Roxbury Community College

Guide to Disability Services

Prepared by the Greater Access Committee:

Bonnie Besdin
Susan Black
Ruth Hines
William Hoag
Patrick Jean-Louis
Jamica Nadina Love
Linda O’Connor

Roxbury Community College (RCC) is committed to compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Americans with Disabilities Amendment Act of 2008, and other relevant state and federal legislation. RCC will always consider reasonable requests for modification of its policies and procedures to accommodate students with disabilities.
Introduction
The Rehabilitation Act of 1973 was the first civil rights legislation to prohibit discrimination against people with disabilities. Section 504 in particular requires that qualified individuals with disabilities shall not be excluded from, denied access to, or be subjected to discrimination under any program or activity that receives federal financial assistance. The passage of the Americans with Disabilities Act in 1990, and subsequently the Americans with Disabilities Act Amendment Act in 2008, extended these rights, prohibiting discrimination on the basis of disability in employment, public services, public accommodations, transportation, and telecommunications.

RCC is committed to creating an education environment that promotes opportunities for academic excellence for all students. This includes a commitment to achieving equal educational opportunity and full participation for persons with disabilities. Our goal is to ensure a comprehensively accessible college experience where individuals with disabilities have the same access to programs, opportunities and activities as all others. This policy derives from the college’s overall commitment to non-discrimination for all persons in employment, access to facilities, student programs, activities and services.

Process
In order to determine appropriate and effective accommodations, Disability Services (DS) requires complete and current documentation of disability and recommendations for appropriate, college-level accommodations. The documentation should include an evaluation by an appropriately qualified professional that makes evident the current impact of the disability as it relates to the accommodation(s) requested. While DS strives to provide accommodations in as timely a manner as possible, it may take several weeks to implement some accommodations. Once documentation is received, it will be reviewed in order of receipt; therefore, it is recommended that documentation be submitted well in advance of any accommodation related needs (e.g. exam accommodations and alternative media services).

The professional providing the documentation should make suggestions of reasonable accommodations supported by the diagnosis and functional limitations that might be appropriate at the post-secondary level.
Transfer students are encouraged to provide written verification from the previously attended school, including dates and the accommodations used along with the following documentation.

The general guidelines listed below are developed to assist you in working with your treating/diagnosing professional(s) to prepare the information required to evaluate your request for services. If you have questions after reading these guidelines, please call DS at (617) 708-3562, schedule an appointment at Room 3-207C, or email to loconnor@rcc.mass.edu

**General Documentation Guidelines** (including Psychological, Psychiatric, Emotional, Vision, Hearing, Physical, Chronic Health Conditions, Attention Deficit (Hyperactivity) Disorder)

1. **Current functional impact of the condition(s).**
The current relevant functional impacts on physical (mobility, dexterity, endurance, etc.), perceptual, cognitive (attention, distractibility, communication, etc.), and behavioral abilities should be described as a clinical narrative and/or through the provision of specific results from the diagnostic procedures/assessment.

2. **Treatments, medications, accommodations/auxiliary aids, services currently prescribed or in use.**
Provide a description of treatments, medications, accommodations/auxiliary aids and/or services currently in use and their estimated effectiveness in minimizing the impact of the condition(s). Include any significant side effects that may impact physical, perceptual, behavioral or cognitive performance. If you feel that any additional accommodations/auxiliary aids are warranted, please list them along with a clear rationale and related functional limitations. Any accommodations/auxiliary aids will be taken into consideration, but not automatically implemented.

3. **The expected progression or stability of disability over time.**
If possible, provide a description of the expected change in the functional impact of the condition(s) over time. If the condition is variable, describe the known triggers that may exacerbate the condition.
4. A diagnostic statement identifying the disability. When appropriate, include Diagnostic Statistical Manual (DSM) diagnosis, the date of the most recent evaluation, or the dates of evaluations performed by referring professionals. If the most recent evaluation was not a full evaluation, indicate when the last full evaluation was conducted.

**Learning Disability Documentation Guidelines**

Students with learning disabilities must provide Disability Services (DS) with documentation that meets general documentation guidelines outlined above, along with the following. This will make it possible to better serve individuals with learning disabilities who are requesting accommodations from Disability Services. This type of documentation is most useful in providing information to support educational planning and anticipate future accommodation needs. All documentation will be evaluated on a case-by-case basis.

* A comprehensive psycho-educational test battery (intelligence/ability testing and educational/achievement testing). A full diagnostic report, including all standard test scores as well as subtest scores and the evaluator's narrative. If you are providing information from a public school, include the most recent Individual Educational Program (IEP), the Transition Plan, and any other evaluations, along with the latest psycho-educational battery that supports the diagnosis. An IEP alone may not substantiate a learning disabilities diagnosis.

* A diagnosis made by (a) qualified professional(s) i.e., licensed school psychologist, licensed psychologist, learning disabilities/educational specialist. The learning disability diagnosis must be clearly stated. References to academic weaknesses and learning differences alone may not substantiate a learning disability diagnosis.

* Assessments normed for adults. Your assessments should not be instruments for children, but rather tests that are designed for adults, i.e. WAIS-III rather than WISC-III.

* A diagnosis of a learning disability and type(s) of learning disability(ies), supported by test data and a description of current functional limitations. Psycho-educational testing completed within the last three years provides a better assessment of current functional limitations and appropriate accommodations.