational problems that may be interfering with learning but do not constitute a learning disability. The diagnostician is encouraged 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."

### **D. Test Scores**

Standard scores and/or percentiles should be provided for all normal measures. Grade equivalents are not useful unless standard scores and/or percentiles are also included. The data should logically reflect a substantial limitation to learning for which the student is requesting the accommodation. The particular profile of the student's strengths and weaknesses must be shown to relate to functional limitations that may necessitate accommodations. The tests used should be reliable, valid and should document both the nature and severity of the learning disability. Informal inventories, surveys and direct observation by a qualified professional may be used in tandem with formal tests in order to further develop a clinical hypothesis.

## **E. Clinical Summary**

A well-written diagnostic summary based on a comprehensive evaluation process is a necessary component of the report. Assessment instruments and the data they provide do not diagnose; rather, they provide important elements that must be integrated by the evaluator with background information, observations of the client during the testing situation, and the current context. It is essential, therefore, that professional judgement be utilized in the development of a clinical summary. The clinical summary should include:

1. demonstrations of the evaluator's having 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/language differences;
2. indication of how patterns in the student's cognitive ability, achievement and information processing reflect the presence of a learning disability;
3. indication of the substantial limitation to learning or other major life activity presented by the learning disability and the degree to which it impacts the individual in the learning context for which accommodations are being requested; and
4. indication as to why specific accommodations are needed and how the effects of the specific disability are accommodated.

The summary should also include any record of prior accommodation or auxiliary aids, including any information about specific conditions under which the accommodations were used (e.g., standardized testing, final exams, licensing or certification examinations).

## **IV. Recommendations for Accommodations**

It is important to recognize that accommodation needs can change over time and are not always identified through the initial diagnostic process. Conversely, a prior history of accommodations does not, in and of itself, warrant the provision of a similar accommodation.

The diagnostic report should include specific recommendations for accommodations as well as an explanation as to why each accommodation is recommended as well as an explanation as to why each accommodation is recommended. The evaluators should describe the impact the diagnosed learning disability has on a specific major life activity as well as the degree of

significance of this impact on the individual. The evaluator should support recommendations with specific test results or clinical observations.

If accommodations are not clearly identified in a diagnostic report, the disability service provider should seek clarification and, if necessary, more information. The final determination for providing appropriate and reasonable accommodations rests with the institution.

In instances where a request for accommodations is denied in a postsecondary institution, a written grievance or appeal procedure should be in place.

## **V. Confidentially**

The receiving institution has a responsibility to maintain confidentiality of the evaluation and may not release any part of the documentation without the student's informed and written consent.

***Addenda A and B of this document are attached.***

## **Addendum A:        *Recommendations for Consumers***

- 1) For assistance in finding a qualified professional:
  - a) Contact the disability services coordinator at the institution you attend or plan to attend to discuss documentation needs; and
  - b) Discuss your future plans with the disability services coordinator. If additional documentation is required, seek assistance in identifying a qualified professional.
  
- 2) In selecting a qualified professional:
  - a) Ask what his/her credentials are;
  - b) Ask what experiences he/she has had working with adults with learning disabilities; and
  - c) Ask if he/she has ever worked with the service provider at your institution or with the agency to which you are sending material.
  
- 3) In working with the professional:
  - a) Take a copy of these guidelines to the professional;
  - b) Encourage him/her to clarify questions with the person who provided you with these guidelines;
  - c) Be prepared to be forthcoming, thorough and honest with requested information; and
  - d) Know that professionals must maintain confidentiality with respect to your records and testing information.
  
- 4) As follow-up to the assessment by the professional:
  - a) Request a copy of the assessment report;
  - b) Request the opportunity to discuss the results and recommendations;
  - c) Request additional resources if you need them; and
  - d) Maintain a personal file of your records and reports.

## **Addendum B:        *Tests for Assessing Adolescents and Adults***

When selecting a battery of tests, it is critical to consider the technical adequacy of instruments including their reliability, validity and standardization on an appropriate norm group. The professional judgement of an evaluator in choosing tests is important.

The following list is provided as a helpful resource, but it is not intended to be definitive or exhaustive.

### *Aptitude*

- Wechsler Adult Intelligence Scale - Revised (WAIS-R)
- Woodcock-Johnson Psychoeducational Battery \_ Revised: Tests of Cognitive Ability
- Kaufman Adolescent and Adult Intelligence Test
- Stanford-Binet Intelligence Scale (4<sup>th</sup> ed.)

(The Slosson Intelligence Test - Revised and the Kaufman Brief Intelligence Test are primarily screening devices which are not comprehensive enough to provide the kinds of information necessary to make accommodation decisions.)

### *Academic Achievement*

- Scholastic Abilities Test for Adults (SATA)
- Stanford Test of Academic Skills
- Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)

### *Other specific achievement tests*

- Nelson-Denny Reading Skills Test
- Stanford Diagnostic Mathematics Test
- Test of Written Language - 3 (TOWL-3)
- Woodcock Reading Mastery Tests - Revised

(Specific achievement tests are useful instruments when administered under standardized conditions and interpreted within the context of other diagnostic information. The Wide Range Achievement Test - 3 (WRAT -3) is not a comprehensive measure of achievement and therefore is not useful if used as the sole measure of achievement.)

### *Information Processing*

Acceptable instruments include the Detroit Tests of Learning Aptitude -3 (DTLA-3), the Detroit Tests of Learning Aptitude - Adult (DTLA-A), information from subtests on WAIS-R, Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Cognitive Ability, as well as other relevant instruments.

## ***Temporary Impairments***

Some disabilities are temporary and may require accommodations for a limited time. Each case is considered individually. The following documentation is required:

- Letter on letterhead from a qualified professional stating diagnosis, functional limitations necessitating the accommodations and estimated length services will be needed.

Services will be provided for *(to be filled in by the college)* number of working days pending receipt of documentation. If documentation is not received by that time, services will be cancelled.

# TIPS FOR STUDENT SUCCESS

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*Tips for Faculty  
Tips for Interacting with People with Disabilities*

## ***Tips For Faculty***

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Many teaching strategies that assist students with disabilities are known to also benefit nondisabled students. Instruction provided in an array of approaches will reach more students than instruction using only one method. The following are some dos and don'ts to assist students in an academic setting.

