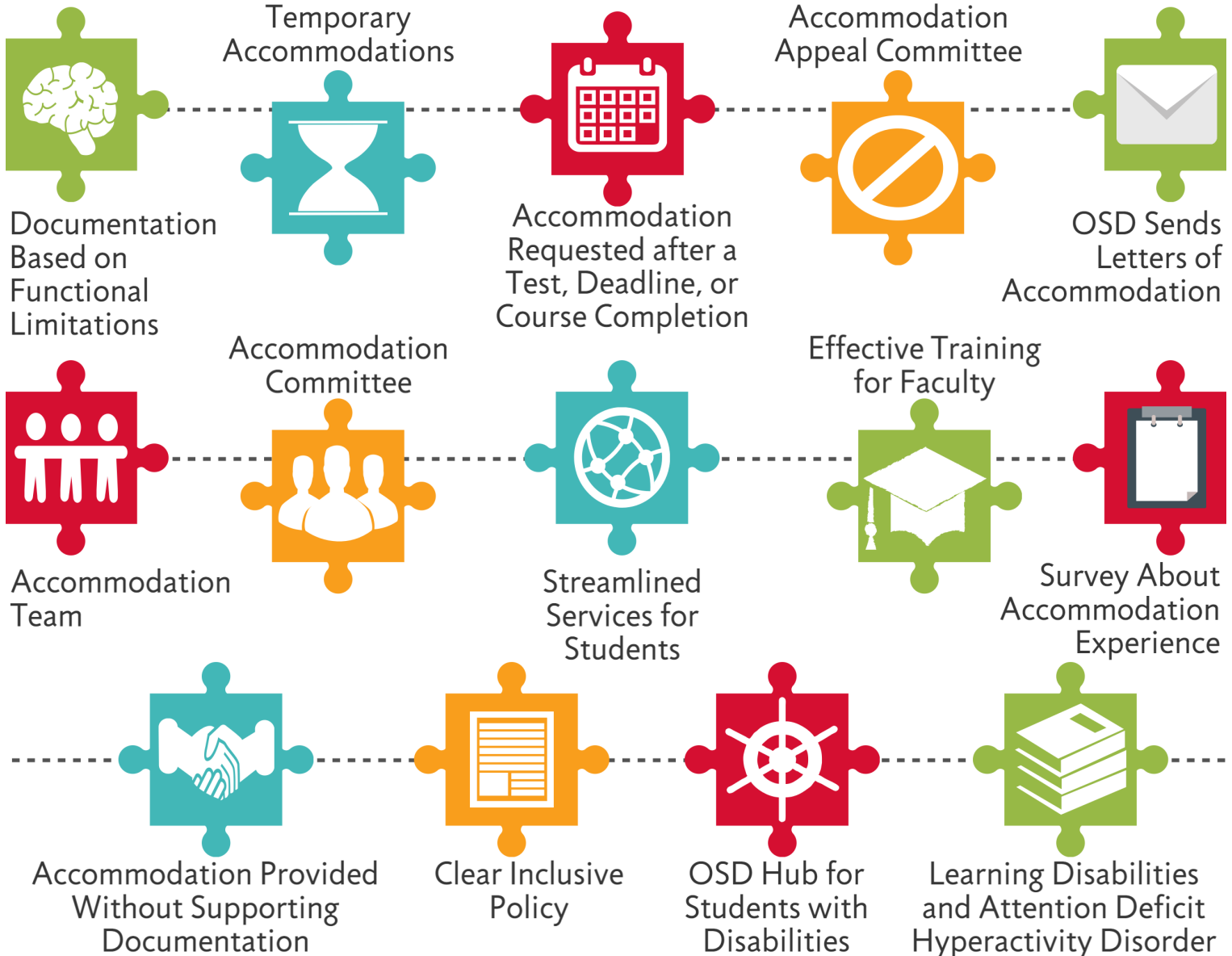# ACADEMIC ACCOMMODATIONS

Recommendations for Documentation Standards and Guidelines for Post-Secondary Students with Mental Health Disabilities

A project funded by the Ontario Ministry of Training, Colleges and Universities' Mental Health Innovation Fund

St. Lawrence College

Queen's University

14 Recommendations

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Project Recommendations

Developing Documentation Standards and Guidelines for Academic Accommodations for Students with Mental Health Disabilities Attending Post-Secondary Institutions in Ontario

Background

This report outlines a series of recommendations for the post-secondary sector arising from a research study carried out by researchers from Queen's University and St. Lawrence College. Funding for this 30-month project, which began in January 2013, was provided by the Ontario Ministry of Training, Colleges and Universities under the Mental Health Innovation Fund. In the fall of 2012, each post-secondary institution in Ontario was invited to submit proposals for funding and this project was one of ten successful applications.

