


Date: 9/2024	Students with Disabilities #205	Pages: 1 of 7 (including form)
Reviewed: 9/2023 9/2022 9/2021	 Tina Vanburen, DNP, MSN, RN, CNS Director, School of Nursing	Administration Committee

PURPOSE

In accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 as amended, Joseph F. McCloskey School of Nursing (JFMSON) is committed to providing equal access for individuals with disabilities and welcomes qualified students with disabilities to the school community.

SCOPE

This policy applies to all students enrolled at JFMSON

DEFENITIONS

Disability: The ADA defines a person with a disability as a physical or mental impairment that substantially limits one or more major life activities, a person with a history or record of such an impairment, or a person who is perceived by others as having such an impairment (<https://www.ada.gov/pubs/adastatute08.pdf>).

POLICY

Disclosure of Disability: Disclosure of disability is voluntary, and the information will remain confidential. Current professional documentation of a disability is required to assist the faculty in determining appropriate accommodations.

Responsibility for Accommodations: At the post-secondary level, responsibility for facilitating accommodations rests with the student. The student must provide appropriate documentation from a professional outlining a diagnosis and request for accommodations. High school IEPs may provide useful information but do not apply in the post-secondary environment. To receive accommodations, students must have a documented diagnosis and disability.

Notification and Coordination: After accommodations are approved, students must inform the course coordinator of each course and work out the necessary details with each instructor prior to the beginning of the course. Coordination of accommodations will be provided by the JFMSON Program Director and Student Success Specialist for all courses in the nursing curriculum. However, it is the student's responsibility to provide a copy of the accommodation request form and communicate with each professor regarding the need for accommodations.

Course Requirements: All students, regardless of disability status, are responsible for fulfilling the essential requirements of a course. This includes communicating with professors, understanding attendance policies, and making up assignments and tests as outlined in the course syllabus. Students must demonstrate that they have learned course content, met course objectives, achieved student learning outcomes, and where applicable, demonstrated safe clinical practice to receive a passing grade and progress within the curriculum.

PROCEDURE

Student Responsibilities

- Follow published procedures for obtaining reasonable accommodations.
- Acquire professional documentation of a disability.
- Complete the Accommodation Request Form.
- Contact the Program Director to initiate the accommodation process.
- Provide current professional documentation of disability and the completed Accommodation Request Form to the Program Director.
- Present the completed Accommodation Request Form (signed by the Program Director) to the course coordinator(s) for each enrolled course for which accommodations are requested each semester. This should be done prior to the beginning of a course; late notification may impede the ability of the faculty to provide adequate accommodations.
- Remind the course coordinator of testing accommodations at least one week in advance of each examination.
- Meet with faculty to develop a plan of action when necessary.
- Keep the faculty informed regarding matters of concern.
- Notify the Program Director immediately regarding any concerns related to the fulfillment of the Accommodation Request.
- Review and follow the Special/Private Testing Room Accommodation Conduct Requirements.

Program Director Responsibilities

- Facilitate a meeting with the student upon request.
- Answer questions about reasonable accommodations.
- Review, complete, and sign the Accommodation Request Form.
- Provide a copy of the completed and signed Accommodation Request Form to the Registrar for placement in the student's file.

- Provide a copy of the completed and signed Accommodation Request Form to the student with instructions to inform each course faculty of the need for accommodations and to work out the necessary details with each instructor.
- Collaborate with the JFMSON Director as needed for the provision of accommodations or questions related to the implementation of the policy.

Faculty Responsibilities

- When approached by a student, the faculty member should schedule a meeting to discuss the disability and requested accommodations.
- Review the completed and signed Accommodation Request Form.
- Notify the Program Director of any discrepancies between the student's request to the faculty and the documentation on the Accommodation Request Form.
- Faculty members are responsible for communicating the request for accommodations to other faculty within the course who need the information as part of their assigned duties.
- Faculty are responsible for providing reasonable accommodations to meet the student's requests.
- Faculty are responsible for communicating with the Program Director any time a request for an accommodation cannot be fulfilled and the reasons behind the denial.
- All questions or concerns should be referred to the Program Director.
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REFERENCES

- PA State Board of Nursing Request Form for Accommodations retrieved from: PA State Board of Nursing
- ADA Act of 1990 as amended retrieved from: ADA.gov

Accommodation Request Form for Students with Disabilities

Joseph F. McCloskey is committed to providing equal educational opportunities and full participation for students with disabilities. Consistent with its responsibilities to comply with the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973, Joseph F. McCloskey School of Nursing provides reasonable accommodations to promote equal educational opportunity.

