



Holy Apostles College & Seminary

Cultivating Catholic Leaders for Evangelization

Handbook for Persons with Disabilities

Purpose of the Disability Resource Center

The purpose of the Disability Resource Center is to assist individuals with disabilities with accommodations and services that will promote success and integration into seminary/college.

Holy Apostles College and Seminary complies with the mandates created by the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. The intent of the ADA is to protect individuals from discrimination on the basis of disability and to extend civil rights protection for people with disabilities to employment in the private sector, transportation, public accommodations, services provided by state and local governments, and telecommunication relay services. Section 504 of the Rehabilitation Act protects the civil rights of anyone who has met the requisite academic and technical standards required for admission or participation in the programs and activities of any post-secondary institution who receives federal financial assistance. For coursework and collegiate events, all individuals at Holy Apostles College & Seminary will be provided with equal access.

General Information

Holy Apostles College & Seminary provides services and assistance to any individual who identifies him/herself as a person with a physical and/or learning disability which substantially limits one or more life activities. Common services available to students with disabilities include but are not limited to:

- Advocacy to faculty, staff, and administration
- Testing modifications
- Assisted registration
- Handicapped Parking
- Use of tape recorders
- Audio textbooks (where available)
- Extended time for program completion
- Environmental adjustments
- Other services as warranted and mandated by law

Procedures for Requesting Accommodations for a Disability

As seen above, a variety of support services are available to individuals with disabilities; however, ALL SERVICES MUST BE REQUESTED IN A TIMELY MANNER.

Accommodations are provided only after disclosure and documentation procedures are complete. To request services and/or accommodations, the following steps should be taken:

1. Individuals needing such services and/or accommodations should meet with the Academic Dean to make a formal, written request and sign a disclosure form as well as other paperwork. Students should bring to this meeting appropriate and current documentation* of the disability. Students may contact the Academic Dean by visiting the Academic Dean's Office or by calling 860-632-3063.

Documentation must include the following items of information:

A definitive diagnosis and the limitations associated with it.

A letter from a certified practitioner outlining specific educational and/or environmental recommendations.

Individuals with learning disabilities must also present one of the following:

A copy of a comprehensive assessment from their high school's resource office

OR

A letter or report from a licensed psychologist, diagnostician, or other professional knowledgeable in learning disabilities. This document should clearly state the presence of a learning disability and list the recommendations for the student.

Individuals with psychiatric disabilities or Attention Deficit Disorder should present a letter from a licensed psychologist, psychiatrist, or medical doctor with an explanation of the disorder, symptoms present with the disorder and educational recommendations.

All medical records and learning assessments are kept confidential. Each student will be asked to sign a confidentiality waiver in order to allow the Academic Dean to inform instructors of the student's disability in general terms and to outline accommodations that are to be provided in their classrooms.

2. Once a student's documentation has been accepted, the student will meet with the Academic Dean to discuss services and accommodations. The Academic Dean then meets with the appropriate instructors to inform them verbally and in writing of the accommodations that have been granted.

Grievance Procedures

If a student feels he/she is being denied the agreed upon accommodations, he/she should first appeal to the classroom instructor who is not in compliance. If services/ accommodations continue to be denied, the student should report the problem to the Academic Dean/Registrar. If

unsatisfied with this resolution, it is the student's right to file a formal complaint following the grievance policy that is described in the Seminary/College catalog. Please refer to this catalog for specific information.

Students who have been denied accommodation by the Disabilities Resource Center may ask the office to reconsider their request upon presentation of evidence not previously submitted. Such evidence must still meet the criteria outlined above as acceptable documentation. If accommodations are still denied, student may grieve using the grievance procedure outlined in the Seminary/College catalog.

ACCOMMODATIONS WILL BE REVIEWED AND/OR RENEWED EVERY SEMESTER. STUDENTS WHO ARE CLIENTS OF THE DISABILITIES RESOURCE CENTER SHOULD SEE THE ACADEMIC DEAN FOR ASSISTED REGISTRATION AND ACCOMMODATION UPDATES BEFORE THEIR SEMESTER BEGINS.

Disabilities Resource Center Statement of Confidentiality Student Permission to Share Pertinent Information with "Need to Know" Personnel

Holy Apostles College and Seminary and its Disability Resource Center respect the privacy and confidentiality of all students enrolled in our institution. All records related to requests for accommodations for disabilities are kept in the Disability Resource Center and not in the general academic files. Under no circumstances will a student's condition and/or accommodations plan be discussed with anyone other than the necessary personnel without express written permission of the student.

The necessary personnel include the following:

- *the president-rector*
- *the academic dean*
- *the associate dean of online learning (if the student is pursuing coursework in an online mode of delivery)*
- *the director of online student affairs (if the student is pursuing coursework in an online mode of delivery)*
- *the director of educational technology (if the student is pursuing coursework in an online mode of delivery)*
- *the faculty members under whom the student studies*
- *the registrar*
- *the admissions officer*
- *the student advisor*
- *various administrative assistants who process paperwork*

Information that goes beyond the scope of what is listed here will not be shared by the Disabilities Resource Center with anyone whose role is not designated on this form without further consent of the student.

Disabilities Resource Center Disability Disclosure/Accommodations Request Form

If you have a disability or believe that a disability exists that may substantially limit a major life ability and you would like to request a reasonable disability-related accommodation to participate in Holy Apostles College & Seminary programs, please complete this form and return it to the Disabilities Resource Center which is located in the Registrar's Office or to the Academic Dean.