The impetus for the project arose from a recognition of some of the complexities which arise in providing academic and access accommodations in the post-secondary system for students with mental health disabilities. The first of these relates to documentation standards and guidelines. Underpinning all academic accommodation planning is appropriate documentation from a professional, identifying the functional impairment and its likely impact on the student's academic performance. A major barrier for students is that province-wide documentation standards do not exist in the area of mental health. Institutions typically employ institution-specific forms which must be completed by a regulated health care professional on behalf of a student seeking academic and access accommodations. These forms include a range of assessments of functional limitations, non-standard language and have differing requirements for the provision of diagnostic information.

A second challenge relates the nature of many mental health disorders. These are episodic in nature, and fluctuation in symptoms (and thus in functional impairment) is to be expected. As well, the need for medication changes may negatively affect the student's level of functioning for a period of days or weeks at a time. By contrast, in most other disabilities the degree of functional impairment is relatively static; as a consequence, accommodation plans for non-mental health issues may vary little – if at all – from year to year.

The focus of the research was on mental health. The topic of addictions was not included in the scope of the proposal. While the human rights principles with respect to accommodating addiction-related needs are the same as for other disabilities, we believe that this area merits separate consideration.

The goals of the project:

(a) Develop province-wide documentation standards and guidelines, taking into consideration the specific needs of post-secondary students with mental health disabilities.

(b) Develop training for students, faculty, access/disability advisors, student leaders and administrators, on how best to accommodate post-secondary students with mental health disabilities which could be consistently implemented across the province.

(c) Develop an information and resource handbook for students with mental health disabilities

These recommendations are based on five sources of information:

1. Research Study: Information gathered from five stakeholder groups (members of faculty, students with mental health disabilities, disability advisors, administrators and campus physicians)

2. Consultations with the Ontario Human Rights Commission (OHRC)

3. Consultation with psychiatrists and family physicians

4. Visits to best practice sites
    a. Queen's University, Belfast, United Kingdom and
    b. The University of Manitoba

5. Literature Review

1. Research Study

Data-collection was carried out in the fall semester, 2013 and the winter semester, 2014. Two methodologies were employed to gather information from stakeholders:

i. Focus groups were held at colleges and universities in six locations in Ontario, and

ii. An on-line survey was distributed in French and in English to colleges and universities in Ontario

For the research study, ethics approval was sought from each institution's Research Ethics Board. The chart below shows the participation rates for each of the stakeholder groups.

TABLE 1

PARTICIPATION BY STAKEHOLDER GROUPS

STAKEHOLDERS	Focus Groups	On-line survey
Students	37	914
Faculty	83	986
Administrators	N/A	125
Disability Advisors	57	97
Physicians	N/A	28

A total of 2327 stakeholders participated in the study. The numbers of participants allowed for a rich scan of the accommodation process from many perspectives and informed the recommendations which follow.

2. The Ontario *Human Rights Code* and Consultations with the Ontario Human Rights Commission (OHRC)

The *Code* protects students with mental health disabilities from discrimination in post-secondary education. Under the *Code*, post-secondary institutions have a duty to accommodate students with disabilities to the point of undue hardship (where there are excessive costs or significant health and safety risks). They have a legal obligation to ensure that their policies, processes and practices do not create or maintain barriers to equal access for students with mental health disabilities. Three principles guide the duty to accommodate: respect for dignity, individualization and integration and full participation. The process a post-secondary institution takes to assess an accommodation (the "procedural" part of the duty to accommodate) is just as important as the accommodation provided (the "substantive" part of the duty to accommodate). Both the student and the institution have responsibilities in the accommodation process. For example, students must make their needs known to the best of their ability and participate in solutions. The post-secondary institution is required to accept accommodation requests in good faith, unless there are legitimate reasons for acting otherwise, ask only for the information they need to provide the accommodation, take an active role in finding solutions where problems arise, respond in a timely way and protect confidentiality.

