

Dickinson

Policy and Procedural Statement for Students with Disabilities

Responsible College Official: Dean and Executive Director of Access and Disability Services

Responsible College Office: Access and Disability Services

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Collaborating Offices: Access and Disability Services, General Counsel, and Diversity, Equity, and Inclusion

Policy and Purpose

Dickinson College values diversity, equity, and inclusion, and is committed to ensuring that qualified students with disabilities are not subjected to discrimination or denied full and equal access to programs offered by the college on the basis of their disability. As a part of this commitment, policies and procedures will ensure compliance with applicable laws, including [Section 504 of the Rehabilitation Act](#) and the [Americans with Disabilities Act](#) (ADA).¹

Students requesting accommodations will need to provide appropriate documentation of: (1) a disability, which is a physical or mental impairment that substantially limits one or more major life activities; and (2) a substantiated need, by virtue of the specific functional limitations of the disability, to have one or more accommodations in order to have equal access to residential living and educational opportunities.

The College intends that the procedures which follow will facilitate an interactive process including a timely exchange of information between the student and Access and Disability Services (ADS).

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¹ The use of “ADA” in this document includes all of the subsequent amendments thereto.

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Relationship to Other Documents

This Policy and Procedural Statement applies to students with any disability. The college also publishes documentation guidelines that are disability-specific, which can be found at www.dickinson.edu/ADS-guidelines.

Students with more than one disability should provide documentation for each diagnosed disability for which they wish to receive accommodation. In some cases, a student may need to consult more than one set of documentation guidelines. ADS is more than happy to provide guidance regarding documentation.

This Policy and Procedural Statement, along with the individual guidelines, addresses how the Americans with Disabilities Act (ADA) defines a disability, and provides detailed information regarding what is required when submitting documentation to support evidence of a disability.

Use of This Document

This Policy and Procedural Statement, along with the relevant documentation guidelines, are to be used by college personnel to determine appropriate accommodations for students with disabilities. Documentation of a disability is necessary to establish both the presence of a disability and the need for reasonable accommodations for students who have been admitted to Dickinson College. Documentation of a disability must contain a clear statement of the specific disability and a summary of present symptoms (if applicable) and indicate a valid and substantiated diagnosis. The diagnoses and diagnostic criteria in the latest editions of the Diagnostic and Statistical Manual (DSM) and the International Classification of Diseases Manual (ICD) are generally accepted as constituting the collective body of classifications of physical and mental impairments.

The documentation should do the following: (1) establish the nature and extent of each impairment, (2) address its anticipated impact in the residential college environment, and (3) convey what type(s) of accommodations (reasonable for post-secondary education) that the student requires on the basis of their functional limitations of one or more major life activities (as

later defined in this document). Dickinson College approaches such requests with the belief that each student's circumstance is unique and that a flexible approach should be taken in determining appropriate accommodations.

What is a "Disability"?

To be protected by the Americans with Disabilities Act, a student must have a disability. The ADA defines a disability, with respect to an individual, as "a physical or mental impairment that substantially limits one or more of the major life activities of such individual, a record of such an impairment, or being regarded as having such an impairment" (42 U.S.C. § 12102 [2]). Dickinson College adheres to this definition. If any of the three prongs of this definition are satisfied, the student qualifies as a student with a disability.

Following are clarifications of the key elements of this definition:

A. Physical or Mental Impairment

The first element of the ADA definition, referencing a *physical or mental impairment*, is the first thing a student requesting accommodations on the basis of a disability will convey to ADS through its *Disability Disclosure and Accommodation Request* form, and must support through adequate documentation. Collectively, conditions, disorders, syndromes, etc. are referred to as "physical or mental impairments," and if a student has a physical or mental condition that impairs their ability to fully access Dickinson College's programs, that student should pursue disability-based accommodations.

The phrase "*physical impairment*" is very broad. Under the ADA, it includes any physiological disorder or condition, cosmetic disfigurement, or anatomical loss that impacts one or more of the following body systems:

- Neurological
- Musculoskeletal
- Special sense organs
- Respiratory, including speech organs
- Cardiovascular
- Reproductive
- Digestive
- Genitourinary
- Hemic and lymphatic
- Skin
- Endocrine.