Completing this form and returning it to the Disabilities Resource Center is the first step in the accommodations process and should be done as soon as possible. This document should be accompanied by a statement on letterhead from a physician or certified expert. This letter should be dated and describe the disability, how it impacts academic performance, and recommendations for accommodation.

Student's name _____

Date _____ Disabilities Resource Center (initials) _____

Type of disability _____

Briefly describe how the disability affects your academics.

Did you receive disability services in high school? _____yes _____no

If yes, what kind of services did you receive?

Do you have a current diagnosis from a certified health care provider? What accommodations are you requesting?

Student signature _____ Date _____

Office Use Only: Disabilities Resource Center (initials) _____ Date Received: _____

Refusal of Accommodations

The student named below has refused an offer of accommodations for a documented disability. By signing this form, the student is acknowledging:

- a. he/she is currently refusing the accommodations offered by the Disabilities Resource Center.
- b. any grades earned by the student while under refusal will stand even if the student later accepts the offered accommodations.
- c. while under refusal, student may not approach classroom instructors for special accommodations or plead disability without first going to the Disabilities Resource Center.
- d. the student may accept offered accommodations at any point in time by going to the Disabilities Resource Center and completing an Accommodations Reinstatement form.
- e. the Disabilities Resource Center reserves the right to request updated documentation before reinstating the accommodations plan.

Student's name (Print clearly) _____

Student's signature and date _____

Disabilities Resource Center Coordinator (signature and date)

Disabilities Resource Center Accommodations Agreement

Student _____ Date _____

The following accommodations are being offered to the above student based on documentation provided by the student:

Institutional Accommodations

Holy Apostles will provide at the student's request:

- a. Reduced course load (student will not be scheduled for more than 12 credits/semester unless requested)
- b. Assisted Registration (student is offered the services of a faculty or staff member for registration)
- c. Leaves of Absence (all students are eligible for 180 day leave of absence/calendar year)
- d. tutorial services all students have access to office hours with instructors for academic assistance

Classroom Modifications

Delivery of information

The student's teachers will allow/provide:

- a. Time-and-a-half for completion of tests, quizzes where speed of recall is not a legitimate learning outcome/separate testing site at student's request. Time-and-a-half for completion of in-class assignments
- b. Directions should be provided orally as well as in written form—this is especially true on tests and quizzes
- c. Weekly one to one assessment of learning and progress

Environmental Adjustments

The student's teachers will:

These accommodations are in effect until _____ which is the conclusion of the student's semester. At that time in accordance with institutional policy, the student will renew accommodations for the subsequent semester.

The student and the institution understand that the student has a right to grieve if accommodations are not made or met.

The grievance procedure and contact information is provided in the Disabilities Resource Center Handbook. Student's signature below acknowledges acceptance of the above listed accommodations and receipt of that handbook.

Student signature _____

Academic Dean's signature _____

Date _____

Disabilities Resource Center Dispute Summary

Student's name: _____ Date: _____

Date of the onset of accommodations denial: _____

Name(s) and position(s) of person(s) not in compliance with accommodation agreement

Have you spoken to the person(s) named above regarding your complaint? Yes No

Describe the steps you have taken to resolve the problem between yourself and the involved parties.

Describe your situation and the nature of your problem. Please be clear.

From your perspective what would be the ideal solution to this problem?

SAMPLE ACCOMMODATIONS LETTER TO FACULTY



Holy Apostles College & Seminary

Cultivating Catholic Leaders for Evangelization

From: Disability Resource Center ADA Coordinator

To: [FACULTY MEMBER X]

Date:

Re: Accommodations for [STUDENT X]

[Name of student], who is enrolled in your [Fall/Spring/Summer] class, has one or more documented DISABILITIES that qualify him/her for “reasonable accommodations” under the Rehabilitation Act of 1973, section 504.

Please keep in mind that, when working with a student with a disability, the issue is not reducing standards for academic performance but adapting teaching and testing strategies to provide the student with equal educational opportunity.

[Name of Student] has asked you be notified that, depending upon the circumstances, some or all of the accommodations listed below may be required to provide his/her access to information and opportunity for successful program completion equal to that of students without this disabling condition:

ONLINE ACCOMMODATIONS

- [Please provide student with a transcript of any recorded materials]

CLASSROOM ACCOMMODATIONS

- [Please provide student with copies of your lecture notes, outline, or PowerPoint]

TESTING ACCOMMODATIONS

- May need extended time for testing (time and a half)
- May need to test in a distraction-reduced environment

[Name of Student] may not require all accommodations noted above because time of day, class format, and instructional methods can affect his/her needs. We suggest, therefore, that you and [Name of Student] discuss the accommodations he/she needs in your particular class. He/She has been informed that it is his/her responsibility to make his/her needs known to you, but an announcement at the beginning of the term or in your syllabus expressing your willingness to discuss special student needs might make it easier for him/her to approach you.

Please be sensitive to the fact that this information should be shared only with persons designated by [Name of student]. In order to prevent breach of confidentiality, please dispose of this notification after [Name of student] has completed your course.

Thank you for your continuing cooperation. If you have any questions or suggestions, or need assistance in arranging needed accommodations, please contact me at rmish@holypostles.edu.

Sincerely,

Mr. Robert Mish
Disability Resource Center ADA Coordinator
Holy Apostles College and Seminary
rmish@holypostles.edu

Updated: 10/18/15