As a rule, organizations and individuals responsible for accommodations are not expected to accommodate disabilities of which they are not aware. However, in some circumstances the nature of a mental health disability may leave students unable to identify that they have a disability (for example, when they experience a first episode) or need accommodation. The stigma surrounding mental health disabilities may also make it difficult for a student to disclose. Where an organization perceives that someone has a mental health disability, the *Code* will apply. Post-secondary institutions have a duty to inquire. That is, they must attempt to help a student who is clearly unwell or perceived to have a mental health disability by inquiring further to see if the student has needs related to a disability and offering help and accommodation. This must be done before disciplining the student for unacceptable behavior.

For more information about the duty to accommodate, see the OHRC's [Guidelines on Accessible Education](#) and the OHRC's [Policy on Preventing Discrimination based on Mental Health Disabilities and Addictions](#) .

A series of consultations were held with senior policy analysts from the OHRC. As well, the researchers co-presented with senior policy analysts from OHRC to the college sector; CCDI (College Committee on Disability Issues), and to HOSA (Heads of Student Affairs) in February, 2015 and to the university sector; OCSA (Ontario Committee on Student Affairs) in May, 2015. The senior policy analysts presented on the OHRC's *Policy on Preventing Discrimination based on Mental Health Disabilities and Addictions* (released June 2014) while members of the research team presented updates on the research project. Members of the research team also attended the Commission's presentation to IDIA (Interuniversity Disability Issues Association) in May 2015.

The OHRC was asked to provide advice to the research team regarding the content of their policies and the interpretation of the Ontario *Human Rights Code* as it relates to academic accommodations. OHRC staff also reviewed this report and provided suggestions from a human rights perspective. The final products of the research belong to the researchers. The OHRC did not officially approve the conclusions of the research team, this document, or any other deliverable associated with this project.

3. Consultation with Psychiatrists and Family Physicians

On September 24th, 2014, members of the research team participated in a webinar hosted by the Centre for Innovation in Campus Mental Health (CICMH) on Early Psychosis Intervention on Campus (Cheng & Shaughnessy, 2014). One of the presenters was Dr. Chiachen Cheng, a Psychiatrist and the Medical Director of First Place Clinic and Regional Resource Centre in Thunder Bay, and Co-Chair of the Early Psychosis Intervention Ontario Network (EPION).

Dr. Cheng's approach to and understanding of the complexities of diagnosing mental health conditions and relating these to ongoing functional limitations in the academic context aligned with the direction of the OHRC policy document. Dr. Cheng noted that it sometimes requires 18 months to reach a conclusive diagnosis for a person having a first episode of a mental health problem. During that period, the student experiences significant functional limitations which merit accommodation. She also mentioned the difficulty faced by students who were required to deliver accommodation letters to professors. After the webinar, the researchers contacted Dr. Cheng and invited her to consult on the project and she agreed

On November 5th, 2014 the research team presented an update on the progress of the research project.at CICMH. Following this presentation, the researchers made contact with Dr. Catharine Munn, Lead Psychiatrist, Student Wellness Centre at McMaster University. Dr. Munn and her colleague, Dr. Jan Baker Young, the Medical Director of the Student Wellness Centre at McMaster graciously provided feedback and suggestions on draft versions of the documentation form for students with mental health disabilities.

4. Visits to Best Practice Sites

i. Queen's University, Belfast, United Kingdom

Members of the research team visited Queen's University in Belfast, U.K on May 7th, 2013 to learn about systems and policies dealing with accommodating students with mental health disabilities/issues. The information gathered on this visit was useful in helping the team to shape their thinking about how students with mental health issues can be accommodated in the post-secondary sector. Team members met with the Acting Head of Academic Affairs, and Head of Student Affairs who briefed them on the accommodation process in operation at the university. In their system, the health care professional making the diagnosis does not address the educational impact; that determination is carried out by the university's assessment centre.

The process of assessment involves a meeting between the student and an accessibility advisor who determines appropriate academic accommodations based on the information in the documentation and the student's self-report about the impact of the disability in prior learning situations. Each accessibility advisor is assigned to one of the five schools in the university and their role is to become familiar with the requirements and demands of each of the programs in that specific school. The disability advisor liaises with a faculty member in the school who is appointed for that purpose. Individual Student Support Agreements (accommodation plans) are placed on shared drives and each school's faculty liaison is the "point of contact" for all disability-related information relating to that school. The faculty member is responsible for ensuring that the information in the Individual Student Support Agreements reaches the relevant faculty members in their specific school. The student does not meet with the professor in order to

obtain accommodations. A reassessment of the accommodations happens only if a student requests one – for example, when the accommodations need to be changed. Otherwise, the same accommodations are used for the entire period of study.