The phrase "*mental impairment*" is defined as "any mental or psychological disorder such as mental retardation², organic brain syndrome, emotional or mental illness, and specific learning

² Some of the language in this document was copied directly from applicable law but is now considered outdated and in some cases offensive. While there is language cited that Dickinson would not choose to use today, it is used here to ensure compliance with legal standards.

disabilities” (42 U.S.C. § 12102 [2]). The following disorders are sample categories of mental impairments (also referred to as emotional, psychological, or psychiatric disabilities):

- Neurocognitive
- Schizophrenia spectrum and other psychotic disorders
- Depressive and bipolar
- Anxiety and obsessive-compulsive
- Somatic symptom
- Personality
- Autism spectrum
- Neurodevelopmental
- Eating
- Trauma- and stressor-related, such as Post-Traumatic Stress Disorder (PTSD).

The ADA does not specifically name all of the impairments that it covers, but it does list some. Also included under the category of “*physical or mental impairments*” that definitively qualify as a disability under the ADA are the following:

- Orthopedic and mobility impairments, including those requiring the use of a wheelchair
- Visual, speech, and hearing impairments (including deafness and blindness)
- Cerebral palsy
- Epilepsy
- Muscular dystrophy
- Heart disease
- Diabetes
- HIV (whether symptomatic or asymptomatic)

A person shall not be regarded as having a physical or mental impairment when contending with an impairment that is transitory and minor. Transitory impairments have an actual or expected duration of six months or less.

B. Substantial Limitation in a Major Life Activity

The second key concept in the ADA definition of a disability is “*a substantial limitation in a major life activity.*” A major life activity refers to a basic activity that the “average person performs with little or no difficulty.”

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Once it has been established that an individual has an impairment that affects a major life activity, the next factor that must be documented is the extent of the impairment on the life activity. The impairment must have a **substantial** impact on a major life activity before the existence of a

“disability,” as defined by the ADA, is established. A person who has a substantial limitation, as determined by the nature, severity, duration, and long-term or permanent impact of the impairment on a major life activity qualifies for accommodations under the ADA.

In determining the level at which an impairment impacts an individual, Dickinson College endeavors to support the rights of an otherwise qualified person with physical or mental disabilities to fully participate in all aspects of the residential educational experience free from prejudice, discriminatory behavior, or the failure to remove societal and institutional barriers.

Note that the mere existence of a physical or mental impairment does not establish a need or an entitlement to accommodation under Section 504 or the ADA. Students seeking accommodations must provide documentation that establishes that their impairment substantially limits a major life activity, meriting a reasonable and appropriate accommodation that can be granted and implemented.

An impairment that substantially limits one major life activity need not limit other major life activities to be considered a disability.

An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

C. A Record of an Impairment

A person with a record or history of an impairment that substantially limits a major life activity also meets the ADA’s definition of an individual with a disability. Examples include a person who has a history of a substantially limiting mental or emotional illness, drug addiction, alcoholism, heart disease, or cancer.

D. Being Regarded as Having an Impairment

The final element of the definition of a disability under the ADA pertains to individuals who are regarded as having an impairment that would be protected from discrimination if that impairment actually existed. If an individual establishes that they have been subjected to an action prohibited under this Act because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity, they are entitled to the protection provided by the ADA. An individual who has been misclassified as having an impairment is also protected under the ADA.

E. Mitigating Measures or Interventions

The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures or interventions, such as:

- (1) medication, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and

- devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies;
- (2) use of assistive technology;
 - (3) reasonable accommodations or auxiliary aides or services; or
 - (4) learned behavioral or adaptive neurological modifications.

The ameliorative effects of the mitigating measures of ordinary eyeglasses or contact lenses shall be considered in determining whether an impairment substantially limits a major life activity. “Ordinary” eyeglasses or contact lenses refers to lenses that are intended to fully correct visual acuity or eliminate refractive error; “low-vision devices” refer to devices that magnify, enhance, or otherwise augment a visual image.

Documentation of a Disability

1. Overview

Information on how the disabling condition currently impacts the individual provides useful information for both establishing a disability and identifying possible accommodations. A combination of the results of formal evaluation procedures, a clinical narrative, and the individual’s self-report is the most comprehensive approach to fully documenting the impact. The documentation must be thorough enough to demonstrate whether and how a major life activity is substantially limited by providing a clear sense of the severity, frequency, and pervasiveness of the condition.

