REASONABLE ACCOMMODATIONS

A FACULTY GUIDE TO TEACHING COLLEGE STUDENTS WITH DISABILITIES

The City University of New York
Office of Student Affairs
Dear Colleague:

Students with disabilities have turned to CUNY in unprecedented numbers for the promise of a world class education and a better life, encouraged by the guarantees for equal access and opportunity of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act. Providing access to students with disabilities is one of CUNY’s highest priorities. During the past decade, the number of students with disabilities attending The City University of New York has more than tripled.

The City University of New York has been a pioneer in the development of high quality, innovative programs, which provide access and ensure that students with disabilities receive the same opportunities as other students to attend college. The University recognizes the importance of promoting the full participation of students with disabilities in all aspects of college life and ensuring that its programs, facilities and curricula are fully accessible.

Many of these programs are recognized regionally and nationally as model projects for disability services in higher education. CUNY’s Assistive Technology Services Project provides students with disabilities access to cutting-edge technologies. Similarly, CUNY continues to be a national leader in providing services to hearing impaired students. Finally, through its Homebound Program, CUNY offers quality distance learning to students whose disabilities prevent them from coming to campus on a regular basis. At each CUNY college, highly skilled disability services professionals coordinate the provision of reasonable accommodations and support services to students with disabilities and their faculty.

For students with disabilities, meaningful access must be realized in college classrooms, facilitated by faculty utilizing information and resources such as that included in this booklet. This type of knowledge enhances the sensitivity necessary to accommodate students with disabilities. CUNY’s faculty have made significant strides in helping students with disabilities achieve their educational and career goals. We are confident that these efforts will continue as the University issues this updated booklet to assist you.

Matthew Goldstein, Chancellor
The City University of New York


SOURCES: The material in this publication is based on articles written and researched by members of the CUNY Committee on Student Disability Issues, and the following references: Jane E. Jarve, Title by Title: The ADA’s Impact on Postsecondary Education (Columbus, Ohio: Association on Higher Education and Disability (AHEAD), 1992); Katherine Garnett and Sandra LaPorta, Dispelling the Myths: College Students and Learning Disabilities (New York: Hunter College/CUNY, 1984); Higher Education and the Handicapped (HEATH) Resource Center, Factsheets (Washington, D.C., The National Clearinghouse Postsecondary Education for the Handicapped, American Council on Education); Phillip J. Jastram and Guy C. McCombs III, Access for Handicapped Students to Higher Education (Washington, D.C.; United States Department of Education, 1985); Office of Civil Rights, USDDE, "Handicapped Persons' Rights under Federal Law" (Washington, D.C.; OCR, USDDE, January 1987); Lynn Smith, The College Student With a Disability: A Faculty Handbook (Washington, D.C.; The President’s Committee on Employment of The Handicapped, 1980). ADDITIONAL COPIES of this publication are available at $4.00. Make checks payable to CUNY, and mail to CUNY, Office of Student Affairs, 101 West 31 Street, Suite 907, New York, NY 10001.
The purpose of this handbook is to provide faculty with information and suggestions to help them meet the needs of students with disabilities in their classrooms.

Students with disabilities are a rapidly growing minority within CUNY as elsewhere in American higher education. In 1998, an estimated 9,000 City University students were identified as having disabilities. This figure represents only those known to the colleges, but, according to national norms, it is likely that there are actually three times as many students with disabilities enrolled.

Beyond the university's commitment to fulfill the promise of access is the legal imperative embodied in Section 504 of the Federal Rehabilitation Act of 1973. It states in part (as amended):

No otherwise qualified person with a disability in the United States shall, solely on the basis of disability, be denied access to, or the benefits of, or be subjected to discrimination under any program or activity provided by any institution receiving federal financial assistance.

The Americans with Disabilities Act of 1990 (ADA), landmark civil rights legislation for the disabled, reaffirms this mandate.

In order to comply with it, colleges and universities that receive federal assistance must assure that the same educational programs and services offered to other students be available to students with disabilities. Academic ability must be the sole basis for participation in post-secondary education.

To accomplish this goal, both physical and programmatic access must be provided. This means more than the removal of architectural barriers and the provision of auxiliary services. It means that reasonable accommodations must be made in the instructional process to ensure full educational opportunity. This principle applies to all teaching strategies and modes, as well as to institutional and departmental policies.

The means of achieving this ideal are often not merely matters of judgment. They are matters of knowledge and awareness of disability law and the educational needs of students with disabilities. This handbook is designed to help faculty develop their awareness and knowledge in these areas.

