

College Students With Disabilities

**A Desk Reference Guide for
Faculty and Staff**

In compliance with the Americans with Disabilities Act, Section 504 of the Rehabilitation Act and the Minnesota Human Rights Act, ARCC provides an accessible education to students with disabilities.

One important excerpt from Section 504 states: "No otherwise qualified individual with disabilities in the United States...shall solely by reason of his disability, 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."

Enrolled students who have a disability that significantly limits one or more major life activities (e.g. learning, reading, walking) are eligible for services. Documentation of the disability is required and becomes part of the student's confidential Access Services' file. Appropriate and reasonable accommodations are made on an individual basis in order to provide students with disabilities an equal opportunity to succeed. Faculty and Staff are strongly encouraged to work closely with Access Services for procedures and legal responsibilities as well as to receive strategies for working with students with specific disabilities.

A student who discloses to a faculty or staff member that he/she has a disability should be referred to Access Services. Faculty or staff who suspects a student may have a disability can refer the student to Access Services. Please remember learning is an interactive and fluid process which occurs as a three-way partnership between faculty, staff and student. Ongoing communication among all partners is essential for success.

Disability Specific Descriptions and Instructional Strategies

A few of the most common disabilities that are often seen in post-secondary institutions are listed alphabetically and briefly described. Feel free to contact Access Services for more information.

- Attention Deficit Hyperactivity Disorder
- Communication Disorders
- Learning Disabilities
- Mobility Impairments and Chronic Illness
- Psychiatric Disabilities

Attention Deficit Hyperactivity Disorder (ADHD)

Definition

Attention Deficit Hyperactivity Disorder is a neurological condition that affects both learning and behavior. ADHD is the result of a chronic disturbance in the areas of the brain that regulate attention, impulse control, and the executive functions, which control cognitive tasks, motor activity, and social interactions. Hyperactivity may or may not be present.

The word “deficit” in Attention Deficit Disorder is a misnomer. A more accurate term might be “difference.” A student with ADHD pays attention differently. For a person who genuinely has ADHD, it is not a matter of “trying” to pay attention – their brains simply don’t make connections the same way that others do. The diagnosis of ADHD is always a medical one, and must rule out causation from other cognitive and psychological disorders. The most effective management of ADHD often includes a combination of drug therapy and cognitive behavioral therapy (self instruction, relaxation). Some students do not benefit from medication or may experience side effects that make it impractical. Students with ADHD often also have learning disabilities. A structured, supportive environment helps students with ADHD immensely.

Implications

Remember: Manifestations of ANY diagnosis are unique to each individual. A diagnosis is not necessarily a prescription for predicted behavior.

Areas which are most commonly impacted:

Primary

- Attention deficits (distractibility, inconsistency in focus)
- Impulsivity
- Over activity

Secondary

- Low frustration tolerance
- Sleep problems
- Poor self esteem; moodiness and depression

Academically related conditions

- Organization of material
Difficulty with written work and essay questions
- Time management issues
Difficulty with being prepared for class
Difficulty with keeping appointments
Difficulty with getting to class on time
- Working memory—the ability to manipulate information as you are storing it
Difficulty with math problems requiring changes in action, operation and order
Difficulty with reading and verbal comprehension
- Short-term memory, which makes rote memorization of non-contextual facts difficult
Difficulty learning a foreign language
- Impulsive behavior which can result in careless errors, inappropriate behaviors

- Concentration and focus when material is routine or not engaging
- Difficulty with transitions
- Inability to listen selectively during lectures, resulting in problems with note taking

Problem solving skills

- Ability to “hyper focus” for intense periods of time
- Excellent skills for developing multiple approaches to tasks

Strategies

- Break assignments into manageable steps.
- Communicate information such as assignments in both written and verbal form or reword complicated directions.
- During one-on-one conversations, ask the student to paraphrase your comments or instructions to ensure accurate understanding.
- Review main ideas of last lecture before new information is added.
- Offer positive reinforcement or at least acknowledgement when goals are met.
- Provide a study guide to help organize material and identify what is important to master.
- Offer to help set up study groups or at least provide time for students to organize their own groups.
- Provide the requested note takers as soon as possible.
- Provide different ways of assessing the mastery of material (i.e., essay tests, reports, multiple-choice, etc).
- Allow breaks for movement so that students can regain focus.
- Allow preferential seating.
- Use the writing center to help organize thoughts and articles for papers and to proof papers.
- Encourage regular meetings with the professor to clarify assignments and to evaluate rough drafts.
- Avoid Scantron answer sheets for multiple choice tests.
- Utilize the concepts of Universal Design.