ii. The University of Manitoba

In the summer of 2014 the researchers attended a presentation at the Canadian Association of College and University Student Services (CACUSS) where they learned about the University of Manitoba's overhaul and re-design of the academic accommodation processes based on a thorough investigation of their current practices (please see the Cooper Commission Report) (University of Manitoba Cooper Commission, 2012). The new model is based on best practices and has the full support of the university's senate. In December 2014 members of the research team visited the University and met with staff at the Student Accessibility Services as well as members of the Accommodation teams for the faculties of Education and of Medicine. The research team was impressed by the obvious institutional support for accommodating students with disabilities and also by how the university is providing support and structure as the new model is implemented.

The University of Manitoba has made developing Bona Fide Academic Requirements (BFARs) one of its top priorities. Each of the university's accredited programs now has BFARs and by 2017 the University of Manitoba's senate has mandated that "bona fide academic requirements (BFARs) for all existing graduate and undergraduate programs not subject to external accreditation, along with accompanying written rationales, be developed and submitted to Senate for approval. Graduate programs will be given priority in the development of BFARs" (University of Manitoba, 2015). BFARs, also referred to as Essential Course Requirements, clearly indicate to all students what the course expectations are and better prepare them to make informed decisions when considering and selecting degree and diploma programs. Identification of BFARs is especially important for students with disabilities who need to consider the impact of their disability-related functional limitations in relation to the demands of the academic program.

A number of the recommendations are based on current practices operating at the University of Manitoba, as follows:

Recommendation # 9 - Accommodation Appeal Process

Recommendation #10- Accommodation Advisory Committees

Recommendation # 11 - Accommodation Teams

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5. Literature Review

To inform the direction of the research project, the research team carried out a review of the literature pertaining to the challenges of providing accommodations for post-secondary students with mental health disabilities. Titled *Academic Accommodations for Postsecondary Students with Mental Health Disabilities in Ontario, Canada: A review of the Literature and Reflections on Emerging Issues.* The review paper has been accepted for publication in *The Journal of Postsecondary Education and Disability*, with a scheduled publication date of December 2015.

Recommendations

These recommendations are grounded in a human rights framework that reflects the Ontario *Human Rights Code* (*Code*), human rights case law and Ontario Human Rights Commission policy

NOTE: The researchers embrace the philosophy of Universal Design (see Recommendation 8). Consequently, where appropriate the recommendations apply to all students with disability-related needs

1. Functional Limitations as the Basis for Academic Accommodations

In general, academic and access accommodations are designed to address the student's identified functional limitations. The assessment of these limitations in the area of mental health can be a significant challenge, since assessments are primarily based on self-report. To verify the presence of a mental health disability and to provide a rationale for determining accommodations, many institutions request both a diagnostic statement and some assessment of functional limitations. A review of documentation requirements across the province shows that there is very little consistency in the information being requested from health care practitioners.

See Appendix A (colleges) and Appendix B (universities) for an overview of the documentation requirements (surveyed in April and May 2015).

As the documentation review suggests, most but not all institutions request a diagnostic statement. Most also request some form of rating on a number of scales of functional limitations, although there is a wide variation with regard to which dimensions are being assessed and how the limitations are being scaled.

A move away from using a diagnosis as a basis for accommodations for students with mental health disabilities was recommended by Dr. Cheng. She indicated that reaching a conclusive diagnosis may take

up to 18 months, while functional impairments/limitations are evident even when the diagnosis is not clear. Physicians who responded to the survey also stated that they are not trained in recommending specific accommodations and believe that this is the ambit of disability advisors.

The recommendation is that the information provided by Regulated Health Care Providers (RHCPs) to post-secondary institutions should focus on the assessment of a discrete set of functional limitations linked to an underlying disability. Regulated Health Care Providers in this model would be able to concentrate on providing information about functional limitations which will allow for clear information to be provided to disability advisors who can in turn better match accommodations to functional limitations specifically in the academic environment.

The recommendation to focus on functional limitations as the basis for academic and access accommodations in mental health is consistent with the practice in other disability types. In each case, the work of the disability advisor is to align the accommodation with the degree of functional limitation(s) as outlined in the assessment provided by the RHCP.

The recommendation is that a consistent set of scales be used to provide an assessment of functional limitations as a basis for determining appropriate accommodations (see Appendix C).   These scales provide both a consistent (5-point) system for rating each of the identified dimensions, and examples of specific behaviours for each of the dimensions being assessed.