The first step as an instructor is to treat students with disabilities as, simply, students. After all, they come to college for the same reasons others do and they bring with them the same range of intelligence and scholastic skills.

In accommodating students who present themselves, learn, or perform in ways that are different from others, it is vital to remember that their similarities with others are much more significant. We are dealing, first and foremost, with students.

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Each campus of The City University of New York has designated an office to coordinate services for students with disabilities. The Coordinator/Director of the campus office of Student Disability Services provides students and faculty with assistance in meeting the requirements of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 as well as other, related federal, state and local laws and regulations. The Coordinator/Director is assisted in these functions by a college-wide committee, or a 504/ADA Committee, made up of faculty, administrators, and students who facilitate compliance with federal regulations to integrate students with disabilities into the college community.

The major concern of the Coordinator/Director is advising students in making the adjustments that may be necessary for success in their academic careers. They work with students with disabilities who either identify themselves or are referred by faculty members or outside agencies. Official documentation of disability may be required to determine whether and what kind of special aids or adaptations may be helpful on campus.

Among the services provided by the Office of Student Disability Services are pre-admission counseling, priority registration, academic advisement and such special arrangements, when needed, as room changes, readers, interpreters, note-takers, tutors, and proctors.

More broadly, the Coordinators/Directors serve as advocates for students with disabilities, ensuring that they have physical and programmatic access to all college programs and are effectively mainstreamed into the campus community.

For faculty, the Coordinator/Director of Student Disability Services may render invaluable advisory services. They are the ones to consult for special adaptations for students with disabilities, and to answer whatever questions may arise in accommodating the needs of students with disabilities in the classroom.

Students with disabilities represent a cross-section of diversified individuals. To facilitate their academic success, please consider alerting your classes to the office for student disability services on campus.
Special programs

The Center for Learning Disability Issues at Kingsborough Community College offers a variety of services both for students and professionals with regard to CUNY students with learning disabilities. Their professional team reviews documentation, makes presentations, and serves as the focal point for this CUNY disability group. Other services include a library of books, tapes, and videos; a tutor training program; and Web page. Direct all inquiries to 718-368-4981.

The Computer Assistive Technology Program (CAT), based at Queens College, is a team of adaptive technology specialists offering a wide array of services to assist in meeting the technology needs of students with disabilities. Services include:

- helping colleges develop and maintain adaptive computer and equipment labs;
- set-up and maintenance of adaptive equipment and software
- phone and on-site technical support;
- budget and purchasing guidance for adaptive equipment and software;
- staff, faculty, and student training; and
- frequent updates on technological advancements.

For more information, please call 718-997-3775.
Students bring a unique set of strengths and experiences to college, and students with disabilities are no exception. While many learn in different ways, their differences do not imply inferior capacities. There is no need to dilute curriculum or to reduce course requirements for the students with disabilities. What may be needed, however, are special accommodations, including modifications in the way information is presented and in methods of testing and evaluation. Faculty will be aided in these efforts by drawing upon the students’ own prior learning experiences, using available college and department resources, and collaborating with the campus Coordinator/Director of Student Disability Services.

Specific suggestions for teaching students with disabilities will be offered in the sections devoted to each disability. Here are some general considerations.

1. Identifying students with disabilities. Determining that a student has a disability may not always be a simple process. Visible disabilities are noticeable through casual observation—an immediately recognizable physical impairment, for example, or the use of a cane, a wheelchair or crutches.

Other students have what is known as hidden disabilities, such as cardiac conditions, learning disabilities, cancer, diabetes, kidney disease, and psychiatric or seizure disorders, all of which are usually not apparent.

Finally, there are students with multiple disabilities.

Some students with disabilities identify themselves as such by contacting the Office of Student Disability Services and/or their instructors before or early in the semester. Others, especially those with "hidden" disabilities, may not. Such students, in the absence of instructional adjustment, may run into trouble in their college work. They may self-identify just before an examination and expect instant attention to their needs.

The student's own suggestions, based on experience with the disability and with school work, are invaluable in accommodating disabilities in college.

The faculty member should make an announcement at the beginning of the term inviting students with disabilities to schedule appointments. If you suspect that a student has a disability, discuss the issue privately with the student. You may find such an approach awkward, at least initially, but the end result will be extremely beneficial if the student’s condition is made known at the very outset.

However, a disability is identified, it should be verified and discussed with the Coordinator/Director.