Communication Disorders

Definition

According to the *Diagnostic and Statistical Manual of Mental Disorders*, there are five Communication Disorders: *Expressive Language Disorder, Mixed Receptive-Expressive Language Disorder, Phonological Disorder, Stuttering, and Communication Disorder Not Otherwise Specified*. A diagnosis of any one of the five specific disorders results in an altered

and impaired ability of the individual to communicate. It is significant to note, however, that the degree to which the diagnosis manifests itself and impacts the individual is unique to each person. Communication Disorders may result from hearing loss, cerebral palsy, learning disabilities, or physical conditions.

Manifestations of a Communication Disorder – *Expressive Language Disorder* may include, but are not limited to: a limited range of vocabulary, difficulty acquiring new words, word-finding or vocabulary errors, shortened sentences, omissions of critical parts of sentences, and use of unusual word order.

Mixed Receptive-Expressive Language Disorder manifestations may include those of the Expressive Disorder, in addition to difficulty understanding words, difficulty understanding sentences or directions or requests, or understanding specific types of words.

The manifestations of a *Phonological Disorder* may be that of errors that involve the failure to form speech sounds correctly, difficulty sorting out which sounds in the language make a difference in the meaning of the word, sound omissions, sound substitutions, sound distortions, errors in sound selections or errors in the ordering of sounds within syllables and words.

Stuttering may be accompanied by motor movements like eye blinking, tics, tremors of the lips or face, jerking of the head, breathing movements, or fist clenching.

Implications

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Specific behaviors that may be witnessed in the classroom, in a one-on-one situation, or a group interaction might be: difficulty finding one's words to complete a statement, difficulty formulating a coherent sentence, limited verbal interaction – if any, confusion over the meanings of words introduced in class that may be curriculum specific, repeated mispronunciation of course vocabulary, long pauses between words spoken or questions asked due to language processing needs.

All too often, students with a Communication Disorder may be misperceived as being inattentive and/or complacent. The amount of time they may require to process language is significantly more than the seconds required by others, giving the impression of them staring blankly at the one speaking. While the speaker may be waiting for a response, the student is still trying to make sense of what was just asked. It may take several minutes for a student with a Communication Disorder to formulate a sentence before speaking it aloud. Similarly, that same kind of processing time may be necessary with written work. Wait-time is imperative when working with students with Communication Disorders. We need to grant them the time they need to process, first, what is being asked, and then to formulate a response, whether it be a written or spoken response.

Strategies

- Utilize generous wait-time practices, whether working within a lecture setting or a one-on-one situation.
- Allow the student time to complete sentences.
- Provide summary statements periodically throughout a class session or lecture, identifying keep points.
- Provide lecture outlines with key points identified.
- Provide study guides for exams.
- If working independently with the student, ask them to restate in their own words what instructions or details you may have just discussed with them. The purpose of this is twofold: you have an opportunity to see that they understood what you said, and the student has an opportunity to make more meaning of what they've heard by putting it in their own words.
- Provide information in more than one mode.
- Utilize the concepts of Universal Design.

Learning Disabilities

Definition

A learning disability is different in each individual in both severity and appearance. It is a lifelong condition. By definition a person should have average to above average intelligence. It is sometimes easier to describe what a learning disability isn't. It isn't the result of visual, hearing, mental, or developmental disorders; nor is it the result of environmental or economic disadvantage. Part of the definition of a learning disability is that an individual exhibits significant strengths and deficits in a variety of areas.

A learning disability can interfere with a person's ability to read, speak, listen, write, process, or understand information. The term "specific learning disability" is used to describe difficulties in perceiving, understanding, and using verbal or nonverbal information.

A student with a learning disability may struggle with an *Auditory Perception deficit* and may not "hear" all of your words. He or she may have a lag time, or may be bothered by a buzz in a light and mistake the word "ball" for "bell."

A *Nonverbal Learning Disability* describes difficulty with "reading" nonverbal information, such as facial expressions or tone of voice. A Nonverbal Learning Disability impacts an individual's spatial perceptions and can interfere with a person's social interactions.

Dyslexia is a learning disability characterized by problems in expressive and/or receptive language. Difficulties can occur in reading, spelling, writing, and/or mathematics.

Students with Dyslexia may have difficulty expressing themselves either in writing or in speech. An individual may have a word “on the tip of their tongue,” but may not be able to retrieve it. An individual may have superior social skills or may exhibit immaturity due to the inability to “read” situations.

Dyscalculia describes difficulties with math.

Dysgraphia describes difficulties with forming letters and/or handwriting.

Implications

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Areas which are most commonly impacted are speaking, reading, writing, listening, reasoning, and processing. Each student with a learning disability will exhibit a variety of abilities and disabilities.

Students may be intuitive, creative, and spatially talented. Students may exhibit talents in problem solving, thinking “outside the box,” and critical thinking.