### **DO...**

- write key terms or an outline on the board, or prepare a lecture handout
- create study guides
- assign advance readings before the topic is due in the class session
- briefly review the previous lecture
- use visual aids such as overheads, diagrams, charts, and/or graphs
- allow the use of tape recorders
- emphasize important points, main ideas, and key concepts
- explain technical language and terminology
- speak distinctly and at a relaxed rate, pausing to allow students time for note-taking
- leave time for questions
- administer frequent quizzes to provide feedback for students
- give assignments in writing as well as orally
- treat an individual with a disability the same way you would treat anyone--with dignity and respect

### **DON'T...**

- turn your back to the class when speaking
- embarrass a student with a disability by drawing attention to the disability in front of the class
- assume that certain professions or majors are more suited to persons with disabilities
- assume a student with a disability does not belong in a certain major or program
- assume a student with a disability cannot perform well in your class
- make medical judgements
- feel apprehensive about discussing the student's needs as they relate to the course

# ***Tips for Interacting with People with Disabilities***

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When interacting with people with disabilities, it is important to extend them the same courtesies and respect that is shown to others. However, there are some rules of etiquette that will help both you and the person with the disability feel more comfortable.

## ***General***

- Relax. Be yourself. Don't be embarrassed if you happen to use accepted, common expressions such as "See you later" or "Got to be running along" that seem to relate to the person's disability.
- Offer assistance to a person with a disability if you feel like it, but wait until your offer is accepted **BEFORE** you help. Listen to any instructions the person may want to give.
- Be considerate of the extra time it might take for a person with a disability to get things done or said. Let the person set the pace in walking and talking.
- When talking with someone with a disability, speak directly to that person rather than through a companion who may be present.
- It is appropriate to shake hands when introduced to a person with a disability. People with limited hand use or who wear an artificial limb do shake hands.

## ***Hearing***

- To get the attention of a person who is deaf or hard of hearing, tap the person on the shoulder, wave your hand, stamp your foot or flash the lights.
- Follow the person's cues to find out if he/she prefers sign language, gesturing, writing or speaking.
- Look directly at the person and speak clearly to establish if the person can read your lips. Those who do will rely on facial expressions and other body language to help in understanding. Remember, not all persons who are deaf or hard of hearing can lip read.
- Speak in a normal tone of voice. Talking too loudly or with exaggerated speech can cause a distortion of normal lip movements. Shouting won't help.
- Try to eliminate background noise.
- Written notes can often facilitate communication.
- Encourage feedback to assess clear understanding.
- If you have trouble understanding the speech of a person who is deaf or hard of hearing, let him/her know.

## ***Vision***

- When greeting a person with a severe loss of vision, always identify yourself and others who may be with you.
- When speaking in a group, remember to say the name of the person to whom you are speaking to give verbal cues.
- Speak directly to the vision impaired student and address him or her by name.
- Speak in a normal tone of voice, indicate when you move from one place to another and let it be known when the conversation is at an end.
- When you offer to assist someone with vision impairment, allow the person to take your arm. This will help you to guide rather than propel or lead the person. When offering seating, place the person's hand on the back or arm of the seat.
- Use specifics such as "left a hundred feet" or "right two yards" when directing a person with a visual impairment.

## ***Speech***

- Give whole, unhurried attention when you're talking to a person who has difficulty speaking. Allow extra time for communication.
- Keep your manner encouraging rather than correcting. Be patient--don't speak for the person.
- If necessary, ask short questions that require short answers of a nod or shake of the head.
- Never pretend to understand if you are having difficulty doing so. Repeat what you understand. The person's reaction will clue you in and guide you to understanding.
- Use hand gestures and notes.

## ***Cognitive***

- Be patient. Take the time necessary to assure clear understanding. Give the person time to put his/her thoughts into words, especially when responding to a question.
- Use precise language incorporating simpler words. When possible, use words that relate to things you both can see. Avoid using directional terms like right, left, east, or west.
- Be prepared to give the person the same information more than once in different ways.
- When asking questions, phrase them to elicit accurate information. People with cognitive disabilities may be eager to please and may tell you what they think you want to hear. Verify responses by repeating each question in a different way.
- Give exact instructions. For example, "Be back from lunch at 12:30," not "Be back in 30 minutes."

- Too many directions at one time may be confusing.
- Depending on the disability, the person may prefer information in written or verbal form. Ask the person how you can best relay the information.

### ***Mobility/Wheelchair Users***

- Any aid or equipment a person may use, such as a wheelchair, guide cane, walker, crutch or assistance animal, is part of that person's personal space. Don't touch, push, pull, or otherwise physically interact with an individual's body or equipment unless you're asked to.
- When speaking with someone in a wheelchair, talk directly to the person and try to be at his/her eye level, but do not kneel. If you must stand, step back slightly so the person doesn't have to strain his/her neck to see you.
- When giving directions to people with mobility limitations, consider distance, weather conditions and physical obstacles such as stairs, curbs and steep hills.
- Always ask before you move a person in a wheelchair--out of courtesy, but also to prevent disturbing the person's balance.
- If a person transfers from a wheelchair to a car, barstool, etc., leave the wheelchair within easy reach. Always make sure the chair is locked before helping a person transfer.

### ***Service Animals***

- Service animals should not be petted or otherwise distracted when in harness.
- If the animal is not in harness, permission from the animal's companion should be requested and received prior to any interaction with the animal.
- Guide dogs will need special consideration when you plan laboratory exercises and field trips.

# RESOURCES

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*Disability Services Advisory Board*  
*Community College Disability Service Providers*  
*North Carolina*  
*National*

**North Carolina Community College  
Disability Services Advisory Board**

3/19/2007

Name	School	Address
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Dovavon Kirby	Mitchell Community College	500 West Broad Street Statesville, NC 28677 704-878-3267 <a href="mailto:dkirby@mitchell.edu">dkirby@mitchell.edu</a>
Nancy Leonard	Caldwell Community College and Technical Institute	2855 Hickory Boulevard Hudson, NC 28638 828-726-2724 <a href="mailto:nleonard@cccti.edu">nleonard@cccti.edu</a>
Nancy Massey	N. C. Community College System	5016 Mail Service Center Raleigh, NC 27699 919-807-7131 <a href="mailto:massey@ncccommunitycolleges.edu">massey@ncccommunitycolleges.edu</a>
Paula Rubio	Durham Technical Community College	1637 Lawson Street Durham, NC 27703 919-686-3741 <a href="mailto:rubiop@durhamtech.edu">rubiop@durhamtech.edu</a>
Nancy Sizemore	Wilkes Community College	PO Box 120 Wilkesboro, NC 28697 336-838-6560 <a href="mailto:sizemore@wilkes.cc.nc.us">sizemore@wilkes.cc.nc.us</a>
Yerby, Karen	N. C. Community College System	5019 Mail Service Center Raleigh, NC 27699-5019 919-807-7107 <a href="mailto:yerbyk@ncccommunitycolleges.edu">yerbyk@ncccommunitycolleges.edu</a>