2. Dividing the responsibilities. To the extent manageable, students with disabilities bear the primary responsibility, not only for identifying their disabilities, but for making necessary adjustments to the learning environment for reading and taking notes. For testing arrangements and the use of department resources, the cooperation of the faculty member is vital.
3. Faculty-student relationships. Dialogue between the student and instructor is essential early in the term, and follow-up meetings are recommended. Faculty should not feel apprehensive about discussing students' needs as they relate to the course. There is no reason to avoid using terms that refer to the disability, such as "blind," "see," or "walk." Care should be taken, however, to avoid generalizing a particular limitation to other aspects of a student's functioning. Often, for example, people in wheelchairs are spoken to very loudly, as if they were deaf. Students with disabilities may have had some experience with the kind of concerns you bring to the relationship. The students' own suggestions, based on experience with the disability and with school work, are invaluable in accommodating disabilities in college.

4. Attendance and promptness. Students using wheelchairs or other assistive devices may encounter obstacles or barriers in getting to class on time. Others may have periodic or irregular curtailments of functioning, either from their disability or from medication. Flexibility in applying attendance and promptness rules to such students would be helpful.

5. Classroom adjustments. A wide range of students with disabilities may be assisted in the classroom by making book lists available prior to the beginning of the term, by thoughtful seating arrangements, by speaking directly toward the class, and by writing key lecture points and assignments on the chalkboard.

6. Functional problems. In addition to the adjustments that will be discussed in detail for each category of disability, some understanding is required with respect to more subtle and sometimes unexpected manifestations of disability. Chronic weakness and fatigue characterize some disabilities and medical conditions. Drowsiness, fatigue, impairments of memory, or slowness may result from prescribed medications. Such curtailments of functioning and interferences with students' ability to perform should be distinguished from the apathetic behavior it may resemble.

7. Note-taking. Students who cannot take notes or have difficulty taking notes adequately would be helped by allowing them to tape record lectures, by permitting them to bring a note-taker to class, by assisting them in borrowing notes from classmates or by making an outline of lecture materials available to them.

8. Testing and evaluation. Depending on the disability, the student may require the administration of exams orally, the use of computers, readers and/or scribes, extension of time for the duration of exams, modification of test formats or, in some cases, make-up or take-home exams. For out-of-class assignments, the extension of deadlines may be justified. The objective of such special considerations is always to accommodate the student's learning differences, not to dilute scholastic requirements. The same standards should be applied to students with disabilities as to all other students in evaluation and assigning grades.
A learning disability (LD) is any of a diverse group of conditions of presumed neurological origin, that cause significant difficulties in perception, either auditory, visual and/or spatial. Included are disorders that impair such functions as reading (dyslexia), writing (dysgraphia), and mathematical calculation (dyscalculia). Each category exhibits a wide variation of behavioral patterns.

Attention Deficit Hyperactivity Disorder (ADHD) is a medical term that is not synonymous with learning disabilities. Students with ADHD may or may not have specific accompanying learning disabilities. The effects of ADHD include trouble with attention, organization, and impulse control.

While these manifestations can be problematic for the individual, both in and out of school, they do not necessarily interfere with academic success. On the other hand, ADHD may be a major aspect of some students’ learning disabilities.

A learning disability may exist in the presence of average to superior intelligence and adequate sensory and motor systems, as evidenced by the extraordinary achievements of people with LD. But the condition has only recently been identified and it still often goes undiagnosed. For this reason LD is often misunderstood by those with the condition as well as others. This is definitely a misconception.

In fact, the marked discrepancy between intellectual capacity and achievement is what characterizes a learning disability. At the colleges, the LD diagnosis will emerge from a battery of aptitude and academic achievement tests. This documentation is required not only to establish the need for special services but to determine the kind that are required. Students who are believed to have a learning disability and have not been previously or reliably identified should be referred to the Coordinator/Director.

While a learning disability cannot be "cured," it can be circumvented through instructional intervention and compensatory strategies. In general, a variety of instructional modes enhances learning for LD students, as for others, by allowing them to master material that may be inaccessible in one particular form.

In teaching students with LD, it is important to identify the nature of the disability in order to determine the kind of strategies that might accommodate a particular student. Drawing upon the student’s own experience offers invaluable clues to the types of adaptation that work.

Once the nature of the disability is identified for students with LD, these strategies may help:

Auditory processing: Some students may experience difficulty integrating information presented orally, hindering their ability to follow the sequence and organization of a lecture.