The focus on functional limitations, and the use of a consistent set of scales to assess these also aligns with human rights considerations regarding the amount and types of information organizations can request from persons requesting accommodations. To fulfil their duty to accommodate, organizations should limit requests for information to those reasonably related to the nature of the limitation or restriction, to assess needs and to make the accommodation. Consistent with OHRC policy (2014), the type of information that a student seeking accommodation may generally be expected to provide is:

  I.   That the student has a disability or a medical condition

  II.   The limitations or needs associated with the disability

  III. The type of accommodation(s) that may be needed to allow the student to fulfill the essential duties of participating in an academic course or program.

The accommodation provider generally does not have the right to know a person's confidential medical information, such as the cause of the disability, diagnosis, symptoms, or treatment,[1] unless these clearly relate to the accommodation being sought, or the person's needs are complex, challenging or unclear and more information is needed. In rare situations where a person's accommodation needs are complex, challenging or unclear, the person may be asked to co-operate by providing more information, up to and including a diagnosis.[2] In such situations, the accommodation provider must be able to clearly justify why the information is needed.

These principles apply to all types of disabilities, not just mental health. This reality required the researchers to make major changes to the draft form as it became evident that creating a documentation

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[1] See *Simpson* v. *Commissionaires (Great Lakes)*, 2009 HRTO 1362 (CanLII); *Wall* v. *The Lippé Group*, 2008 HRTO 50 (CanLII), 2008 HRTO 50 (CanLII); *Mellon* v. *Canada (Human Resources Development)*, [2006] C.H.R.D. No. 2. See also *Ilevbare* v. *Domain Registry Group*, 2010 HRTO 2173 (CanLII).

[2] Complex Services Inc. v Ontario Public Service Employees Union, Local 278, 2012 CanLII 8645 (ON LA) and Canadian Bank Note Company, Limited v International Union of Operating Engineers, Local 772, 2012 CanLII 41234 (ON LA)

form for students with mental health disabilities could in fact be stigmatizing, since along with providing an assessment of functional limitations, such a form would identify the nature of the disability.   Consequently, the researchers focused on developing a generic form to include all types of disabilities (Appendix C)

This approach proved to be a major problem when the researchers tried to incorporate Learning Disabilities (LD) and Attention Deficit Hyperactivity Disorder (ADHD). Anecdotally, the researchers were aware of concerns expressed regarding some psychoeducational assessments in relation to both consistent use of diagnostic criteria and recommendations for accommodations which were not consistent with test results (for a more detailed discussion on this point please see Recommendation # 14). Consequently the form is designed to cover the needs of all disability types expect LD and ADHD.

Please see Appendix C for a fill-able PDF version of the form and a Guide for Regulated Health Care Providers regarding its use. This form has been designed using a format similar to the form which health care practitioners are currently required to complete for individuals applying for Ontario Disability Support Program (ODSP) benefits.

NOTE: Because the form is a new instrument, the recommendation is that its use be pilot-tested for one year and then an evaluation of its effectiveness be undertaken under the direction of HOSA for the College sector and OCSA for the university sector. Suggested changes should be agreed upon by both sectors so that a consistent instrument can be used across the post-secondary sector. The recommendation is that the Ministry appoint a working team from both HOSA and OCSA to oversee this evaluation

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2. **Accommodations Provided Without Supporting Documentation from a Regulated Health Care Professional**

Seventy percent of student survey respondents reported that they had received a mental health diagnosis before they began post-secondary education. The remainder (30%) indicated that the diagnosis had been made after they started their studies. Students with developing mental health conditions may seek support from professors and/or from the services available at the institution (Counselling or Health services); however, it may take weeks to get an appointment for professional care and longer for a conclusive diagnosis to be reached. A number of circumstances may lead to this type of situation. For example, difficulties with timely access to mental health services may militate against receiving appropriate assessment. Many students who self-refer to campus counselling services show signs of significant disruption of their academic functioning due to mental health problems, but have attempted to "cope" with these, often at great personal and academic cost, before seeking professional care. A review of the literature reveals that stigma remains a major factor which prevents students from disclosing information about problems with their mental health (e.g., Belch & Marshak, 2006; Brockelman, 2011, Brockelman, Chadsey, & Loeb, 2006;; Collins & Mowbray, 2005; Megivern, 2002; Mowbray et al., 2006; Quinn et al.,

2009; Rae, 2009; Shaddock, 2004; Stevenson, 2010; Storrie et al., 2010). In these circumstances, students may seek academic accommodations without having documentation of a diagnosed condition.