## NC Community Colleges Disability Service Providers

<p><b>Alamance Community College</b>  P. O. Box 8000  Graham, NC 27253-8000  336-578-2002                      336-578-1987 Fax</p>	<p><b>Monica Isbell</b>  Coordinator of Special Needs/Counseling  Ext. 4130  <a href="mailto:isbellm@alamancecc.edu">isbellm@alamancecc.edu</a></p>
<p><b>Asheville-Buncombe Technical Community College</b>  340 Victoria Road  Asheville, NC 28801  828-254-1921                      828-251-6355 Fax</p>	<p><b>Annie Clingenpeel</b>  Coordinator of Special Needs  Ext. 141 (828) 251-6718 Fax  <a href="mailto:aclingenpeel@abtech.edu">aclingenpeel@abtech.edu</a></p>
<p><b>Beaufort County Community College</b>  P. O. Box 1069  Washington, NC 27889  252-862-2164                      252-946-0271 Fax</p>	<p><b>Dawn Holden</b>  Special Populations Coordinator  252-940-6351  <a href="mailto:dawnh@beaufortcc.edu">dawnh@beaufortcc.edu</a></p>
<p><b>Bladen Community College</b>  P. O. Box 266  Dublin, NC 28332  910-862-2164                      910-862-3484 Fax</p>	<p><b>Jeff Kornegay</b>  Vice President of Student Services  Ext. 207  <a href="mailto:jkornegay@bladen.cc.nc.us">jkornegay@bladen.cc.nc.us</a></p>
<p><b>Blue Ridge Community College</b>  180 West College Drive  Flat Rock, NC 28731  828-692-3572                      828-692-2441 Fax</p>	<p><b>Jan Shook</b>  Director, Disability Services  828-694-1907  <a href="mailto:jans@blueridge.edu">jans@blueridge.edu</a></p>
<p><b>Brunswick Community College</b>  P.O. Box 30  Supply, NC 28462  910-755-7300                      919-754-7805 Fax</p>	<p><b>Matlyn Yeoman</b>  Vice President for Student Services  (910) 755-7321  <a href="mailto:yeomanm@mail.brunswick.cc.nc.us">yeomanm@mail.brunswick.cc.nc.us</a></p>
<p><b>Caldwell Community College and Technical Institute</b>  2855 Hickory Boulevard  Hudson, NC 28638  828-726-2200                      828-726-2216 Fax</p>	<p><b>Nancy Leonard</b>  Academic Support Center  (828) 726-2724  <a href="mailto:nleonard@cccti.edu">nleonard@cccti.edu</a></p>
<p><b>Cape Fear Community College</b>  411 North Front Street  Wilmington, NC 28401  910-251-5100  910-251-5180 Fax</p>	<p><b>Bill Parker</b> Coordinator Disability Support Services  (910) 251-5112                      <a href="mailto:bparker@cfcc.edu">bparker@cfcc.edu</a>  <b>Gwen Morris</b>  Assistant Coordinator  910-362-7158                      <a href="mailto:gmorris@cfcc.edu">gmorris@cfcc.edu</a></p>
<p><b>Carteret Community College</b>  3505 Arendell Street  Morehead City, NC 28557  252-247-6000  252-247-2514 Fax</p>	<p><b>Beth Belcher</b>  Division Student Support Services  252-222-6239  <a href="mailto:tlb@careret.edu">tlb@careret.edu</a></p>