- Provide students with a course syllabus at the start of the semester.
- Outline class presentations and write new terms and key points on the chalkboard.
- Repeat and summarize segments of each presentation and review it in its entirety.
- In dealing with abstract concepts, paraphrase them in specific terms, and illustrate them with concrete examples, personal experiences, hands-on models, and such visual structures as charts and graphs.

Reading may be slow and deliberate and comprehension may be difficult for students with LD, particularly when dealing with large quantities of material. For such students, comprehension and speed are expedited dramatically with the addition of auditory input.

- Make required book lists available prior to the first day of class to allow students to begin their reading early or to have texts put on tape.
- Provide students with chapter outlines or study guides that cue them to key points in their readings.
- Read aloud material that is written on the chalkboard or that is given in handouts or transparencies.

Memory or sequencing difficulties may impede the students’ execution of complicated directions.

- Keep oral instructions concise and reinforce them with brief cue words.
- Repeat or re-word complicated directions.

Note-taking: Some students with LD need alternative ways to take notes because they have difficulty writing and assimilating, remembering, and organizing the material while listening to lectures.

- Allow note-takers to accompany the student to class.
- Permit tape recording or make your notes available for material not found in texts or other accessible sources.
- Assist students, if necessary, in arranging to borrow classmates’ notes.

Participation: It is helpful to determine the students’ abilities to participate in classroom activities.

Teaching students with visual disabilities vary greatly.

Persons are considered legally blind when visual acuity is 20/200 or less in the better eye with the use of corrective lenses or when they have a field of vision no greater than 20 degrees. Most people who are legally blind may have some vision. Others who are partially sighted may rely on residual vision with the use of adaptive equipment. People who are totally blind may have visual memory, depending on the age when vision was lost.

Whatever their degree of visual disability, students should be expected to participate fully in classroom activities, including discussions and group work. To record notes, some use such devices as portable or com-
While many students with LD are highly articulate, some have severe difficulty in talking, responding or reading in front of groups.

**Specialized limitations:** Some students with LD may have poor coordination or trouble judging distance or differentiating between left and right. Devices such as demonstrations from students' right-left frame of reference and the use of color codes or supplementary symbols may overcome the perceptual problem.

**The science laboratory** can be especially overwhelming for students with LD. New equipment, exact measurement, and multi-step procedures may demand precisely those skills that are hardest for them to acquire.

- An individual orientation to the laboratory and equipment can minimize students' anxiety.
- The labeling of equipment, tools, and materials is helpful.
- The students' use of cue cards or labels designating the steps of a procedure may expedite the mastering of a sequence.
- Specialized adaptive equipment may help with exact measurements.

**Behavior:** Because of perceptual deficiencies, some students with LD are slow to grasp social cues and respond appropriately. They may lack social skills, or they may have difficulty sustaining focused attention. If such a problem results in classroom interruptions or other disruptions, it is advisable to discuss the matter privately with the student or with the Coordinator/Director.

**Evaluation:** A learning disability may affect the way students should be evaluated. If so, special arrangements may be necessary.

- Allow students to take examinations in a separate, quiet room with a proctor. Students with LD are especially sensitive to distractions.
- Grant time extensions on exams and written assignments when there are significant demands on reading and writing skills.
- Avoid overly complicated language in exam questions, and clearly separate them in their spacing on the exam sheet. For students with LD perceptual deficits who have difficulty in transferring answers, avoid using answer sheets, especially computer forms.

- Try not to test on material just presented, since more time is generally required to assimilate new knowledge.
- Permit the use of a dictionary, computer spell checks, a proofreader or, in mathematics and science, a calculator. In mathematics, students may understand the concept, but may make errors by misaligning numbers or confusing arithmetical facts.
- When necessary, allow students to use a reader, scribe, word processor, tape recorder or typewriter.
- Consider alternative test designs. Some students with LD may find essay formats difficult, and may have trouble with matching tests.
- Consider alternative or supplementary assignments that may serve evaluation purposes, like taped interviews, slide presentations, photographic essays, or hand-made models.

**with visual disabilities**

puterized braille. They may encounter limitations in laboratory classes and field trips, and internships, but with planning and adaptive equipment the barriers can be overcome or minimized.

**Before or early in the semester:**

- Provide reading lists or syllabi in advance to allow time for such arrangements to be made as the taping or brailing of texts.
- In cooperation with the Coordinator/Director, assist the student in finding readers, note-takers, or tutors, as necessary, or team the student with a sighted classmate or laboratory assistant.
- Reserve front seats for low-vision students. If a guide dog is used, it will be highly disciplined and require little space.