Circumstances like these often pose a challenge for counsellors and accommodation providers. As service providers they observe the obvious difficulties that the student is experiencing; at the same time, they appropriately want to maintain the integrity of the accommodation process in which professional documentation is central.

To illustrate the recommended process, the example below was provided by the OHRC's Senior Policy Analysts when they presented on the OHRC 2014 policy on mental health and addictions to Inter-university Disability Issues Association (IDIA) and the Ontario Committee on Student Affairs (OCSA) in May, 2015.

Example: Interim Accommodations

A student approaches the disability office, saying that he feels depressed, and is unable to eat or sleep, which is having a negative effect on his ability to concentrate in class. The disability office refers him to a medical professional to assess him for a disability and any accommodation needs. In the meantime, the disability office explores accommodation solutions with the student because there is a perception that the student may have a disability. These interim accommodations may change, depending on the assessment the student receives.

With thanks to the OHRC for this example.

Recommendation: Where a student is waiting to be assessed by a Health Care professional to identify their needs and limitations, post-secondary institutions should use the best information they have available to make the accommodation decision, or provide interim accommodations, taking into consideration how the student identifies their own needs, pending the assessment. Otherwise, students may be excluded from educational opportunities.

As pointed out by a student in the research study:

"The [accommodation] process requires a doctor's evaluation form. With the shortage of family doctors, the long waiting times to get in to see them and then the associated fees of having doctors fill out the forms all make the process very long. It took me three months to get my paperwork sorted out: that's most of a semester and I didn't have any chance to utilize accommodations".

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3. Temporary Accommodations

Youth (ages 15-24) are the most likely age group to experience certain mental health problems (e.g., Belch, 2011; Health Canada, 2002; Rae, 2009; Reavley, Ross, Killackey, & Jorm, 2013; Shaddock, 2004; Storrie, Ahern, & Tuckett, 2010). Post-secondary students fit this demographic.   However, it is also known that "not all forms of mental illness represent lifelong conditions" (Liebert, 2003, pg. 1). Some mental health conditions and the associated functional limitations are temporary; the need for academic accommodation applies in these situations in the same way as with permanent disabilities. As well, circumstances may occur in the life of students which create significant albeit temporary disruption in their behavior and mental health functioning. Examples of this include the experience of a traumatic event (e.g. an assault), vicarious trauma (e.g. witnessing an accident), highly distressing experiences (e.g. death by suicide of a close friend, death of a loved one). In effect, the student is temporarily disabled. People with temporary disabilities are protected by the *Code*. As is the case with students whose disabilities are permanent, post-secondary institutions must explore requests for academic accommodation for needs relating to temporary disabilities. However, currently many post-secondary institutions do not include information in their accommodation literature regarding accommodation for needs arising from temporary disabilities.

The recommendation is that institutions include information about temporary disabilities in all of their literature and develop processes for accommodating such needs.

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4. Accommodations Requested After a Test, Deadline or Course Completion

A student may request accommodation after a scheduled evaluation – test, examination or assignment - has taken place and where the student has failed to meet performance expectations due to a disruption in their mental health. In the academic world, these accommodations are referred to as "retroactive accommodations".

A range of extenuating circumstances may cause a sudden disruption in any student's functioning and impair their capacity to fulfill their academic responsibilities. These include a death in a student's family, being injured in an accident, an assault or a hospital admission. In the area of mental health, sudden and significant changes in a student's ability to function may occur as the result of the acute emergence of symptoms or because of the side effects of a new medication, or adjustments to the medication regimen. In situations like these, students may not be able to follow the institution's customary protocol for arranging accommodations, such as registering with the Office for Students with Disabilities or informing the professor before an assignment is due that they will not be able to meet a deadline. In some instances, communication with the institution may not be possible (e.g. where a student has been hospitalized).

Currently, most post-secondary institutions do not grant retroactive accommodations and clearly state this in their literature on accommodating students with disabilities.   However, institutions must meaningfully

consider all *Code*-related requests for accommodation as they arise. As stated earlier, organizations are required to accept accommodation requests in good faith, unless there are legitimate reasons for acting otherwise. Each case should be examined based on the unique circumstances and the student's individual needs. The time frame for making these types of requests is not limitless, however. Students should contact the institution at their next-best opportunity to explain their failure to meet performance expectations. In these cases, documentation from a health care professional to support the request would be important.

