

Manual of Policies and Procedures for Student Affairs

Subchapter 3.2 Disability Services

Subchapter 3.2-100. General Provisions

Sec. 3.2-101. Purpose

a. The purpose of Disability Services (DS) is to provide students equal access to all educational, social, and recreational programs through coordination of services and reasonable accommodations, consultation and advocacy.

b. DS strives to provide services that will encourage students to become as independent and self-reliant as possible.

Sec. 3.2-102. Definitions

a. In this chapter, unless the context requires a different meaning,

1. "chief student affairs officer" means the chief student affairs officer, or the chief student affairs officer's delegate or representative;
2. "hearing officer" means a person appointed by the president to conduct hearings of alleged violations of a regents' rule, university regulation, or administrative rule;
3. "organization" means a student group holding a valid registration;
4. "president" means the president of The University of Texas at Tyler;
5. "student" means a person currently enrolled in residence at the university, or who is accepted for admission or readmission to the university, or who has been enrolled at the university in a prior semester or summer session and is eligible to continue enrollment in the semester or summer session that immediately follows, or who is attending an educational program sponsored by the university while that person is on campus;
6. "university" means The University of Texas at Tyler;
7. "university facility" means a classroom, auditorium, student housing, other building, or outdoor area owned or controlled by the university;
8. "weekday" means Monday through Friday except for official university holidays; "day" means calendar day;
9. "faculty or staff" means a current employee of The University of Texas at Tyler.

Sec. 3.2-103. Introduction

a. Disability Services (DS) offers services to all eligible (currently enrolled) students at the University of Texas at Tyler. A diagnosis of a disability does not, in and of itself, meet the definition of a disability necessitating reasonable services/accommodations under the ADA or Section 504 of the Rehabilitation Act of 1973. A student must have a disability that substantially affects a major life activity: Examples of major life activities include walking, sitting, standing, seeing, hearing, speaking, breathing, learning, working, caring for oneself, etc. The disability must also substantially limit the individual's ability to function in the condition, manner, or duration of a required major activity.

Sec. 3.2-104. Application

a. A student who would like to be considered for disability services must request services themselves through the Disability Services Office. The student requesting services should obtain an information packet and make an appointment with the disability services (DS) counselor at least four weeks prior to the beginning of the semester. The Information packet includes an Application for Disability Services, Disability Services Policies and Procedures, and other information as related to services. The packet is available in the Student Services offices and on the University of Texas at Tyler Student Services Web page.

- b. Prior to the initial appointment with the DS counselor, the student will provide the DS counselor the completed Application For Disability Services and disability verification information that includes: Specific diagnostic statement identifying the disability, date of the current diagnostic evaluation, and the date of the original diagnosis;
- c. Complete educational, developmental, and medical history relevant to the disability for which disability services are being requested;
- d. A description of all test instruments used in the evaluation report and relevant subtest scores used to document the stated disability. (This does not apply to physical or sensory disabilities that are considered permanent or unchanging)
- e. Statement as to permanency of each condition/disability;
- f. Information on how each condition/disability affects the individual with regard to physical, emotional, or cognitive limitations and the severity and limitations within the classroom environment;
- g. Treatments, medications, assistive devices, services currently prescribed or in use;
- h. Credentials of the diagnosing professional indicating that the evaluator is qualified to make the diagnosis (include information about license or certification and area of specialization);
- i. Correspondence that is typed or printed on the evaluator's official letterhead.
- j. Verification information must be from an appropriate qualified professional who has particular expertise in the area of the condition/disability. (More specific information regarding verification for psychological/psychiatric, learning, and attention deficit/hyperactivity disabilities are listed in section 3.2-106 of this document).
- k. The DS counselor will review verification material once it has been received and combine it with interview information received from the student along with the expertise of the DS counselor to decide upon appropriate disability services.
- l. Once eligibility has been determined by the Disability Services staff and disability service(s) decided upon, and the student provides a copy of their current class schedule, a Disability Service(s) Request is completed and provided to the student. The Disability Service(s) Request is completed each succeeding semester that the student requests disability support services.
- m. The student must request disability support services and provide a copy of the current class schedule at least 15 days prior to the beginning of each succeeding semester to assure that disability services are received the first week of class.
- n. The student should provide the Disability Service(s) Request to the appropriate faculty member. The student should discuss with the faculty member relevant information that will assist in providing the disability service. The faculty member will assure that the student receives the approved service(s). The Disability Services staff is available to the student and faculty member for consultation.

o. Students learn about DS through a variety of avenues: Which may include: Internet; email; DS brochures, orientation, campus outreach days; university catalog; registration advertisements; student newspaper; faculty and staff referrals, etc.