**During the semester:**

- Face the class when speaking.
- Convey in spoken words whatever you put on the chalkboard and any other visual cues or graphic materials you may use.
- Permit lectures to be taped and/or provide copies of lecture notes, where appropriate.
- Duplicate materials distributed to the class on a large-print copier, or print documents in large fonts and/or provide electronic copies on disk or by e-mail, if feasible.
- Be flexible with assignment deadlines.
- Plan field trips and such special projects as internships well in advance and alert field supervisors to whatever adaptations may be needed.
- If a specific task is impossible for the student to carry out, consider an alternative assignment.

**Examinations and evaluations:**

Students should not be exempt from examinations or be expected to master less content or lower levels of scholastic skills because of visual disabilities. But alternative means of assessing their course achievements may be necessary. The students themselves, because of their experience in previous learning situations, and the college Coordinator/Director may offer suggestions on testing and evaluation strategies. The most expedient devices are alternative examinations (oral, large print, Braille, or taped), the extension of time for exams, and the use of such aids as print enlargers, specialized computer programs, or tape recorders.

Other adaptations suited to specific instructional situations—such as tactile materials in presenting diagrams or illustrations in certain subjects—may be helpful.
Teaching students with mobility and hand-function disabilities

A wide range of conditions may limit mobility and/or hand function. Among the most common permanent disorders are such musculoskeletal disabilities as partial or total paralysis, amputation or severe injury, arthritis, active sickle cell disease, muscular dystrophy, multiple sclerosis, and cerebral palsy. Additionally, respiratory and cardiac diseases can be debilitating and may consequently affect mobility. Any of these conditions may also impair the strength, speed, endurance, coordination, and dexterity that are necessary for proper hand function.

While the degree of disability varies, students may have difficulty getting to or from class, performing in class, and managing out-of-class assignments and tests. Getting to and from class: Physical access to classrooms is a major concern of students with mobility disabilities. Those who use wheelchairs, braces, crutches, canes, or prostheses, or who fatigue easily, find it difficult moving about, especially within the time constraints imposed by class schedules.

Occasional lateness may be unavoidable. Tardiness or absence may be caused by transportation problems, inclement weather, elevator, or wheelchair breakdown. Getting from class may pose similar problems, especially in cases of emergency.

- Consider the accessibility factor before or early in the semester and discuss it with students and, if necessary, with the Coordinator/Director.
- Be prepared to arrange for a change of classroom or building if no other solution is possible.
- Familiarize yourself with the college's emergency evacuation plan and assure that it is manageable for students with disabilities.

In class: Some courses and classrooms present obstacles to the full participation of students with mobility disabilities. In seating such students, every effort ought to be made to integrate them into the class. Relegating these students to a doorway, a side aisle or the back of the room should be avoided. Even such apparently insurmountable barriers as fixed seating may be overcome by arranging for a chair to be unbolted and removed to make room for a wheelchair. Laboratory stations too high for wheelchair users to reach or transfer to, or with insufficient under-counter knee clearance, may be modified or they may be replaced by portable stations. Otherwise, the assistance of an aide to follow the student's lab instructions may be necessary.

Students with hand-function disabilities may have similar difficulties in the laboratory and in the classroom doing in-class writing assignments and taking written tests. For such students:

- Permit the use of a note-taker or tape recorder.
- Team the student with a laboratory partner or assistant.
- Allow in-class written assignments to be completed out of class with the use of a scribe, if necessary.
- Conduct oral or taped tests, or allow extended time.

Out-of-class assignments: For students with mobility and/or hand function disabilities, the use of the library for research assignments may present obstacles. Arrangements for assistance with library personnel may have to be made for access to card catalogues, bookshelves, microfiche and other equipment, or for manipulating the pages of publications. Because the completion of required work may thus be delayed, the extension of deadlines and the employment of "Incomplete" grades may be appropriate.

Off-campus assignments and field work may pose similar problems of access to resources. Instructors should consider such expedients as advance notice to students who rely on special transportation, the extension of deadlines, and alternative assignments.
Approximately 19 million Americans have some hearing loss. This may range from a slight deficiency to deafness, which afflicts 2 million.

The age of onset generally determines the profundity of the disability. Those who are born deaf or suffer a hearing loss at an early age, especially in the pre-lingual stage, bear the most severe disabilities. Because they do not hear language, their limitations generally extend beyond hearing to speaking and reading.

For those with hearing disabilities who can speak, vocal control is often marred, distorting their tone, volume, and/or articulation. For the many who use sign language, English is a "second" language. These secondary effects need to be understood as physical disabilities rather than as mental or intellectual weaknesses.