The recommendation is that post-secondary institutions incorporate into their accommodation policies a statement or statements which indicate that all *Code*-related requests for accommodation will be given meaningful consideration.

<div align="center">Example</div>

Three weeks into the second semester, a disability office receives an accommodation request from a student who wants to write a final exam that she missed from the previous term. The student makes the request as soon as she is able, saying that she missed the exam because of being hospitalized for a disability. She provides medical documentation to this effect. The school makes the arrangement for her to write the exam, and adjusts her final mark accordingly.

With thanks to the OHRC for this example

5.   OSD to Communicate Accommodation Needs to Professors

In both the focus groups and the survey, students described having to deliver accommodation letters directly to their professors as "intimidating" and saw it as a barrier.

"T*he (Accessible Learning Centre) should inform the professors…it is really intimidating for a student to do that*"

"*They [professors] almost make you feel like if you need this (accommodation) then you are not good enough …. The stigma is too much sometimes.*"

 A review of the literature reveals negative responses by professors to the disclosure of mental health problems by students are not uncommon; these include accusations of faking or "scamming", discrimination and trivialization of their difficulties, resulting in feelings of unworthiness (Collins & Mowbray, 2005). The findings in this research study reveals misperceptions regarding the need for communication between instructors and students (See Table 2). Thirty-nine percent of student survey respondents answered, "yes" or "don't know" when asked if they believed they had to share disability-related information with their professors to receive academic accommodations. Among faculty respondents, 27% reported that they were unaware that students do not have to share disability-related information with their professors to receive academic accommodations.

TABLE 2

PERCEPTIONS OF THE NEED TO DISCLOSE THE NATURE OF STUDENTS' DISABILITIES

Responses to the statement:
"Students must disclose the nature of their disability to their professor in order to receive academic accommodations"

STAKEHOLDER GROUP	RESPONSE (%)		
	YES	NO	DON'T KNOW
Faculty (n= 986)	18	73	9
Students (n=914)	23	60	16

The argument has been made that having students deliver letters of accommodation directly to professors encourages faculty-student contact and "facilitates the development and enhancement of self-advocacy skills" (personal communication, IDIA, 2015).   In an exhaustive review of the literature, the researchers found no evidence that this speculation has ever been tested, nor indeed that systematic programming is in place to teach/develop these skills. The researchers recognize that, in general, contact between students and their professors is valuable and also that students, faculty and on-campus professionals (disability advisors, counsellors, physicians, etc.) all have a role to play in ensuring that accommodations are provided. However, providing accommodation-related information to professors is the responsibility of the institution, not the student who is seeking accommodation.

The researchers recommend that the Office for Students with Disabilities be responsible for communicating information about accommodation needs to members of faculty and that students not be tasked with this responsibility.

References

Collins, M. E. & Mowbray, C. T. (2005). Higher education and psychiatric disabilities: National survey of campus disability services. *American Journal of Orthopsychiatry, 75*(2), 304-315.

6. The Need for Clear Policies

Research participants were asked a number of policy-related questions in the survey and focus groups, specifically dealing with knowledge of academic accommodation policies at their institution. The responses suggest that there is a great deal of confusion as to what policies actually exist at each of the institutions. One example is below:

TABLE 3

AWARENESS OF POLICIES

Responses to the statement:

My institute [college or university] has a written policy or formal practice where any student can submit a written request for a deadline extension if an appropriate reason is provided.

STAKEHOLDER GROUP	RESPONSE (%)		
	YES	NO	DON'T KNOW
Faculty (n=986)	42	14	45
Students (n=914)	39	6	55
Disability Advisors (n=97)	37	33	30
Administrators (n=125)	44	24	32
Physicians (n=28)	34	16	50

As pointed out by Shaddock (2004) when discussing staff members' knowledge of institutional policies and procedures "This is a systemic problem which I suspect is common to all institutions where we have a proliferation of policies of which the staff are unaware" (p. 19). As an example, 27% of faculty surveyed were unaware that students were not required to share disability-related information to be accommodated. In a study of attitudes among Canadian faculty (Hindes and Mather, 2007), some participants expressed the belief that postsecondary education is not a suitable environment for students experiencing mental health problems. They also reported that they are less willing to accommodate these students. These attitudes represent barriers for students with mental health disabilities. Clear accommodation policies would provide teaching staff with a framework for accommodation that is consistent with the *Code* and recognizes the principles of respect for dignity, individualization and integration and full participation.