Students may experience:

- a short attention span.
- irregular and unpredictable performance.
- difficulties with sequencing (interfering with algebra, calendars, reading).
- difficulty determining right from left.
- difficulties remembering names or dates.
- difficulties in writing which may include transpositions, omissions of letters and words, illegible handwriting, and disorganization.
- difficulties differentiating between sounds, hearing over background noise, understanding and/or remembering oral instructions.
- difficulties picking an object from a background of other objects, reading every word in a sentence and/or every letter in a word.
- difficulty with memory.

Memory is often unselective. What a student remembers today can easily be forgotten tomorrow, just as the student may be on task today and unfocused tomorrow. Trying harder and studying more are often not effective strategies. However, when students learn to capitalize on their strengths and use individualized strategies, learning can be very successful.

This hidden disability often causes frustration and low self-esteem. Students may have a low tolerance for repetitive tasks and may feel shame.

It is important to remember that every person with a learning disability exhibits individual strengths and weaknesses. Each individual has a different level of severity and may use different accommodations. It is important for students with learning disabilities to understand how they learn, how they retain and use information, as well as what accommodations may be needed in the workplace, which may be very different than what was needed in an academic environment.

Strategies

- Utilize large print and clear photocopies.
- Give breaks during long lectures.
- Give practice questions for exams.
- Give clear objectives, assignments, and expectations.
- Use text with white space, large print, and bullets emphasizing important items.
- Ask students about their learning style as well as their strengths and weaknesses.
- Provide clear structure and expectations.
- Use short sentences and encourage students to keep a list of vocabulary words.
- Use multisensory materials and aids such as using verbal and written directions and descriptions that include imagery as well as words.
- Review the material and main ideas you have gone over before.
- Preview material you will be teaching.
- Provide many opportunities for students to practice skills together before testing.
- Have any material that a student must copy already prepared on a handout.
- Break lengthy assignments into shorter segments.
- Pause between ideas and concepts to allow for processing.
- Speak slowly. Ask questions to check for understanding.
- Allow and encourage students to explain concepts verbally as well as in writing.
- Relate concepts to similar tasks or procedures already learned.
- Use role-play techniques and encourage students to process out loud.
- Encourage students to keep a journal of questions. Allow for the sharing of information.
- Use more than one type of example, and be clear that even if the technique is different, the concept may be the same.
- Use mnemonic techniques.
- Utilize the concepts of Universal Design.

Mobility Impairments and Chronic Illness

Definition

Mobility Impairments encompass a wide variety of conditions that may affect a student's mobility, strength, speed, endurance, coordination, or dexterity necessary for college life. Common causes of Mobility Impairments are conditions or injuries that result in limited function, paralysis, or amputation.

Chronic Illness includes serious and disabling conditions, as well as systemic conditions, those affecting one or more of the body's systems. Chronic Illness includes, but is not limited to, the following conditions:

- AIDS/HIV
- arthritis
- chronic fatigue syndrome
- cancer
- cerebral palsy
- diabetes
- fibromyalgia
- heart disease
- lyme's disease
- multiple sclerosis
- migraines

Implications

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The nature and extent of physical disabilities vary with individuals. Some physical disabilities are invisible, yet have profound effects on a student's ability to perform. Students with hand function limitations have difficulty getting in and out of classrooms and buildings, or performing course activities requiring manual dexterity and writing. Students whose disabilities are limited to their lower bodies need few accommodations related to academic requirements. The classroom environment, however, may require modification in order for these students to participate in all aspects of the course. Some individuals with physical disabilities (mobility impairments) may experience cognitive limitations, for example, spina bifida or cerebral palsy, which may require additional academic accommodations.

The degree of severity for chronic illness can differ widely among students, and will also vary over time for the same individual. Many of these conditions and diseases are unstable, unpredictable, and vary over time. Students may experience fatigue, stress, and difficulties with memory, handwriting, and concentration.

Many students experience a number of medication changes, which in turn affect their sleep schedules as well as their ability to function cognitively. Class attendance may be affected since students with Mobility Impairments and Chronic Illness may struggle with depression, anxiety, stress, and the effects of medication.

Strategies

Physical access to classrooms is a major concern of students who have physical disabilities, including those who use wheelchairs, braces, crutches, canes or prostheses, or who fatigue easily, find difficulty moving about, especially within the time constraints imposed by class schedules and accessible transportation. The majority of accommodations necessary for students with mobility impairment involve classroom accessibility.

Students with chronic illness often benefit from flexibility, either in scheduling a classroom, completing an assignment, or allowing for an alternative format for testing, such as oral testing, extended time, or use of a scribe.