People with hearing disabilities use a variety of devices to help them improve their aural capacity or substitute for it. Many use lip reading but, by itself, it facilitates comprehension of only 30 to 40 percent of spoken English even when the skill is highly developed. Those with a sufficient degree of residual hearing are helped by the amplification provided by hearing aids, which include public address systems and transmitter-receiver systems with a clip-on microphone for the speaker. The main form of communication for the profoundly deaf is sign language. Students who must rely on sign language need an interpreter, who either "mouths" what is being said, translates it into sign language, or does both.

In working with students who have hearing disabilities, the professor must first determine the nature and degree of disability and the type of assistance the student usually employs. This is difficult if it is "hidden" and the student is reluctant to acknowledge the hearing disability. Some indications of disability may be the student's straining to hear, loud or distorted speech, and consistent failure to respond. Once the disability is properly identified and discussed, with the help of the Coordinator/Director if necessary, classroom strategies and adjustments may effectively help the student function successfully in the college classroom.

Here are some general rules that will help the instructor teach students with disabilities:

• Reserve a front-row seat for the student. If an interpreter is necessary, the student should be positioned in such a way as to see both you and the interpreter.

• Face the student, keep your face within view whenever you speak, and speak in a natural tone of voice. If an interpreter is present, speak directly to the student and not to the interpreter.

• At the beginning of a classroom presentation and after intervals, draw the student's attention before speaking.

• Repeat the questions and remarks of other people in the room.

• Use the chalkboard to reinforce spoken presentations to the extent practicable.

• Assist the student in identifying a note-taker and, if necessary in the laboratory, a partner.

• When possible, provide the student with class outlines, lecture notes, lists of new technical terms and printed transcripts of audio and audio-visual materials.

• Facilitate independent viewing time for audio-visual materials.

• Do not hesitate to communicate with the student in writing when conveying important scheduling information or when other occasions call for it.

• If the student has language difficulties, allow extended time for reading assignments and examinations.
Teaching students with psychological/psychiatric disabilities

Students with psychiatric disabilities present some of the most difficult challenges to the college professor. As is the case for students with other disabilities, this disability may be hidden and, in fact, latent, with little or no effect on learning. Unlike other disabilities, however, psychiatric disabilities may manifest themselves in negative behavior ranging from indifference and recalcitrance to disruptiveness. Such conduct makes it hard to remember that those students have as little control over their disabilities as do students who are physically disabled.

The most common psychological disability among students is depression. The condition may be temporary, in response to inordinate pressures at school, on the job, at home, or in one's social life. Or it may be a pathological sense of hopelessness or helplessness that may provoke, in its extreme, threats or attempts at suicide. It may appear as apathy, disinterest, inattention, impaired concentration, irritability, or as fatigue or other physical symptoms resulting from changes in eating, sleeping, or other living patterns.

Anxiety is also prevalent among students and may be the transient reaction to stress. Mild anxiety, in fact, may promote learning and improve the student's functioning. Severe anxiety, however, may reduce concentration, distort perception and weaken the learning process. Anxiety may manifest itself as withdrawal, constant talking, complaining, joking or crying, fantasizing, or extreme fear, sometimes to the point of panic. Bodily symptoms might include episodes of lightheadedness or hyperventilation. Students are susceptible to a myriad of other psychiatric disorders, some of which express themselves in inappropriate classroom behavior or inadequate performance of assignments. Some troubled students who are undergoing treatment take prescription medication to help control disturbing feelings, ideas, and behavior. This medication might cause undesirable side effects such as drowsiness and disorientation.

In dealing with psychological conditions that impair the functioning of the affected student alone, the principles outlined for students with disabilities in the Overview section generally apply. If the behavior begins to affect others or your course of instruction, other measures may be necessary:
- Discuss inappropriate classroom behavior with the student privately, directly, and forthrightly, delineating the limits of acceptable conduct.
- In your discussions with the student, do not attempt to diagnose or treat the psychological disorder, but only the student's behavior in the course.
- If you sense that discussion would not be effective, or if the student approaches you for therapeutic help, refer the student to the Coordinator/Director, to the campus psychological center or to counseling services, whichever is most appropriate at your college.
- Promptly refer any behavior by the student that may be abusive or threatening to the college's proper disciplinary or security channels.

Teaching students with speech disabilities

Speech disabilities range from problems with articulation or voice strength to complete voicelessness. They include difficulties in projection, as in chronic hoarseness and esophageal speech; fluency problems, as in stuttering and stammering; and the nominal aphasia that alters the articulation of particular words or terms.