<p><b>Catawba Valley Community College</b>  2550 Highway 70, Southeast  Hickory, NC 28602  828-327-7000            828-327-7276 Fax</p>	<p><b>Wanda Horvath</b>  Special Programs Coordinator  Ext. 4222  <a href="mailto:whorvath@cvcc.edu">whorvath@cvcc.edu</a></p>
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<p><b>Cleveland Community College</b>  137 South Post Road  Shelby, NC 28152  704-484-4000            704-484-4036 Fax</p>	<p><b>Alan Price</b>  Dean, Enrollment Management  Ext. 4073  <a href="mailto:pricea@cleveland.cc.nc.us">pricea@cleveland.cc.nc.us</a></p>
<p><b>Coastal Carolina Community College</b>  444 Western Boulevard  Jacksonville, NC 28546  910-455-1221            910-455-7027 Fax</p>	<p><b>Sara Wheeler</b>  ADA Coordinator  910-938-6331  <a href="mailto:weelers@coastal.cc.nc.us">weelers@coastal.cc.nc.us</a></p>
<p><b>College of the Albemarle</b>  P. O. Box 2327  Elizabeth City, NC 27906-2327  252-335-0821            252-335-2011 Fax</p>	<p><b>Andrea Temple</b>  Director, Disability Services/Counselor  252-335-0821 ext. 2277  <a href="mailto:atemple@albemarle.edu">atemple@albemarle.edu</a></p>
<p><b>Craven Community College</b>  800 College Court  New Bern, NC 28562  252-638-4131  252-638-4232 Fax</p>	<p><b>Vicki Mosley-Jones</b>  Director of Human Resources,  252-638-7225    <a href="mailto:mosleyv@cravencc.edu">mosleyv@cravencc.edu</a>  <b>Fred Cooze</b>, Academic Skills Director  252-638-7255    <a href="mailto:coozef@cravencc.edu">coozef@cravencc.edu</a>  <b>Barbara Odderstal</b>, Special POPS  Coordinator    <a href="mailto:odderstalb@cravencc.edu">odderstalb@cravencc.edu</a>  252-638-7255</p>
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<p><b>Piedmont Community College</b>  P. O. Box 1197  Roxboro, NC 27573  336-599-1181          336-597-3817 Fax</p>	<p><b>Sheila Williamson</b>  Coordinator of Admissions, Testing and  Special Populations  Ext. 218          <a href="mailto:willias1@piedmont.cc.nc.us">willias1@piedmont.cc.nc.us</a></p>
<p><b>Pitt Community College</b>  P. O. Drawer 7007  Greenville, NC 27835-7007  252-321-4294          252-321-4401 Fax</p>	<p><b>Michael Bridgers</b>  Coordinator of Disability Services  (252) 321-4294  <a href="mailto:mbridger@pcc.pitt.cc.nc.us">mbridger@pcc.pitt.cc.nc.us</a></p>
<p><b>Randolph Community College</b>  P. O. Box 1009  Asheboro, NC 27204-1009  336-633-0200          336-629-4695 Fax</p>	<p><b>Joyce Branch</b>  Disability Coordinator/Counselor  336-633-0230  <a href="mailto:jmbranch@randolph.edu">jmbranch@randolph.edu</a></p>
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<p><b>Robeson Community College</b>  P. O. Box 1420  Lumberton, NC 28359  910-738-7101          910-671-4143 Fax</p>	<p><b>Bonita Bell</b>  Counselor/Disability Services  Ext. 219  <a href="mailto:bbell@robeson.cc.nc.us">bbell@robeson.cc.nc.us</a></p>
<p><b>Rockingham Community College</b>  P. O. Box 38  Wentworth, NC 27375-0038  336-342-4261  336-342-1809 Fax (Student Services)</p>	<p><b>LaVonne James</b>, Coordinator of Student  Academic Success Services  Ext. 2243 <a href="mailto:jamesl@rockinghamcc.edu">jamesl@rockinghamcc.edu</a>  <b>Terry D. Kent</b>, Counselor  Ext. 2127 <a href="mailto:kentt@rockinhamcc.edu">kentt@rockinhamcc.edu</a></p>
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<p><b>Sampson Community College</b>  P. O. Box 318  Clinton, NC 28329  910-592-8081      910-592-8048 Fax</p>	<p><b>Tonita Smith</b>  Academic Services Coordinator  Ext. 2032  <a href="mailto:tsmith@sampsoncc.edu">tsmith@sampsoncc.edu</a></p>
<p><b>Sandhills Community College</b>  3395 Airport Road  Pinehurst, NC 28374  910-692-6185      910-695-1823 Fax</p>	<p><b>Madie Ash</b>  Coordinator of Advising and ADA  (910) 695-3707  <a href="mailto:ashm@sandhills.edu">ashm@sandhills.edu</a></p>
<p><b>South Piedmont Community College</b>  P. O. Box 126, Polkton, NC 28135  704-272-7635      704-272-8904 Fax  <i>West Campus</i>  721 Brewer Drive, Monroe, NC 28112  704-292-1200      704-282-4178 Fax</p>	<p><b>Rhonda Treadaway</b>  Director of Counseling and Testing  704-272-7635  <a href="mailto:rtreadaway@spcc.edu">rtreadaway@spcc.edu</a></p>
<p><b>Southeastern Community College</b>  P. O. Box 151  Whiteville, NC 28472  910-642-7141      910-642-5658 Fax</p>	<p><b>Angela Uhl-Kalev</b>  Counselor  Ext. 263  <a href="mailto:auhlkalev@scnc.edu">auhlkalev@scnc.edu</a></p>
<p><b>Southwestern Community College</b>  447 College Drive  Sylva, NC 28779  828-586-4091  828-586-3129 Fax</p>	<p><b>Cheyrl Contino-Conner</b>, Director of  Student Support Services  Ext. 245      <a href="mailto:cheryl@southwesterncc.edu">cheryl@southwesterncc.edu</a>  <b>Marti Hunter</b>, Academic Advisor/Tutor  Coordinator  Ext. 420      <a href="mailto:marti@southwesterncc.edu">marti@southwesterncc.edu</a></p>
<p><b>Stanly Community College</b>  141 College Drive  Albemarle, NC 28001  704-982-0121      704-982-0819 Fax</p>	<p><b>Andra S. Bennett</b>  Coordinator of Special Services  (704) 991-0214  <a href="mailto:bennetas@stanly.edu">bennetas@stanly.edu</a></p>
<p><b>Surry Community College</b>  P. O. Box 304  Dobson, NC 27017  336-386-8121      336-386-8951 Fax</p>	<p><b>Laura Bracken</b>, Support Services/ADA  Advisor/Testing Center Coordinator  336-386-3443  <a href="mailto:brackenl@surry.edu">brackenl@surry.edu</a></p>
<p><b>Tri-County Community College</b>  4600 Highway 64, East  Murphy, NC 28906  828-837-6810      828-837-3266 Fax</p>	<p><b>Linda Howell</b>  Coordinator of Counseling, Special Needs &amp;  Student Activities  828-835-4259  <a href="mailto:lhowell@tricountycc.edu">lhowell@tricountycc.edu</a></p>

<p><b>Vance-Granville Community College</b>  P. O. Box 917  Henderson, NC 27536  252-492-2061      252-430-0460 Fax</p>	<p><b>Daniel Alvarado</b>  Special Needs Counselor  Ext. 3282  <a href="mailto:alvarado@vqcc.edu">alvarado@vqcc.edu</a></p>
<p><b>Wake Technical Community College</b>  9101 Fayetteville Road  Raleigh, NC 27603-5696  919-662-3400  919-779-3360 Fax</p>	<p><b>Janet Killen</b>  Director, Disability Support Services  919-866-5669      919-662-3529 Fax  <a href="mailto:jkillen@waketech.edu">jkillen@waketech.edu</a>  <b>Regina Willis</b>      919-662-3494  <a href="mailto:rewillis@waketech.edu">rewillis@waketech.edu</a>  <b>Sandy Fox</b>      919-662-3616  <a href="mailto:sfox@waketech.edu">sfox@waketech.edu</a></p>
<p><b>Wayne Community College</b>  Caller Box 8002  Goldsboro, NC 27533-8002  919-735-5151      919-736-9425 Fax</p>	<p><b>Caroline Smith</b>  Disability/Special Needs Counselor  Ext. 223  <a href="mailto:csmith@waynecc.edu">csmith@waynecc.edu</a></p>
<p><b>Western Piedmont Community College</b>  1001 Burkemont Avenue  Morganton, NC 28655  828-438-6000      828-438-6015 Fax</p>	<p><b>David Collins</b>  Coordinator, Disability Access  828-438-6043  <a href="mailto:dcollins@wpcc.edu">dcollins@wpcc.edu</a></p>
<p><b>Wilkes Community College</b>  P. O. Box 120  Wilkesboro, NC 28697  336-838-6100      336-838-6277 Fax</p>	<p><b>Nancy Sizemore</b>  Disability Services Coordinator  (336) 838-  <a href="mailto:sizemore@wilkes.cc.nc.us">sizemore@wilkes.cc.nc.us</a></p>
<p><b>Wilson Technical Community College</b>  P. O. Box 4305  Wilson, NC 27893  252-291-1195      252-243-7148 Fax</p>	<p><b>Joya Ebison</b>  Testing/Special Needs Coordinator  252-246-1230  <a href="mailto:jebison@wilsontech.edu">jebison@wilsontech.edu</a></p>
<p><b>North Carolina Community College System</b>  5016 Mail Service Center  Raleigh, NC 27699-5016  919-807-7100      919-807-7164 Fax</p>	<p><b>Karen Yerby</b>  Associate Dir., Student Development Services  919-807-7107  <a href="mailto:yerbyk@ncccommunitycolleges.edu">yerbyk@ncccommunitycolleges.edu</a></p>

