

**CAROLINAS COLLEGE OF HEALTH SCIENCES
POLICY AND PROCEDURE**

Section II - Academic/Student

SUBJECT: ACCOMMODATING SPECIAL NEEDS

REVIEWER(S): Dean of Student Affairs and Enrollment Management

Related Policies To Consult:

[Discrimination, Harassment, Assault, Retaliation, and Sexual Misconduct \(Sec. I\)](#)
[Student Complaint/Grievance Appeal Process \(Sec. II\)](#)

I. POLICY

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

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

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

II. PROCEDURE

A. Reasonable Accommodation:

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

concern, review of developmental domains (motor, sensory, language, intellectual, academic, emotional, etc.), review of family relationships and social circumstances, developmental/medical history and information regarding onset, longevity and severity of symptoms and treatment.

- Behavior rating scales, questionnaires, intellectual screenings and measures of sustained attention and distractibility (e.g., Brown Adult Attention Deficit Disorder Scale, Wender Utah Rating Scale, etc.).
- Evidence of clinically significant impairment in social, academic or occupational functioning based upon information from the assessment and utilizing DSM-IV criteria.

- 2) Documentation must be current, reflective of the student's current functioning, by an evaluator who has training and experience in the evaluation of adult psychiatric disorders, specifically ADD/ADHD.

c) Learning Disability

- 1) A comprehensive assessment of the neuropsychological or psycho-educational evaluation for the diagnosis of a specific learning disability will include evidence that a learning disability does exist. Such assessment should consist of and be based on a comprehensive assessment battery and not rely on one test to determine medical, developmental, psychosocial, family, academic and employment histories. It should include assessments including, but not limited to, the following:

- Cognitive tests, appropriate for an adult population, with all subtest and standard scores reported (e.g., Wechsler Adult Intelligence Scale, Woodcock-Johnson Psychoeducational Battery-Revised, etc.).
- Achievement tests relevant to suspected areas of disability, often to include a reading assessment, with all subtest and standard scores reported (e.g., Stanford Test of Academic Skills, Nelson-Denny Reading Skills Test, etc.).
- Assessment of the student's information processing strengths and weaknesses to include areas such as short and long-term memory, processing speed, metacognition, etc., gathered from the comprehensive assessment, diagnostic interview and examiner's observations of test behavior.

- 2) Documentation must be current, reflective of the student's current functioning, by an evaluator who has training and experience in rendering diagnoses of learning disabilities and making recommendations for appropriate accommodations.

d) Physical Disability

- 1) A current medical diagnosis including appropriate medical reports, relevant medical history and clinical summary of disabling condition should be provided.
- 2) A complete description of the level of impact on the student's functioning in an educational setting must be provided. This description should validate the need for services based on the impact of the disabling condition.
- 3) Documentation must be current, reflective of the student's current functioning, by a physician who has training and experience in the specialization most associated with the particular medical condition identified.

3. The dean of student affairs may require additional documentation or seek additional information prior to approving a request for accommodation. This may include, but is not limited to, a second assessment from a qualified professional of the college's choosing or consultation with the physician, psychiatrist, psychologist or other appropriate licensed professional.
4. The dean of student affairs will complete an assessment of the essential functions of the program that the student is capable of performing with or without accommodations. CHS *Teammate* Health is consulted as needed. The assessment is based on the request for accommodation and related documentation, the student's related abilities, functional limitations, whether reasonable accommodations would enable the applicant to perform all of the essential functions of the program and whether the needed recommendation would fundamentally alter the program or create an undue hardship on the institution. The team will determine whether, and/or what, reasonable accommodation is offered. *Should the requested accommodation be unusual or require significant resources or be inconsistent with the mission or goals of the program, the dean will consult with the provost, the program director or the associate dean prior to approving the accommodation.*
5. The dean may re-evaluate approved accommodations as needed.

6. The student will be responsible for notifying faculty of approved accommodations.
7. If an otherwise qualified student with a disability rejects a reasonable accommodation, aid, service, opportunity or benefit that is necessary to enable the student to perform the essential functions of the program, the student is not considered a qualified individual with a disability.
8. Students who feel they have been discriminated against or who wish to appeal a decision of accommodation should consult the Student Complaint/Grievance Appeal Policy to be informed of steps that can be taken to address these concerns.

B. The Accommodating Special Needs policy and procedure will be reviewed bi-annually.

III. APPROVAL

Name: _____

Title: President

Date: _____

**Carolinas College of Health Sciences
Request for Accommodation**

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

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

Name: Click here to enter text.		
Address: Click here to enter text.		
City: Click here to enter text.	State: Click here to enter text.	Zip: Click here to enter text.
Program: Click here to enter text.		Date: Click here to enter text.

The information requested below, and any documentation regarding your disability and need for accommodation, should be submitted to the dean of student affairs and enrollment management. This information will be considered confidential and will not be furnished to any other party without your permission. Instructors and other personnel will be included in the review of this request as necessary and will be advised of any recommendations for accommodation.

Need for Accommodation

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

1. Do you have a condition that substantially impairs a major life activity (i.e., seeing, hearing, walking, speaking, learning, etc.)? If so, please describe fully the nature of the condition that substantially limits a major life activity.

Click here to enter text.

2. Describe completely the ways in which your impairment substantially limits any major life activity (ies) and provide all functional limitations you experience due to your impairment.

Click here to enter text.

3. Describe the accommodation(s) you are requesting.

Click here to enter text.

4. Please state whether your impairment is permanent or temporary. If temporary, please state the expected duration of the impairing condition.

Click here to enter text.

5. Please state when you first began to experience the impairment.

Click here to enter text.

Student Attestation

I attest that the above is true and correct. I understand that my request will be considered by the dean of student affairs and college personnel as appropriate. I further understand that I have the right to appear on my behalf and present other relevant information.

Click here to enter text.

Student Signature

Click here to enter text.

Date

**Carolinas College of Health Sciences
Request for Accommodation**

Part 2. To be completed by a physician, psychiatrist, psychologist, or appropriate licensed professional.

Name: Click here to enter text.		
Title: Click here to enter text.		
Practice/Agency: Click here to enter text.		
Address: Click here to enter text.		
City: Click here to enter text.	State: Click here to enter text.	Zip: Click here to enter text.
License Number: Click here to enter text.		Phone: Click here to enter text.

Certification of Need for Accommodation

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

Please be advised that:

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

Please attach a letter (on official stationery) detailing your diagnosis of the student's impairing condition, identifying the major life activities that are substantially limited by this impairment, and providing your recommendation for accommodating the impairing condition. If your recommendation differs from what the student requested on page two, please explain. The letter can be returned with the student or via mail to:

**Carolinas College of Health Sciences, Dean of Student Affairs, 1200 Blythe Blvd., Charlotte, NC 28203
Fax: 704-355-9336**

Licensed Professional Attestation

It is my opinion that because of the student's documented impairment, he or she should be accommodated in the manner consistent with that described on page two of this form and further explained in my attached letter. I understand that the student will present this request to the appropriate college official for review and I may be requested to present additional relevant information regarding my patient and/or client's need for accommodation.

Licensed Professional Signature

Date

Student Release

I give the above licensed professional permission to consult with the appropriate official at Carolinas College for the purpose of evaluating my condition and satisfying my request for accommodation. I understand such consultation will be done confidentially.

Student Signature

Date