Some of these difficulties can be managed by such mechanical devices as electronic "speaking" machines or computerized voice synthesizers. Others may be treated through speech therapy. All of them can be aggravated by the anxiety inherent in oral communication in a group.

Patience is therefore the most effective strategy for students with speech disabilities:
- Give them the opportunity—but do not compel them—to speak in class.
- Permit them the time they require to express themselves, without unsolicited aid in filling in gaps in their speech. Don't be reluctant to ask the student to repeat a statement.
- Address them naturally. Don't assume the "spread phenomenon"—that they cannot hear or comprehend.
- Consider course modifications, such as one-to-one presentations and the use of a computer with a voice synthesizer.
Teaching students with other disabilities

There are many other medical conditions that may interfere with students' academic functioning. Some of their symptoms, like limited mobility or vision, and the types of intervention required may resemble those covered elsewhere in this manual. The general principles set forth in the Overview apply, particularly the need to identify the disability and to discuss with the student both its manifestations and the required considerations.

Below are brief descriptions of some of the more common conditions, along with recommended accommodations.

**Acquired Immune Deficiency Syndrome (AIDS)**
Acquired Immune Deficiency Syndrome (AIDS) is caused by a virus that destroys the body's immune system. This condition leaves the person vulnerable to infections and cancers that can be avoided when the immune system is working normally. The virus is transmitted primarily through sexual contact or needle sharing with intravenous drug users. It is not transmitted through casual contact.

Manifestations of AIDS are varied, depending on the particular infections or diseases the individual develops. Extreme fatigue is a common symptom. Classroom adaptations will likewise vary.

Students with AIDS may be afraid to reveal their condition because of the social stigma, fear and/or misunderstanding surrounding this illness. It is therefore exceptionally important that the strictest of confidentiality be observed.

For general classroom considerations, please refer to the Overview section.

**Cancer**
Because cancer can occur in almost any organ system of the body, the symptoms and particular disabling effects will vary greatly from one person to another. Some people experience visual problems, lack of balance and coordination, joint pains, backaches, headaches, abdominal pains, drowsiness, lethargy, difficulty in breathing and swallowing, weakness, bleeding or anemia.

The primary treatments for cancer are radiation therapy, chemotherapy and surgery which may engender additional effects. Treatment can cause violent nausea, drowsiness and/or fatigue, affecting academic functioning.

For general instructional accommodations, please refer to the Overview.

**Cerebral Palsy**
Cerebral palsy is caused by an injury to the motor center of the brain, that may have occurred before or shortly after birth. Manifestations may include involuntary muscle contractions, rigidity, spasms, poor coordination, poor balance, or poor spatial relations. Visual, auditory, speech, hand-function, and mobility difficulties might occur.

For appropriate classroom accommodations, refer to section(s) on speech, visual and/or mobility disabilities and hand-function disabilities.

**Multiple Sclerosis**
Multiple sclerosis is a progressive disease of the central nervous system, characterized by a decline of muscle control. Symptoms may be mild to severe in degree: blurred vision, legal blindness, tremors, weakness or numbness in limbs, unsteady gait, paralysis, slurred speech, and difficulty with concentration. Because the onset of the disease usually occurs between the ages of 20 and 40, students are likely to be having difficulty adjusting to their condition.

The course of multiple sclerosis is highly unpredictable. Periodic remissions are common and may last from a few days to several months, as the disease continues to progress. It is not unusual to have striking inconsistencies in performance.

For appropriate classroom accommodations, refer to section(s) on speech, visual and/or mobility disabilities and hand-function disabilities.

**Muscular Dystrophy**
Muscular dystrophy refers to a group of hereditary, progressive disorders that most often strike the young, producing degeneration of voluntary muscles of the trunk and lower extremities. The atrophy of the muscles results in chronic weakness and fatigue and may cause respiratory or cardiac problems. Walking, if possible, is slow and appears uncoordinated. Manipulation of materials in class
may be difficult.
• Refer to the section on mobility disabili-
ties and hand-function disabili-
ties for appropriate accommodations.

Respiratory Problems
Many students suffer from chronic breathing problems, the most com-
mon of which is bronchial asthma. Asthma is characterized by attacks of
shortness of breath and difficulty in breathing, sometimes triggered by
stress, either physical or mental.
Fatigue and difficulty climbing stairs may also be major problems, depend-
ing on the severity of the attacks.
Frequent absence from class may occur and hospitalization may be
required when prescribed medications fail to relieve the symptoms.
• For appropriate classroom accommodations, refer to section on
mobility impairments and Overview.