# North Carolina Resources

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- ❖ **Carolina Legal Assistance**  
2626 Glenwood Ave, Suite 550  
Raleigh, NC 27608  
877-235-4210 (Toll Free)  
919-856-2195
- ❖ **DRM Regional Resource Directory** (good site for resources)  
<http://www.disabilityresources.org/NORTH-CAROLINA.html>
- ❖ **Governor's Advocacy Council for Persons with Disabilities**  
*This agency was recently redesigned and is now part of the Carolina Legal Assistance (see above for address)*
- ❖ **Generations-Tadpole** (Assistive Technology Lending Library)  
205-G West E Street  
Butner, NC 27509-1933  
Local: 919-575-3093  
Toll-free: 888-AT-TRY-IT  
Fax: 919-575-3095  
<http://www.tadpole.org/>
- ❖ **Library for the Blind and Physically Handicapped**  
[nclbph@library.dcr.state.nc.us](mailto:nclbph@library.dcr.state.nc.us)  
1-800-388-2460  
TDD: 919-733-1462
- ❖ **North Carolina Association on Higher Education and Disabilities (NCAHEAD)**  
<http://www.uncwil.edu/stuaff/DISABILITY/ahead/>
- ❖ **North Carolina Assistive Technology Project**  
<http://www.mindspring.com/~ncatp>
  - *Eastern Region*  
2313-A Executive Park Circle  
Greenville, NC 27834  
252-830-8575 (voice/TDD)  
fax: 252-830-8576
  - *Mountain Region*  
Harris Regional Hospital  
68 Hospital Road  
Sylva, NC 28779

828-586-7415 (voice/TDD)  
fax: 828-586-7701

- *North Central Region*  
Whitaker Rehabilitation Center  
3333 Silas Creek Parkway  
Winston-Salem, NC 27103  
336-718-1660 (voice/TDD)  
fax: 336-718-9752
- *South Central Region*  
1110 Navaho Drive, Suite 101  
Raleigh, NC 27609  
919-850-2787 (voice/TDD)  
fax: 919-850-2792
- *Western Region*  
1200 Blythe Boulevard  
Charlotte, NC 28103  
704-355-2703 (voice/TDD)  
fax: 704-355-7224
- *Adults Accessing Augmentative Communication Technology (AAACT)*  
Whitaker Rehabilitation Center  
3333 Silas Creek Parkway  
Winston-Salem, NC 27103  
336-718-1612  
fax: 336-718-9752
- **Assistive Technology Specialists for the Deaf, Hard of Hearing, and Deaf-Blind**
  - *Eastern NC*  
Lorene Roberson  
1110 Navaho Dr.  
Suite 101  
Raleigh, NC 27609  
919-850-2787 (voice/TTY)  
fax: 850-2792
  - *Western NC*  
Treva Haynes  
Asheville Regional Resource Center  
31 College Place, Building A, Suite 109  
Asheville, NC 28801  
800-681-7998 or 828-251-6109 (voice)

800-681-8035 or 828-251-6323 (TTY)  
Fax: 919-733-6910

❖ **NC Department of Health and Human Services**

- *Division of Services for the Blind*  
2601 Mail Service Center  
Raleigh, NC 27699-2601  
919-733-9822  
Fax: 919-733-9769  
<http://www.dhhs.state.us/dsb/contact.htm>
- *Division of Services for the Deaf and Hard of Hearing*  
2301 Mail Service Center  
Raleigh, NC 27699-2301  
919-773-2963  
Fax: 919-733-2993
- *NC Council on Developmental Disabilities*  
1001 Navaho Dr., Suite GL-103  
Raleigh, NC 27609  
919-850-2833  
Fax: 919-850-2895
- *Division of Human Resources*  
2003 Mail Service Center  
Raleigh, NC 27699-2003  
919-733-2940  
Fax: 919-733-6087
- *Division of Mental Health, Developmental Disabilities and Substance Abuse Services*  
3001 Mail Service center  
Raleigh, NC 27699-3001  
919-733-7011  
Fax: 919-733-9455  
<http://www.dhhs.state.nc.us/mhddsas/dirbox.htm>
- *Division of Public Health*  
1916 Mail Service Center  
Raleigh, NC 27699-1916  
919-733-3816
- *Division of Social Services*

2401 Mail Service Center  
Raleigh, NC 27699-2401  
919-733-3055  
fax: 919-733-9386

- *Division of Vocational Rehabilitation Services*  
2801 Mail Service Center  
Raleigh, NC 27699-2801  
919-733-3364  
fax: 919-733-7968

- ❖ **North Carolina Office of Disability & Health**  
Frank Porter Graham Child Care Development Center  
Campus 8185  
UNC-CH  
Chapel Hill, NC 27599-8185
- ❖ **Partnership in Assistive Technology** (good resource site)  
<http://www.pat.org/ncat.html>

**Specialty Staff  
Vocational Rehabilitation Personnel  
Serving the Deaf/Hard of Hearing/deaf-Blind in North Carolina**

