

**TALLAHASSEE COMMUNITY COLLEGE
ADMINISTRATIVE PROCEDURE**

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| TITLE: Student Accessibility Services (SAS) Documentation Guidelines | NUMBER: 03-01-3AP |
| AUTHORITY: Section 504 of the Vocational Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990. Florida Statute 1001.64 | SEE ALSO: • Board Policy 08-13: Substitute Admission and Graduation Requirements • Administrative Procedures 08-13AP: Substitute Admission and Graduation Requirements |
| DATE ADOPTED: 7/22/20 | |

PURPOSE

- A. Establish guidelines to define and inform students about the specific requirements placed on medical documentation in order to assist with the appropriate accommodations.
- B. In compliance with section 504 of the Rehabilitation Act and the Americans with Disabilities Act and its amendments, the Florida Statute 1001.64, Tallahassee Community College (hereafter TCC or the College) shall allow otherwise qualified, eligible students to utilize appropriate accommodations, where the student’s disability can reasonably be expected to prevent the student from meeting requirements.

DEFINITIONS

Eligible Disability– An eligible disability must reasonably be expected to prevent the individual from meeting requirements of TCC. Students seeking accommodation/s shall present documentation from a qualified professional concerning the disability to a Student Accessibility Services (hereafter SAS) advisor. The SAS advisor shall verify that the documentation substantiates the disability which can reasonably be expected to prevent the individual from meeting requirements.

The following definitions for eligibility shall apply:

- 1) Specific Learning Disability
A disorder in one or more of the basic psychological or neurological processes involved in understanding or in using spoken or written language. Disorders may be manifested in

listening, thinking, reading, writing, spelling, or performing arithmetic calculations. Examples include dyslexia, dysgraphia, dysphasia, dyscalculia, and other specific learning disabilities in the basic psychological or neurological process. Such disorders do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to intellectual disability, to emotional disturbance, or to an environmental deprivation.

2) ADD/ADHD

Attention deficit hyperactivity disorder (ADHD) is the inability to focus, being overactive, not being able to control behavior, or a combination of these. ADD/ADHD is characterized by symptoms of inattention (such as distractibility, disorganization, or forgetfulness) or by symptoms of hyperactivity and impulsivity (such as fidgeting, speaking out of turn, or restlessness). For these problems to be diagnosed as ADHD, they must be out of the normal range for a person's age and development.

3) Psychiatric Disabilities

Psychiatric disability is defined by the Americans with Disabilities Act (ADA) as a "mental impairment that substantially limits one or more of the major life activities of an individual." Examples include anxiety disorders (which include panic disorder, obsessive compulsive disorder, and post-traumatic stress disorder), bipolar disorder, schizophrenia, major depression, and personality disorders. Other examples include phobias such as agoraphobia, eating disorders such as anorexia nervosa and bulimia nervosa, personality disorders such as borderline personality disorder and antisocial personality disorder, and dissociative disorders such as dissociative identity disorder and depersonalization disorder.

4) Physical Disabilities.

a) Orthopedic Impairment

A disorder of the musculoskeletal, connective tissue disorders, and neuromuscular system. Examples include but are not limited to cerebral palsy, absence of some body member, clubfoot, nerve damage to the hand and arm, cardiovascular aneurysm (CVA), head injury and spinal cord injury, arthritis and rheumatism, epilepsy, intracranial hemorrhage, embolism, thrombosis (stroke), poliomyelitis, multiple sclerosis, Parkinson's disease, congenital malformation of brain cellular tissue, and physical disorders pertaining to muscles and nerves, usually as a result of disease or birth defect, including but not limited to muscular dystrophy and congenital muscle disorders.

b) Speech/Language Impairment

Disorders of language, articulation, fluency, or voice which interfere with communication, pre-academic or academic learning, vocational training, or social adjustment. Examples include, but are not limited to, cleft lip and/or palate with speech impairment, stammering, stuttering, laryngectomy, and aphasia.

c) Hearing Impairment

A hearing loss of thirty (30) decibels or greater, pure tone average of 500, 1000, 2000, and 4000 (Hz), unaided, in the better ear. Examples include, but are not limited to, conductive hearing impairment or deafness, sensorineural hearing impairment or deafness, high or low tone-hearing loss of deafness, and acoustic trauma hearing loss or deafness.

d) Visual Impairment

Disorders in the structure and function of the eye as manifested by at least one of the following: visual acuity of 20/70 or less in the better eye after the best possible correction, peripheral field so constricted that it affects one's ability to function in an educational setting, or a progressive loss of vision which may affect one's ability to function in an educational setting. Examples include, but are not limited to, cataracts, glaucoma, nystagmus, retinal detachment, retinitis pigmentosa, or strabismus.