Seizure Disorders
Students with epilepsy and other seizure disorders are extremely relict-
tant to divulge their condition because they fear being misunderstood or stig-
mated. Misconceptions about these disorders—that they are forms of
mental illness, contagious and untreatable, for example—have arisen
because their ultimate causes remain uncertain. There is evidence that
hereditary factors may be involved and that brain injuries and tumors,
occurring at any age, may give rise to seizures. What is known is that
seizures result from imbalances in the electrical activity of the brain.
There are three distinct types of seizures:

Petit mal means "little" seizure and is characterized by eye blinking or
staring. It begins abruptly with a sudden dimming of consciousness
and may last only a few seconds. Whatever the person is doing is sus-
pended for a moment but resumed again as soon as the seizure is over.
Often because of its briefness, the seizure may go unnoticed by the indi-
vidual as well as by others.

Psychomotor seizures range from
mild to severe and may in-
clude staring, mental confusion, unco-
ordinated and random movement,
incoherent speech, and behavior out-
bursts, followed by immediate recov-
 ery. They may last from two minutes
to a half hour. The person may have
no recollection of what happened, but
may experience fatigue.

Grand mal seizures may be moder-
ete to severe and may be character-
ized by generalized contractions of
muscles, twitching and limb jerking.
A few minutes of such movements
may be followed by unconsciousness,
sleep, or extreme fatigue.

Students with seizure disorders are
often under preventive medication,
which may cause drowsiness and
temporary memory problems. Such
medication makes it unlikely that a
seizure will occur in class.

In the event of a grand mal seizure, follow this procedure:
• Keep calm. Although its manifesta-
tions may be intense they are gener-
ally not painful to the individual.
• Remove nearby objects that may
injure the student during the seizure.
• Help lower the person to the
floor and place cushioning under
his/her head.
• Turn the head to the side, so that
breathing is not obstructed.
• Loosen tight clothing.
• Do not force anything between
the teeth.  
• Do not try to restrain bodily
movement.
• Call the medical office or other
appropriate authority or ask someone
else to do so.

After a seizure, faculty should deal
forthrightly with the concerns of the
class in an effort to forestall whatever
negative attitudes may develop
toward the disabled student.

Sickle Cell Anemia
Sickle cell anemia is a hereditary dis-
 ease primarily affecting blacks. It
reduces the blood supply to vital
organs and the oxygen supply to
the blood cells, making adequate
classroom ventilation an important
concern.

Because many vital organs are
affected, the student may also suffer
from eye disease, heart condition,
lung problems and acute abdominal
pain. At times limbs or joints may be
affected. The disease is characterized
by severe crisis periods, with extreme
pain, which may necessitate hospital-
ization and/or absence from class.
Completing academic assignments
during these periods may not be pos-
sible.

• For appropriate classroom
accommodations, refer to section(s)
on visual and hand-function impair-
ments, as well as the Overview.

Substance Abuse
Substance abuse is a condition of
physiological and/or psychological
dependence on any of a variety of
chemicals, such as illegal drugs, some
prescription drugs and alcohol.
Individuals who are recovering from
drug or alcohol abuse or who are in
treatment programs to assist their
recovery are covered by federal anti-
discrimination legislation and are eli-
gible for college services for students
with disabilities.

These students may experience
psychological problems such as
depression, anxiety or very low self
esteem. They may exhibit poor
behavioral control and, if they are
using medication as part of their treat-
ment, they may experience undesir-
able side effects. The needs of stu-
dents with substance abuse issues
varies.

• Refer students showing symp-
toms of substance abuse to the appro-
 priate college facility: counseling ser-
services, the psychological center, or
Disabled Student Services.

• In cases of inappropriate class-
room behavior, discuss it with the stu-
dent in a private setting.

• Use appropriate campus disci-
plinary channels when necessary.

• Refer to the Overview and the
section on psychological impairments
for additional classroom considera-
tions.
Public Law 93-112
93rd Congress, H. R. 8070
September 26, 1973

An Act

Section 504
The Rehabilitation Act of 1973

No otherwise qualified handicapped individual . . . shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

. . . as seen by a dyslexic

No oderwiz kalifid handicop individul ... shl soly by risan of his handicop be eklud from the paticipash in, be denid binitif of, of be sujeted two dikrem- nashon ender an procrim or aktviti recevng binanshal esistens.