<i><b>Name</b></i>	<i><b>Counties Served</b></i>
<p><b>Terrye Fish</b>, Program Specialist for the Deaf and Communicative Disorders Division of Vocational Rehabilitation Services 2801 Mail Service Center Raleigh, NC 27699-2801 919-733-3364 (voice) or 919-733-5924 (TDD) Fax: 919-733-7968 e-mail: Terrye.Fish@ncmail.net</p>	Statewide
<p><b>Connie Barnette</b>, Rehab. Counselor Division of Vocational Rehabilitation Services NC School for the Deaf 517-F W. Fleming Dr. Morganton, NC 28655 828-433-2926 Fax: 828-432-5983 E-mail: Connie.Barnette@ncmail.net</p>	Polk, Alexander, Cleveland, Lincoln, Rutherford, Catawba, Gaston, NC School for the Deaf
<p><b>Brenda Vikojan</b>, Rehab. Counselor Division of Vocational Rehabilitation Services NC School for the Deaf 517-F W. Flemming Dr. Morganton, NC 28655 828-433-2926 Fax: 828-432-5983 E-mail: Brenda.Vikojan@ncmail.net</p>	Burke, Avery, Rowan, Caldwell, McDowell, Ashe, Wilkes, Watauga, Alleghany, Iredell, NC School for the Deaf
<p><b>Judith Shults</b>, Rehab. Counselor Division of Vocational Rehabilitation Services 599 Tunnel Road Asheville, NC 28805 828-298-8986 Fax: 828-298-9330 E-mail: Judith.Shults@ncmail.net</p>	Jackson, Transylvania, Mitchell, Graham, Buncombe, Henderson, Cherokee, Macon, Swain, Yancey, Haywood, Clay, Madison
<p><b>Laura Robison</b>, Rehab. Counselor Division of Vocational Rehabilitation Services 401 S. Independence Blvd. Charlotte, NC 28204 704-342-6218 Fax: 704-342-6226 E-mail: laura.robison@ncmail.net</p>	Mecklenburg, Union, Stanly, Cabarrus

<p><b>Becky Walker</b>, Rehab. Counselor  Division of Vocational Rehabilitation Services  1200 Fairmont Court  Fayetteville, NC 28304  910-486-1101  Fax: 910-486-1548  E-mail: <a href="mailto:Becky.Walker@ncmail.net">Becky.Walker@ncmail.net</a></p>	<p>Sampson,  Cumberland,  Montgomery,  Scotland, Harnett,  Robeson, Hoke,  Moore, Bladen,  Anson, Richmond</p>
<p><b>Frank Brown</b>, Rehab. Counselor  Division of Vocational Rehabilitation Services  1206-L N. Berkley Blvd., Box 288  Goldsboro, NC 27533-0288  919-778-3795  Fax: 919-778-6105  E-mail: <a href="mailto:Frank.Brown@ncmail.net">Frank.Brown@ncmail.net</a></p>	<p>Onslow, Pamlico,  Lenoir, Carteret,  Craven, Greene,  Jones, Wayne</p>
<p><b>Shirley Hunter</b>, Rehab. Counselor  Division of Vocational Rehabilitation Services  3401-A W. Wendover Ave.  Greensboro, NC 27407  336-299-7337  336-299-9298 (TDD/Voice)  Fax: 336-299-9281  E-mail: <a href="mailto:shirley.hunter@ncmail.net">shirley.hunter@ncmail.net</a></p>	<p>Guilford,  Rockingham,  Randolph,  Caswell,  Alamance</p>
<p><b>Kevin Earp</b>, Rehab. Counselor  Division of Vocational Rehabilitation Services  101 Fox Haven Dr., Box 797  Greenville, NC 27835  252-830-8560  Fax: 252-830-6599  E-mail: <a href="mailto:Kevin.Earp@ncmail.net">Kevin.Earp@ncmail.net</a></p>	<p>Martin,  Pasquotank,  Washington,  Chowan, Tyrrell,  Camden, Pitt,  Perquimans,  Bertie, Gates,  Beaufort, Dare,  Currituck, Hyde,  Herford</p>
<p><b>Marlene Melvin</b>, Rehab. Counselor  Division of Vocational Rehabilitation Services  10 Medical Court  Henderson, NC 27536  252-492-3141  Fax: 252-430-6706  E-mail: <a href="mailto:Marlene.Melvin@ncmail.net">Marlene.Melvin@ncmail.net</a></p>	<p>Vance, Warren,  Franklin,  Granville, Person</p>
<p><b>Alexander Velez</b>, Rehab. Counselor  Division of Vocational Rehabilitation Services  2803 Mail Service Center  Raleigh, NC 27699-2803  919-733-7807  Fax: 919-715-0813  E-mail: <a href="mailto:alex.velez@ncmail.net">alex.velez@ncmail.net</a></p>	<p>Wake, Lee,  Chatham,  Johnston,  Orange, Durham</p>

<p><b>Elizabeth Ezzard</b>, Rehab. Counselor  Division of Vocational Rehabilitation Services  1506 Market Street - Suite A  Wilmington, NC 28401  910-251-5710 (Voice) 910-251-2758 (TTY)  Fax: 910-251-2659  E-mail: Elizabeth.Ezzard@ncmail.net</p>	<p>Brunswick, New  Hanover, Pender,  Columbus, Duplin</p>
<p><b>John Williamson</b>, Rehab. Counselor  Division of Vocational Rehabilitation Services  306 W. Nash St.  Wilson, NC 27893  252-237-7161  ENCSD 252-237-2450-ext. 352  Fax: 252-237-0697  E-mail: John.Williamson@ncmail.net</p>	<p>Wilson,  Northampton,  Halifax, Nash,  Edgecombe,  Eastern NC  School for the  Deaf</p>
<p><b>Ann Davidson</b>, Rehab. Counselor  Division of Vocational Rehabilitation Services  1510-A Martin St.  Winston-Salem, NC 27103  336-761-2400  336-761-2398 (TDD/Voice)  Fax: 336-761-2061  E-mail: ann.m.davidson@ncmail.net</p>	<p>Davie, Yadkin,  Davidson, Stokes</p>
<p><b>Kelly Johnson</b>, Rehab. Counselor  Division of Vocational Rehabilitation Services  Eastern Vocational Rehabilitation Facility  1601 Humphrey St.  Goldsboro, NC 27534  919-731-7973  Fax: 919-731-2008  E-mail: Kelly.Johnson@ncmail.net</p>	<p>Eastern Region</p>