p. Students applying for Disability Services will receive a Satisfaction Survey with their initial packet of information. At any time during a student's interactions with Disability Services, the Satisfaction Survey may be completed and dropped off in the Disability Services office or mailed (no postage required). Information from these surveys will be used to improve the services offered through Disability Services.

q. Grievance Procedures - Complaints concerning disability services shall be filed in writing to the disability services counselor. The disability services counselor will present the case within five (5) working days to the chief student affairs officer who will pursue the grievance with the appropriate academic institutional officer. A written decision will be mailed to the complainant within ten (10) working days of its receipt by the chief student affairs officer.

r. Retaliation - No student will be penalized, disciplined or prejudiced for exercising the right to make a complaint, filing a grievance or discrimination complaint, or who has assisted or participated in the investigation of a complaint under the Americans with Disabilities Act of 1990 (ADA) or The Rehabilitation Act of 1973, Section 504.

s. DS staff is available in the Student Services Office from 8 am – 5 pm Monday through Friday.

Sec. 3.2-105. Disability Services Program

a. Academic accommodations and other services are addressed and provided on an individual basis determined by documented need. Some of the services available to qualified students are:

1. Letter listing approved accommodations for students to provide to faculty
2. Extended time, readers, or scribes for in class coursework and examinations
3. Volunteer note takers
4. Interpreters for the deaf
5. Supportive counseling and case management.
6. Accessibility information
7. Tape-recorded text
8. Registration assistance
9. Text books in alternative format
10. Referral to other campus and community resources
11. Consultation with faculty and staff regarding on-campus situations which constitute an accommodation challenge
12. Sponsored student support group

b. Computer software equipment technologically designed for individuals with specific disabilities Some equipment is available for check-out according to approved accommodations. (Failure to return resources in good working condition may result in referral for disciplinary action including withholding grades and transcripts until item is returned or payment for replacement of item is received.)

Sec. 3.2-106. Disability Verification Documentation Requirements

a. Disability" is a generic term used to refer to a variety of conditions involving physical, psychological, emotional, and behavioral disorders and syndromes. The official source designed to outline the criteria used in making these diagnoses is the *Diagnostic and Statistical Manual, Fourth Edition (DSM-IV-TR)*. For the purpose of determining eligibility for disability services, the symptoms must meet the ADA definition of a disability.

b. To establish that an individual is covered under the ADA, documentation must indicate that a specific disability exists and that the identified disability *substantially* limits one or more major life activities. A diagnosis of a disorder/condition/syndrome in and of itself does not automatically qualify an individual for disability services under the ADA. The documentation must also support the request for accommodations, academic adjustments, and/or auxiliary aids.

c. Information and documentation submitted to verify disability services eligibility must be provided by a qualified professional current and comprehensive in order to avoid unnecessary delays in decision making related to the provision of disability services.

d. A Qualified Professional Must Conduct the Evaluation

e. Diagnoses of disabilities documented by family members will not be accepted due to professional and ethical considerations even when the family members are otherwise qualified by virtue of training and licensure/certification. The issue of dual relationships as defined by various codes of professional ethics should be considered in determining whether a professional is in an appropriate position to provide the necessary documentation.

f. Professionals conducting evaluations and rendering diagnoses or diagnostic impressions of must be qualified to do so. Generally, psychologists, psychiatrists, relevantly trained physicians and relevantly trained licensed professional counselors are considered qualified. Finally, the name, title, and credentials of the qualified professional writing the report should be included. The evaluator's licensure/certification, area of specialization, employment, and state or province in which he/she practices should be clearly stated in the documentation. All reports should be in English, typed or printed on professional letterhead, dated, and signed.

g. Documentation Must Be Current

1. Since reasonable accommodations are based upon the current impact of the disability, the documentation must address the individual's current level of functioning and the need for accommodations (e.g., due to observed changes in performance or medication changes since previous assessment). It is understood that once a person is diagnosed as having a qualified disability under the Americans with Disabilities Act, the disability is normally viewed as life-long. Although the disability will continue, the severity of the condition may change over time.
2. Reasonable accommodations and services are based on the assessment of the current impact of the disability on academic performance. In many cases an evaluation must have been completed within the last three years. There is flexibility in accepting documentation that is older if the previous assessment is applicable to the current or anticipated situation.
3. More recent documentation may be required if changes have occurred in the individual's performance, etc. since the previous assessment. Students who submit documentation that is not current, adequate, or does not address the current level of in functioning will be required to update the evaluation or submit a new report. If updated or a new report submitted, the requirements are the same for information received.

h. Documentation Necessary to Support the Diagnosis Must Be Comprehensive.