It is important for students to submit (or encourage their caregivers or care providers to submit) documentation that is as comprehensive as possible. Documentation that does not clearly substantiate a disability and a need for requested accommodations may either result in the need for follow-up and cause delays in the process of accommodation decision-making or may fall short of validating the necessity of certain desired accommodations.

Providing a history of prior accommodations can be very useful, but that history does not in itself establish the current need for an accommodation or a need for the same accommodation. This is particularly true in instances where accommodations were granted in the K-12 learning environment where different legal rights and standards apply and where the emphasis is placed on promoting student success, rather than guaranteeing equitable access. If accommodations were not previously provided, the qualified professional should include a detailed explanation of why no accommodations were sought or granted in the past and why accommodations are needed at this time.

2. Evaluator qualifications

The evaluator must be a qualified licensed professional with experience and expertise in the area for which accommodations are being requested. Comprehensive training, appropriate certification, and relevant experience in differential diagnosis are essential.

Professionals conducting assessments, rendering diagnoses, and making recommendations for accommodations must be licensed or otherwise credentialed professionals who have undergone

appropriate and comprehensive training in the area which they are assessing. In some cases, it may be appropriate to use a clinical team approach consisting of a variety of educational, medical, and counseling professionals with training in evaluation of individuals with disabilities. The evaluators must be professionally qualified to conduct their particular assessments and render a diagnosis. Use of diagnostic terminology by someone whose qualifications, training, and experience do not constitute expertise in the areas being assessed would not be appropriate.

The name, title, and professional credentials of the evaluator (including information about the evaluator's license or certification and area of specialization) should be clearly stated in the documentation. All reports should be on letterhead and should be signed and dated. Documentation that is not clearly legible will not be considered.

3. Recency of documentation

Documentation must reflect the current functional impact the disability has on the student's learning or other major life activity and the degree to which it impacts the individual in the context (classroom, residential, etc.) for which accommodations are requested. Documentation must therefore be recent, unless the disability is long-standing and unwavering (such as blindness). The college does not have a single standard for recency that applies to all disabilities. This is because the impact of some disabilities is predictably constant, while the impact of other disabilities is predictably variable over time. The age of acceptable documentation is dependent upon the disabling condition, the current status of the student, and the student's request for accommodation.

The college acknowledges that some disabilities (such as autism spectrum disorder, TBIs, visual and hearing impairments, and other disabilities) carry across an individual's lifetime, and that once individuals are diagnosed with a lifelong disability, they are protected under the ADA. That said, although the disability may be ongoing, the severity and manifestations of the condition and the environment for which accommodations are requested may change over time.

To ensure that appropriate accommodations of a student's current needs are being made, in most cases, it is recommended that documentation of a disability be no more than three (3) years old when submitted. Documentation of a disability with greater variability over time must reflect the student's current functional limitations, and thus must be no more than six (6) months old when submitted. This applies, for example, to emotional/psychological/psychiatric disabilities. It also applies in situations where medication or changes in medication are likely to be influential factors. If a student has any question about what time period will apply in their case, the student is encouraged to contact Access and Disability Services for guidance.

4. Comprehensiveness of the documentation

Documentation must be comprehensive to support the diagnosis of a disability. Documentation must include a clear diagnostic statement that (a) describes how the condition was diagnosed, (b) provides information on the functional limitations in the educational environment, and (c) details either the typical progression or prognosis of the condition or else its specific manifestation for this student.

Documentation is to include the following components:

- A specific diagnosis
- Relevant developmental, historical, and familial data
- History of presenting symptoms
- Duration and severity of the disability
- Relevant medical and medication history, including (if applicable) the individual's current medication or treatment regimen compliance (including therapy), side effects, and response to medication or treatment
- A description of the current functional limitations in the academic environment as well as across other settings (dietary, residential, etc.)
- Recommendation(s) for specific accommodation(s) with accompanying rationale.

When applicable, documentation should include discussion of both current and past medications, auxiliary aids, assistive devices, support services, and accommodations, including their effectiveness in ameliorating the functional impacts of the disability. Documentation should also include a discussion of any significant side effects from current medications or therapies that may impact physical, perceptual, behavioral, or cognitive performance across the academic setting (learning, residential, etc.).