## ***National Resources***

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- ❖ **AHEAD (Association on Higher Education And Disabilities)**  
PO Box 21192  
Columbus, OH 43221-0192  
614-488-4972 (voice/TDD)  
<http://www.ahead.org>
- ❖ **American Association on Mental Retardation**  
800-424-3688
- ❖ **American Council of the Blind**  
800-424-8666  
<http://www.acb.org>
- ❖ **American Foundation for the Blind**  
800-232-5463 (9:00am-2:00pm, EST)
- ❖ **American Printing House for the Blind**  
800-233-1839
- ❖ **American Speech-Language-Hearing Association**  
800-638-8255
- ❖ **Americans with Disabilities Act Document Center**  
<http://janweb.icdi.wvu.edu/kinder>
- ❖ **Attention Deficit Information Network, Inc. (AD-IN)**  
475 Hillside Avenue  
Needham, MA 02194  
617-455-9895
- ❖ **Brain Injury Association, Inc.**  
1776 Massachusetts Avenue  
Washington, DC 20036-1904  
202-296-6443
- ❖ **CDC/National AIDS Clearinghouse**  
800-458-5231  
800-243-7012 (TT)
- ❖ **Children and Adults with Attention Deficit Disorders**  
800-233-4050  
<http://www.chadd.org/other.htm>

- ❖ **Council for Exceptional Children**  
<http://www.cec.sped.org>
- ❖ **Cystic Fibrosis Foundation**  
800-344-4823
- ❖ **DAIS** (good resource site)  
<http://www.janejarrow.com/>
- ❖ **Deaf Connection**  
[http://www.gallaudet.edu/deafconnection\\_usadeaf.htm](http://www.gallaudet.edu/deafconnection_usadeaf.htm)
- ❖ **Disability Rights Education and Defense Fund**  
800-466-4232
- ❖ **EASI (Equal Access to Software and Information)**  
<http://www.isc.rit.edu/~easi>
- ❖ **Epilepsy Foundation of America**  
800-332-1000 (consumers)  
800-332-4050 (professional library)  
800-332-2070 (TT)
- ❖ **Equal Employment Opportunity Commission**  
800-669-3362 (documents)  
800-872-3362 (TT)
- ❖ **ERIC Clearinghouse on Disabilities and Gifted Education**  
800-328-0272  
<http://ericec.org>
- ❖ **ERIC Clearinghouse on Higher Education**  
800-773-3742  
<http://www.eriche.org>
- ❖ **HEATH Resource Center** (good resource site)  
<http://www.acenet.edu/programs/heath/home.cfm>
- ❖ **Immune Deficiency Foundation**  
800-296-4433
- ❖ **Job Accommodation Network**  
800-232-9675 (voice/TT)  
<http://janweb.icdi.wvu.edu/kinder/jan.htm>

- ❖ **Learning Disabilities Association of America (LDA)**  
4156 Library Road  
Pittsburgh, PA 15234  
412-341-1515  
<http://www.ldanatl.org>
- ❖ **Mid-Atlantic ADA Information Center**  
800-949-4232
- ❖ **National Adult Literacy and Learning Disabilities Center**  
800-953-2553
- ❖ **National Alliance of Blind Students**  
800-424-8666
- ❖ **NCLD, National Center for Learning Disabilities**  
381 Park Avenue South, Suite 1420  
New York, NY 10016  
212-545-7510  
<http://www.nclld.org>
- ❖ **NCPSE, National Clearinghouse for Professionals in Special Education**  
800-641-7824  
<http://www.specialedcareers.org>
- ❖ **National Clearinghouse of Rehabilitation Training Materials**  
800-223-5219  
<http://www.nchrtn.okstate.edu>
- ❖ **National Easter Seal Society**  
230 West Monroe Street, Suite 1800  
Chicago, IL 60606-4802  
312-726-6200  
<http://www.easter-seals.org/>
- ❖ **National Head Injury Foundation**  
800-444-6443 (Family helpline)
- ❖ **National Institute on Deafness and Other Communicative Disorders Clearinghouse (NIDCD)**  
800-241-1044  
800-241-1055 (TT)
- ❖ **National Institute on Mental Health (NIMH)**  
301-443-4513  
<http://www.nimh.nih.gov>

- ❖ **National Mental Health Association**  
800-969-6642
- ❖ **National Multiple Sclerosis Society**  
800-344-4867
- ❖ **National Rehabilitation Association**  
<http://www.nationalrehab.org/website/index.html>
- ❖ **National Rehabilitation Information Center**  
800-346-2742 (voice/TT)  
<http://www.naric.com/>
- ❖ **National Spinal Cord Injury Association**  
800-962-9629
- ❖ **Office for Civil Rights, U.S. Department of Education**  
<http://www.ed.gov/offices/OCR>
- ❖ **Office of the Americans with Disabilities Act**  
800-514-0301  
800-514-0383 (TT)
- ❖ **PEPNet (The Postsecondary Education Programs Network)**  
<http://www.pepnet.org>
  - *State Outreach and Technical Assistance Center (SOTAC)*  
Central Piedmont Community College  
Peggy Brooks, PEC Project/Outreach Coordinator  
Services for Students with disABILITIES  
PO Box 35009  
Charlotte, NC 28235-5009  
704-330-6421 (V/T)  
[peggy\\_brooks@CPCC.CC.NC.US](mailto:peggy_brooks@CPCC.CC.NC.US)
- ❖ **Reasonable Accommodations for Adults with Psychiatric Disabilities:  
An On-line Resource for Employers and Educators**  
<http://www.bu.edu/cpr/reasaccom/index.html>
- ❖ **Recording for the Blind and Dyslexic, Inc.**  
800-221-4792 (book orders only)  
606-452-0606  
<http://www.rfbd.org/>
- ❖ **Resource Center on Substance Abuse Prevention and Disability**  
800-628-8442

- ❖ **Spinal Bifida Association of America**  
800-621-3141
- ❖ **Stuttering Foundation of America**  
800-992-9392
- ❖ **Tourette Syndrome Association**  
800-237-0717
- ❖ **United Cerebral Palsy Associations, Inc.**  
800-872-5827 (voice/TT)

# DEFINITION OF TERMS

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# ***Definition of Terms***

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## ***Accommodation***

Adjustments made in course materials or instructional methodology which do not change the essential nature or academic and technical standards of the course.

Adjustments made in the physical attributes of a classroom such as provision of tables and/or chairs, which do not disrupt the essential activities of the class or program.