1. In most cases, documentation should be based on a comprehensive diagnostic/clinical evaluation that adheres to the guidelines outlined in this document. Documentation must be consistent with the *Diagnostic and Statistical Manual, Fourth Edition (DSM-IV-TR)* criteria for diagnosis of the disorder(s), substantiates the diagnosis, and be comprehensive. The diagnostic report should include the following components:
 - A. A specific diagnosis
 - B. History of presenting symptoms
 - C. Durations and severity of the disorder
 - D. Relevant, developmental, historical, and familial data

- E. Relevant medical and medication history, including the individual's current medication regimen compliance, side effects (if relevant), and response to medication
- F. A description of current functional limitations in different settings with the understanding that a psychological disorder usually presents itself across a variety of settings other than just the academic domain and that its expression is often influenced by context-specific variables (e.g., school-based performance)
- G. If relevant to test taking performance, a description of the expected progression or stability of the impact of the condition over time
- H. If relevant to test taking performance, information regarding kind of treatment and duration/consistency of the therapeutic relationship

i. Alternative Diagnoses or Explanations Should Be Ruled Out - The evaluator must also investigate and rule out the possibility of other potential diagnoses involving neurological and/or medical conditions or substance abuse, as well as educational, linguistic, sensorimotor, and cross-cultural factors that may result in symptoms mimicking the purported psychiatric disability.

j. Rationale for Requested Disability Services Must Be Provided - It is important to recognize that disability services need can change over time and are not always identified through the initial diagnostic process. Conversely, a prior history of accommodation, without demonstration of a current need, does not in and of itself warrant the provision of a like disability service.

k. Recommendations for Disability Services Must Be Included - The diagnostic report must include specific recommendations for disability service(s) as well as a detailed explanation of why each disability service is recommended. The evaluator(s) must describe the impact the diagnosed 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. A diagnosis in and of itself does not automatically warrant approval of requested disability services.

l. Actual Test Scores from Standardized Instruments Must Be Provided - Standard scores and/or percentiles must be provided for all normed measures. Grade equivalents must be accompanied with standard scores and/or percentiles. The data must logically reflect a substantial limitation to learning for which the student is requesting the accommodation. The particular profile of the candidate's strengths and weaknesses must be shown to relate to functional limitations that may necessitate accommodations. The tests used must be reliable, valid, and standardized for use with an adult population. The test findings must document both the nature and severity of the 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.

Sec. 3.2- 196. Diagnostic Test Instruments and Other Supplemental Information Used to Support Functional Limitations for Psychological/Psychiatric, Learning, and Attention-Deficit/Hyperactivity Disabilities

a. Neuro-psychological and psycho-educational testing - Cognitive and achievement profiles may suggest attention or information processing deficits. No single test or subtest should be used as the sole basis for a diagnostic decision. Acceptable instruments include, but are not limited to:

1. Aptitude/Cognitive Ability
2. Wechsler Adult Intelligence Scale - III (WAIS-III)
3. Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Cognitive Ability
4. Kaufman Adolescent and Adult Intelligence Test
5. Academic Achievement
6. Scholastic Abilities Test for Adults (SATA)
7. Stanford Test of Academic Skills (TASK)
8. Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Achievement
9. Wechsler Individual Achievement Test (WIAT);

Or specific achievement tests such as:

10. Nelson-Denny Reading Skills Test
11. Stanford Diagnostic Mathematics Test
12. Test of Written Language - 3 (TOWL-3)
13. Woodcock Reading Mastery Tests – Revised
14. Information Processing
15. Detroit Tests of Learning Aptitude - 3 (DTLA-3) or Detroit Tests of Learning Aptitude - Adult (DTLA-A).
16. Information from subtests on WAIS-R or Woodcock-Johnson Psychoeducational Battery - Revised: Tests of Cognitive Ability, as well as other relevant instruments, may be useful when interpreted within the context of other diagnostic information.
17. Rating scales related to attention deficit disorder(s):
18. Wender Utah Rating Scale
19. Brown Attention-Activation Disorder Scale
20. Beck Anxiety Inventory
21. Hamilton's Depression Rating Scale
22. Conners Teacher Rating Scale (age 3-17 years)
23. Conners Parent Rating Scale (age 3-17 years)
24. Medical evaluation - Medical disorders may cause symptoms resembling psychological or learning disorders. Therefore, it may be important to rule out the following:
25. Neuroendocrine disorders (e.g., thyroid dysfunction)
26. Neurologic disorders
27. Impact of medication on attention if tried, and under what circumstances
28. Collateral information - Include third party sources which can be helpful to determine the presence or absence of disorders in childhood.
29. Description of current symptoms (e.g., by spouse, teachers, employer)
30. Description of childhood symptoms (e.g., parent)
31. Information from old school and report cards and transcripts

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