A plan used in high school such as an Individualized Educational Plan (IEP) or a Section 504 service agreement, may be informative background information but would not, by itself, be sufficient.

5. Diagnostic methodology used

Documentation is to include a summary of the diagnostic criteria, such as clinical tools, evaluation instruments, assessment procedures, tests, and dates of administration, as well as a clinical narrative, observations, and specific results. Where appropriate to the nature of the disability, documentation should include summary data and specific test scores (with standardized scores and norming population identified) within the report.

Methods may include formal instruments, medical examinations, structured interview protocols, performance observations and unstructured interviews. If results from informal, non-standardized or less common methods of evaluation are reported, an explanation of their role and significance in the diagnostic process will strengthen the documentation in providing useful information. For documentation substantiating the need for dietary accommodations, it is important for the documentation to include the results of any testing conducted (such as for food allergies, Celiac Disease, Lyme Disease, etc.). It can also be helpful (and may, at times, be necessary) for care providers to provide ADS with patient meeting notes that they have been authorized to send.

For learning disabilities, documentation must minimally address the following: aptitude (such as through an IQ score), achievement (in reading, math, and written expression), and processing (such as visual processing and auditory processing). Ideally, it will also include measures of memory, attention, and fine motor skills. A narrative or descriptive text providing both quantitative and qualitative information about the student's abilities is helpful in understanding the student's profile, including strengths and functional limitations.

6. Multiple diagnoses

If a student wants the college to take into account more than one impairment, the student's documentation must meet the requirements for each impairment. A student may need to present documentation from more than one evaluator.

7. Accommodation(s) recommended

Documentation must include specific recommendations or requests for accommodations that are reasonable and appropriate at the postsecondary level. A detailed explanation as to why each accommodation is recommended must be provided and should correlate with specific functional limitations for the student in the college environment (learning, residential, etc.) as determined through interview, observations, and/or testing. It is helpful for evaluators to indicate when they believe that accommodations would be beneficial versus when they can be substantiated as necessitated.

If the requested accommodations are not clearly identified in the documentation, ADS will seek clarification and, if necessary, more information. ADS will take all information provided into consideration (and, in the case of housing and dietary accommodations, will consult with the members of the respective committees) to determine whether and which reasonable and appropriate accommodations are warranted and can be provided to the individual.

8. Personal Statement from student

It is also important, when determining appropriate accommodations, to learn from students requesting accommodation(s) what they perceive to be their disability-related limitations and the rationale for the accommodations they are seeking.

Disability Grievance Policy/Procedure

Any student not granted a desired accommodation who would like to request a reconsideration of that accommodation (or who may wish to request an accommodation not previously requested) is welcome to communicate this to ADS. If ADS notifies the student that there was insufficient evidence to substantiate the necessity of a desired accommodation, the student has the option of appealing this decision. Instructions for how to submit both an informal and a formal appeal can be found in this [Disability-Based Grievance Policy](#).

A student wishing to bring a complaint against the college or a member of the staff or administration based upon a violation of this policy or any act of discrimination on the basis of a disability in violation of the ADA or Section 504 of the Rehabilitation Act should also refer to the college's Disability-Based Grievance Policy, as well as Dickinson's Non-Discrimination Harassment and Retaliation Policy.

If a member of the Dickinson community would like to report a bias incident targeting one or more individuals with a disability, they are encouraged to go to www.dickinson.edu/bias and complete a Bias Incident Report Form or to report the incident to (1) any member of the Access and Disability Services staff or to (2) the Vice President and Chief Diversity Officer for the Division of Diversity, Equity, and Inclusion.

Confidentiality of Student Records

Dickinson College abides by the Family Educational Rights and Privacy Act (FERPA), the federal law that gives students a large measure of control over the release of student records. The law defines “student records” broadly; those records include any student-specific information provided as part of the disability documentation process. Without the consent of the student, the college will not provide any such records to any parties beyond those who have a legitimate educational interest in the information or a legitimate health or safety interest, unless there is an applicable FERPA exception.

The documentation provided by the student under this Policy and Procedural Statement will be securely maintained.

Web Address for This Policy

<https://www.dickinson.edu/download/downloads/id/837/policyproceduralstatementstudentdisability.pdf>

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Sources: *Americans with Disabilities Act (ADA)*; *ADA Amendments Act of 2008*; *Rehabilitation Act*