Current functional impact – The current functional impact on physical, perceptual, cognitive, mental, and behavioral abilities should be described either explicitly or through the provision of specific results from the diagnostic procedures.

Documentation Currency – Currency will be evaluated based on the typical progression of the disability, its interaction with development across the life span, the presence or absence of significant events (since the date of the evaluation) that would impact functioning, and how the information applies to the current situation of the request for accommodations. Given this, different disabilities may have different document currency for the reason/s stated.

DOCUMENTATION REQUIREMENTS

Documentation components should include the following, regardless of the disability:

1. Completed by a licensed or credentialed examiner (not a family member, nurse or general practitioner).
2. A description of the disability, including the diagnosis and history.
3. A description of the current functional impact in daily living and in an educational setting.
4. A description of the expected duration, frequency, severity, and progression of the condition.
5. A description of the past use of disability services.

Documentation Guidelines

“A reasonable accommodation is a modification or adjustment to a course, program, service, or activity that enables a qualified student with a disability to obtain equal access. Equal access means an opportunity to attain the same level of performance or to enjoy equal benefits and privileges as are available to a similarly situated student without a disability. Only the peripheral requirements of courses, programs, and activities are subject to modification; essential elements of courses, programs, and activities must remain intact.”

~ Section 504 of the Vocational Rehabilitation Act & the Americans with Disabilities Act (ADA)

In order to provide reasonable, effective and appropriate academic accommodations to students at TCC who have disabilities, the Office of Student Accessibility Services (SAS) requires students to provide recent, relevant and comprehensive medical documentation of the disability and the disability's impact on the student's participation in a course, program, or activity.

The student will also have the opportunity to discuss the impact of the disability on his or her academic performance, as well as discuss what accommodation has worked and what has not been effective.

Individual Education Plan (IEP) or 504 Plan reflects education and accommodation history and MAY or MAY NOT be used to determine the reasonableness of certain accommodations. The Plan should be 5 years old or less; however, not all secondary accommodations are applicable in postsecondary settings. Other documentation may be necessary.

General Guidelines:

1. Documentation from appropriate medical professionals, i.e. typed letters on official letterhead.
2. Documentation reflects a specific diagnosis or condition and the current functional limitations or academic barriers presented by the disability; i.e., how does the disability create a barrier for the student academically?
3. Include a DSM-IV or DSM-V code where appropriate.

Specific Guidelines:

1. Learning Disabilities
 - a. Currency. 5 YEARS. Psycho-educational evaluation or neuro-psychological evaluation within 5 years. Evaluations based on adult norms are preferred. If evaluations are more than 5 years old or based on children's norms, an addendum may be requested. This is to confirm academic barriers are still present and/or if additional academic barriers are presented. IQ evaluation narrative, scores, and sub-test scores are helpful in determining reasonable accommodations. Documentation should validate the need for services based on the individual's current level of functioning in an educational setting.
 - b. Medical Professional Credentials. Documentation must be dated and signed by the physician or psychologist/evaluator. Typed letters on official letterhead, psycho-educational evaluation reports (with scores), or neuropsychological evaluation reports (with scores) are preferred. Letters must be signed by an evaluator qualified to make the diagnosis, and include information about license or certification, background and area of specialization.
 - c. Assessments.
 - i. Recommended IQ evaluation: Weschler Adult Intelligence Scale (WAIS-IV), Reynolds (RAIS)
 - ii. Academic Achievement: Evaluation narrative, scores, and sub-test scores are required in determining reasonable accommodations.
 - iii. Recommended Test for Achievement: Woodcock-Johnson WJ-III (Achievement Test)
 - iv. Cognitive Processing: Evaluation narrative, scores, and sub-test scores are helpful in determining reasonable accommodations.
 - v. Recommended Test for cognitive processing: Woodcock-Johnson WJ-III – Cognitive Battery) *Brief screening measurements are not sufficient.