Documentation from a licensed evaluator is required to substantiate the presence of a disability, defined by the ADA as “a physical or mental impairment that substantially limits one or more major life activities,” and to establish the need for reasonable accommodations at Joseph F. McCloskey School of Nursing.

Guidelines for Medical Accommodations

Documentation must be dated and signed with the appropriate credentials by the providing professional.

- A diagnostic statement identifying the disability from a licensed/certified professional: The diagnosis should include a description of diagnostic methods, including the DSM-5 diagnosis if applicable, and criteria utilized along with the date of evaluation. The licensed professional providing the diagnosis cannot be a family member.
- Current functional impact of the condition: Describe the current relevant functional impact of the disability in an educational setting.
- The expected progression of the disability over time: Provide a description of the expected change in the functional impact of the condition over time. If the condition is variable, describe the known factors that may exacerbate the condition.
- Treatment: List treatments, medications, accommodations/auxiliary aids and/or services currently in use and their estimated effectiveness in addressing the impact of the condition. Include any significant side effects that may affect physical, perceptual, behavioral, or cognitive performance.
- Supporting documents: You are encouraged to submit any past documentation or materials that establish a history of receiving appropriate accommodation in a previous academic setting when available. Secondary school accommodation plans such as IEPs or 504 Plans are helpful, but often do not provide sufficient information to establish eligibility for the requested accommodations at the university level when submitted without a corresponding evaluation.
- All student accommodation requests will be evaluated and if approved the Directors of the program will work with the student and faculty help facilitate reasonable accommodations as necessary. Students will receive an email notification of the outcome of the request. Reasonable accommodations are granted for the time specified in the decision letter. Depending on the nature of the accommodation, students may need to reapply each semester; staff will discuss the possibility with students. ***Please understand that submission of this form does not guarantee the specific accommodation requested will be granted.***

Name: _____

JFMSON ID#: _____ JFMSON email: _____

Date of birth: _____ Phone: _____

Current status: (Circle all that apply)

- 2nd year student (junior) 3rd year student (senior)

Type of accommodation being requested: (Circle all that apply)

- Academic Parking

Term for which accommodation is being requested:

- Fall trimester Spring trimester Academic year
 Winter trimester Temporary: _____
(Please list dates)

Consent for release of information

I authorize _____
physician/evaluator's name

to disclose the information requested in this form to Joseph F. McCloskey School of Nursing for the purpose of evaluating my request for reasonable accommodations. Additionally, I acknowledge that the information provided in this form may be shared on a need-to-know basis with appropriate Joseph F. McCloskey School of Nursing staff and faculty who have a legitimate educational interest to make a proper determination of necessary accommodations, to facilitate my accommodation request and/or coordinate services.

Student's signature: _____ Date: _____

Required Disability Information (to be completed in full by physician/evaluator)

- Diagnosis/description of disability: _____
- Please provide full DSM or ICD-9 code: _____
- Initial date of diagnosis: _____
- Date of last clinical contact: _____

What is the frequency and duration of symptoms of the student's condition?

- Daily 1x/week 1-3x/week 1x/month 1-3x/year Seasonal
- None – symptoms under control with medication

Is the student's disability:

- Permanent Temporary Episodic

Assessment instruments used to arrive at diagnosis:

Describe the substantial limitation of one or more life activities because of the disability associated with academics.

List current and past treatment for this student's disability including medications, dosage frequency and potential adverse side effects of these:

What specific, college-based accommodations would you recommend for this student based on the disability-related impairments you indicated above? Please explain how these accommodations will reduce the effects that the student's impairment may have on performance and functioning:

Please include any other information that may help us understand this student's impairment/needs.

Healthcare Provider Information (to be completed by physician/evaluator)

Name and title: _____

Office address: _____

Phone number: _____ Email: _____

License/certification number: _____ State of license/certification: _____

Signature: _____ Date: _____

Completed Forms:

Completed forms and any supplemental documentation should be returned to Dr. Jennifer Jones-Lapp at Jennifer.Jones-Lapp@lvhn.org