The following are some common strategies:

- Relocate classes for accessibility.
- Arrange furniture so that aisles are accessible and desks are not crowded together; request that students keep bags, books, and other obstacles out of the aisles.
- Accommodate the presence of personal care attendants or assistive animals in class.
- Provide copies of lecture notes.
- Provide oral testing opportunities.
- Notify students in advance of field trips. Students may require time to make special arrangements for equipment, transportation, or aid.
- Allow in-class written assignments to be completed out of class, and if necessary, with the use of a scribe or voice-activated computer software.
- Be aware that students may be late for a class because of transportation and/or weather-related issues.
- Allow for periodic breaks.
- Implement a fragrance-free policy classroom.
- Utilize the concepts of Universal Design.

Psychiatric Disabilities

Definition

Below is a list of psychiatric disabilities most often seen in a higher education setting. Please note that this is not an exhaustive list of psychiatric disabilities.

Agoraphobia – anxiety about, or avoidance of places or situations from which escape might be difficult or embarrassing, or in which help may not be available in the event of having a panic attack or panic-like symptoms

Anorexia Nervosa – refusal to maintain a minimally normal body weight, intense fear of gaining weight, significant disturbance in the perception of the shape or size of one's body

Bipolar Disorder – characterized by one or more manic or mixed episodes, usually accompanied by major depressive episodes. Manic episodes are distinct periods during which there is an abnormally and persistently elevated, expansive, or irritable mood accompanied by at least three additional symptoms from a list that includes: inflated self-esteem or grandiosity, decreased need for sleep, pressure of speech, flight of ideas, distractibility, increased involvement in goal-oriented activities or psychomotor agitation, and excessive involvement in pleasurable activities with a high potential for painful consequences

Bulimia Nervosa – repeated episodes of binge eating followed by inappropriate compensatory behaviors such as self-induced vomiting, misuse of laxatives, diuretics or other medications, fasting, or excessive exercise

Dissociative Identity Disorder – characterized by the presence of two or more distinct identities or personality states that recurrently take control of the individual's behavior, accompanied by an inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.

Generalized Anxiety Disorder – characterized by at least 6 months of persistent and excessive anxiety and worry. The anxiety and worry are accompanied by at least three additional symptoms from a list that includes: restlessness, being easily fatigued, difficulty concentrating, irritability, muscle tension, and disturbed sleep. "Test anxiety" is not a disability and is not accommodated unless it is part of a generalized anxiety disorder.

High Functioning Asperger's Disorder/Autism/Pervasive Developmental Disorder – sustained impairment in social interaction and the possible development of focused patterns of behavior, interests, and activities; no clinical delays in language use, cognitive development, or self-help skills; may have problems with empathy and modulation of social interaction; may have inability to read verbal and nonverbal cues; may become easily overwhelmed while working in groups

Major Depressive Disorder – characterized by a period of at least 2 weeks during which there is either depressed mood, or the loss of interest or pleasure in nearly all activities, and at least four additional symptoms drawn from a list that includes: changes in appetite or weight, or sleep and psychomotor activity; decreased energy; feelings of worthlessness or guilt; difficulty thinking, concentrating, or making decisions; or recurrent thoughts of death or suicidal ideation, plans, or attempts

Obsessive-Compulsive Disorder – characterized by obsessions that cause marked anxiety or distress and/or by compulsions that serve to neutralized the anxiety.

Panic Disorder – characterized by recurrent unexpected panic attacks about which there is persistent concern. Panic attacks involve the sudden onset of intense apprehension, fearfulness, or terror, often associated with feelings of impending doom. Symptoms such as shortness of breath, palpitations, chest pain or discomfort, choking or smothering sensations, and fear of “going crazy” or losing control are present.

Post-traumatic Stress Disorder – characterized by the re-experiencing of an extremely traumatic event accompanied by symptoms of increased arousal, and by avoidance of stimuli associated with the trauma.

Implications

Remember: Manifestations of ANY diagnosis are unique to each individual. A diagnosis is not necessarily a prescription for predicted behavior.

Students who have a psychological disability may struggle with sleeping problems, medication changes, class attendance, and their ability to function cognitively. More specifically, students may have difficulty keeping a regular sleeping schedule, either sleeping too much or not getting enough sleep. Therefore they may have difficulty focusing during class lecture or exams. Many students experience a number of medication changes, which in turn affect their sleep schedules as well as their ability to function cognitively. Class attendance may be affected since students with psychological disabilities may struggle with depression, anxiety, stress, and the effects of medication. Students may also have difficulty working with groups.

Strategies

- It's important to invite your students to talk with you about any difficulties they may experience throughout the semester.
- Keep in mind that it is difficult for students to share information with others about their disability, especially if it is a psychological disability.
- Although you should not change course requirements in any way, it is helpful to be flexible with assignment deadlines, attendance policies, and test dates.
- Please be specific about your attendance policy and late assignments on your course syllabus.
- If students are having difficulty at the end of the semester, allowing the student to take an incomplete may be appropriate.
- Students with psychological disabilities must meet behavioral guidelines of the university.
- Utilize the concepts of Universal Design.