- d. Recommended Accommodations. Recommended reasonable accommodations that will provide effective access to the student's academic program. Documentation should validate the need for services based on the individual's current level of functioning in an educational setting.
2. ADD/ADHD
- a. Currency. 5 YEARS. If evaluations are more than 5 years old or based on children's norms, an addendum may be requested. Summary of assessment procedures and evaluation instruments used to determine the diagnosis. A summary from a professional practitioner who has been treating the student is also acceptable. Documentation should validate the need for services based on the individual's current level of functioning in an educational setting.
 - b. Medical Professional Credentials. Documentation must be dated and signed by the physician or psychologist/evaluator. Typed letters on official letterhead, psycho-educational evaluation reports (with scores), or neuropsychological evaluation reports (with scores) are preferred. Letters must be signed by an evaluator qualified to make the diagnosis, and include information about license or certification, background and area of specialization.
 - c. Assessments. Summary of assessment procedures and evaluation instruments used to determine the diagnosis. A summary from a physician who has been treating the student for ADHD is also acceptable. Information regarding functional limitations or barriers connected to the ADHD or ADD in the academic environment is crucial; i.e. "How does ADHD or ADD impair the student's ability to learn?" *Brief screening measurements are not sufficient.
 - d. Recommended Accommodations. Recommended reasonable accommodations that will provide effective access to the student's academic program. Documentation should validate the need for services based on the individual's current level of functioning in an educational setting.
3. Psychiatric Disabilities
- a. Currency. 5 YEARS. If evaluations are more than 5 years old or based on children's norms, an addendum may be requested. Identifying the specific psychological/emotional/behavioral disability is preferred. Information about side effects of medications prescribed for treatment. Information regarding functional limitations or barriers connected to the student's psychological/emotional/behavioral disability in the academic environment is crucial; i.e. "How does the disability impair the student's ability to learn?" Documentation should validate the need for services based on the individual's current level of functioning in an educational setting.
 - b. Medical Professional Credentials. Letter from a physician, psychologist, psychiatrist, licensed social worker, or licensed mental health counselor, qualified to diagnose and treat the condition. Identifying the specific psychological/emotional/behavioral disability is preferred. Information about side effects of medications prescribed for treatment. Information regarding functional limitations or barriers connected to the student's psychological/emotional/behavioral disability in the academic environment is crucial; i.e. "How does the disability impair the student's ability to learn?"

- c. Assessments. Letter from a physician, psychologist, psychiatrist, licensed social worker, or licensed mental health counselor, qualified to diagnose and treat the condition. Identifying the specific psychological/emotional/behavioral disability is preferred. Information about side effects of medications prescribed for treatment. Information regarding functional limitations or barriers connected to the student's psychological/emotional/behavioral disability in the academic environment is crucial; i.e. "How does the disability impair the student's ability to learn?" *Brief screening measurements are not sufficient.
 - d. Recommended Accommodations. Recommended reasonable accommodations that will provide effective access to the student's academic program. Documentation should validate the need for services based on the individual's current level of functioning in an educational setting.
4. Physical Disabilities
- a. Blind or Low Vision. Letter or report from an ophthalmologist or optometrist. Letter or documentation from an agency specializing in working with and assisting individuals who are blind or have low vision, i.e. Division of Blind Services. Information regarding functional limitations or barriers connected to the student's vision loss in the academic environment is crucial; i.e. "How does vision loss or blindness impair the student's ability to learn?"
 - b. Deaf or Hard of Hearing. Letter or report from an audiologist or otolaryngologist. Information regarding functional limitations or barriers connected to the student's hearing loss in the academic environment is crucial; i.e. "How does the deafness or loss of hearing impair the student's ability to learn?"
 - c. Orthopedic. Letter from a physician qualified to diagnose and treat the condition. Identifying the specific orthopedic condition is preferred. Information about side effects of medications prescribed for treatment. Information regarding functional limitations or barriers connected to the student's medical disability in the academic environment is crucial; i.e. "How does the disability impair the student's ability to learn?"
 - d. Other health impairments. Letter from a physician qualified to diagnose and treat the condition. Information regarding functional limitations or barriers connected to the student's medical disability in the academic environment is crucial; i.e. "How does the disability impair the student's ability to learn?"
 - e. Information about side effects of medications prescribed for the treatment. Documentation should validate the need for services based on the individual's current level of functioning in an educational setting.
 - f. Medical Professional Credentials. Documentation must be dated and signed by the physician, medical professional or agency. Typed letters on official letterhead. Letters must be signed by an evaluator qualified to make the diagnosis, and include information about license or certification, background and area of specialization.
 - g. Recommended Accommodations. Recommended reasonable accommodations that will provide effective access to the student's academic program. (sign language interpreter, real time captioning, etc.). Documentation should validate the need for services based on the individual's current level of functioning in an educational setting.