Assistive technology made available to persons with disabilities in college learning labs, the library, test center or classroom.

## ***Americans with Disabilities Act***

The Americans with Disabilities Act (ADA) prohibits discrimination against individuals with disabilities. It mandates equal opportunities for persons with disabilities in areas such as employment, public accommodations, transportation, state and local government services, and telecommunications.

## ***Assistive Technology***

Any item, piece of equipment, or product system, whether acquired commercially off-the-shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities for individuals with disabilities.

## ***Attention Deficit Disorder***

Attention deficit disorder, commonly referred to as ADD, is a neurological disability characterized by inappropriate attention skills, impulsive behavior, and in some cases, hyperactivity. The behaviors may include: fidgeting, difficulty remaining seated, difficulty following instructions, leaving tasks uncompleted, and appearing not to listen when others are speaking.

## ***Blind***

Visual acuity (20/20 scale) and the range of peripheral vision evaluate a person's vision. Normal vision is defined as 20/20 visual acuity and an average range of 180 degrees in peripheral vision. An individual is legally

blind if after methods of correction, such as glasses or contact lenses, he/she has a visual acuity of 20/200 or higher denomination, or a range of peripheral vision under 20 degrees.

### ***Closed Captioning***

Closed captioning allows individuals who are deaf or have limited hearing to view television and understand what is being said. The words spoken on the television are written across the bottom of the screen so the person can follow the dialogue and action of the program.

### ***Communication Disabilities***

Communication disabilities include any visual, hearing, or speech impairments that limit a person's ability to communicate.

### ***Deaf-Blindness***

Deaf-blindness, or dual sensory impairment, is a combination of both visual and hearing impairments. An individual with deaf-blindness can experience severe communication, educational, and other developmental problems. A person with deaf-blindness cannot be accommodated by services focusing solely on visual impairments or solely on hearing impairments, so services must be specifically designed to assist individuals with deaf-blindness.

### ***Deafness***

Deafness can be defined as a total or partial inability to hear. An individual who is totally deaf is unable to hear with or without the use of a hearing aid, whereas a person who is partially deaf may be able to hear with the help of a hearing aid. Deafness can be genetic or also acquired through disease, most commonly from meningitis in the child or rubella in the woman during pregnancy.

### ***Descriptive Video***

Descriptive videos are designed for people who are visually impaired. The videos provide additional narration which carefully describes the visual elements of the film, such as the action of the characters, location, and costumes, without interfering with the actual dialogue and sound effects.

### ***Developmental Disability***

A developmental disability is a severe and long lasting disability which is the result of a mental and/or physical impairment. It is likely to continue

indefinitely and results in substantial functional limitations in three or more areas. These areas include: self-care, self-direction, economic self-sufficiency, independent living, learning, receptive and expressive language, and mobility.

### ***Disability***

Section 504 of the Rehabilitation Act and the Americans with Disabilities Act protects and considers a person disabled if he or she:

- has a mental or physical impairment that substantially limits one or more of the major life activities (including walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself, or performing manual tasks).
- has a record of such impairment; or
- is regarded as having such an impairment.

### ***Documentation***

Verifying documents which verify a person's mental or physical impairment and which describe the impairment adequately for the college to be able to determine the degree of resulting limitation on a major life activity to aid in the design of reasonable accommodations.

### ***Essential Nature of a Course***

This is language from applicable case law; ref. The Davis decision. Colleges need to identify the essential elements of each course requirement and curriculum program. Colleges are not required to waive or substitute alternate courses in place of courses which are essential elements of programs.

### ***Health Impairments***

The term, health impairments, refers to any type of chronic illness that affects how a person lives his or her life. Common examples of health impairments are AIDS, cancer, diabetes, arthritis, etc.

### ***Hearing Impairment***

This term is used to describe any level of hearing loss, such as hard of hearing or deafness.

## ***Hyperactivity***

Hyperactivity generally refers to a group of behavioral characteristics, such as aggressiveness, constant activity, impulsiveness, and distractibility. The actual behaviors displayed include: fidgeting, an inability to remain seated or still, and excessive talking. Hyperactivity is commonly associated with attention deficit disorder.

## ***Learning Disability***

Learning disabilities is a broad term used to refer to disorders that affect a person's ability to interpret what they see or hear and link information from different parts of the brain. These disorders usually manifest as problems with reading, writing, reasoning, or mathematics. Learning disabilities are neurological, lifelong disorders, but can often be overcome through appropriate intervention and support.

## ***Mental Illness***

The term mental illness, refers to any illness or disorder that has significant psychological or behavioral manifestations, is associated with painful or distressing symptoms, and impairs an individual's level of functioning in certain areas of life. There are several different types of mental illness with differing levels of severity. Therapy and medication are the most common forms of treatment.

## ***Mental Retardation***

Mental retardation is a mental disability that limits the intellectual capacity of an individual. A person is considered to have mental retardation if they have an IQ below 70, the condition is present before age 18, and limitations exist in two or more adaptive skill areas. The adaptive skill areas include communication, self-care, home-living, social skills, leisure, health and safety, self-direction, functional academics, and employment.

## ***Preadmission Inquiry***

Institutions may not make preadmission inquiry as to whether an applicant for admissions has a disability. Confidential inquiries may be made after the candidate is admitted to determine if accommodations are needed.

## ***Reasonable Accommodation***

Academic adjustments (accommodation) or physical adjustments necessary to make a facility or activity accessible to qualified individuals with disabilities. Once the individual is determined otherwise qualified, the

known physical or mental limitation is to be accommodated unless it can be shown that the accommodation would impose an undue hardship.

### ***Speech Impairments***

Speech impairments refers to disorders that impair an individual's ability to verbally communicate. This could include the ability to speak, the inability to maintain a flow or rhythm of speech (e.g., dysfluency or stuttering), or the inability to pronounce certain sounds. Hearing impairments, neurological disorders, mental retardation, or physical impairments such as cleft palate can cause speech impairments.

### ***Telecommunications Relay System***

These are services (usually maintained by telephone companies) that will relay information verbally for those individuals whose communication must rely on electronic transmission due to a functional limitation; i.e., speech or hearing limitation.

### ***Visual Impairment***

A visual impairment is an impairment of sight that cannot be corrected by glasses or contact lenses. This includes individuals with low vision as well as people who are legally blind.