For a discussion of promising practices regarding policy development, see Ontario College of Art and Design University and Ryerson University's project on Policy Approaches to Post-Secondary Student Mental Health and Bazelon Center's Supporting students: A model policy for colleges and universities.

The recommendation is that academic institutions develop clear and consistent policies and procedures dealing with accommodating students with disabilities including those with mental health disabilities and that all teaching staff understand and apply these policies as developed.

References

Bazelon Centre for Mental Health Law (2007). *Supporting students: A model policy for colleges and universities.* Retrieved From: http://www.sprc.org/library_resources/items/supporting-students-model-policy-colleges-and-universities

Hindes, Y., & Mather, J. (2007). Inclusive education at the post-secondary level: Attitudes of students and professors. *Exceptionality Education Canada, 17*(1), 107-128.

Olding, M. & Yip, A. (2014). Policy Approaches to Post-Secondary Student Mental Health. OCAD University and Ryerson University Campus Mental Health Partnership Project. Toronto, ON.

Shaddock, A. (2004). Academics' responses to the challenging behaviour of students with mental illness. *Journal of the Australia and New Zealand Student Services Association*, 23, 56-85

7. Awareness of Services and Streamlined Services for Students

i. Students indicated in the surveys and focus groups that they were often unaware of the services available to them. The researchers recommend that institutions review processes for informing students to ensure that information about mental health services and accommodations is communicated in many different formats to students; on course syllabi, brochures, web pages, orientation packages, acceptance packages, etc.

ii. The researchers also recommend that Offices for Students with Disabilities examine the re-registration process for returning students whether it be by semester or yearly, with a view to eliminating any unnecessary steps which may currently be required.

iii. The researchers recommend that Offices for Students with Disabilities examine the process for requiring updates of documentation considering both the time impact on students and the cost implication for institutions.

iv. All stakeholder groups indicated that the pressures created by the increase in the number of students with mental health conditions has resulted in the system being unable to provide the range of services and supports that would best meet the needs of these students. In the focus groups and on the surveys, students reported that they need more effective crisis support and better access to professional services (counsellors, psychologists, psychiatrists). A number of administrators commented on the need for more effective linkages between on- campus and off-campus mental health resources. This concern was linked to issues involving the return to campus of students who had been hospitalized (for example following a suicide attempt) and ensuring that these students received effective follow-up. Finally, there is ongoing debate regarding the extent to which colleges and universities can meet the mental health care needs of their students with available on-campus resources. For a more detailed discussion of this topic, please see the [White Paper on Post-Secondary Student Mental Health](#) by Michael Cooke and Juliet Huntly, prepared for the Coordinating Committee of Vice Presidents Students in the Ontario college sector.

v. Because of the limited amount of service and the pressing need to coordinate with services available in the community, the researchers recommend that the Ministry of Training Colleges and Universities fund a position of Case Manager at each college and university. The Case Manager would have multiple roles in responding to the needs of students with complex mental health issues:

   a. Connecting and collaborating with community mental health providers and provider agencies (establishing effective relationships, finding out which community resources have

availability, ensuring that effective linkages exist)

b. Providing support for re-integrating students into housing and academic life after a break from studies

c. Assisting students during an in-patient hospital stay

d. Liaising with hospital staff when student is about to be discharged from hospital to ensure a smooth transition back to studies.

e. Providing linkages to academic support and assistance (e.g. provide support for requests for accommodation after a test, assignment or course completion)

f. Linking students with on- and off-campus mental health resources

g. Facilitating engagement in social and recreational activities

h. Assisting with student code of conduct issues when necessary.

As pointed out by one student:

> "*For someone like myself that is bipolar and deals with anxiety, asking for help is a chore in itself. It would be beneficial to have a team located in one office. For instance, it was recommended I sign up with accessibility services, a counsellor, learning commons and tech support. Each were located in different offices and I had to make different appointments for and kind of rehash everything again. It's a very daunting process. It is intimidating and exhausting. This added to my anxiety and fatigue that I was trying to cope with*".

In this situation, the Case Manager could play a pivotal role by helping the student to navigate the system and to find essential services.

Currently Georgian and Centennial Colleges have received MHIF funding to pilot a project titled "Extending the Circle of Care" which employs the Case Manager model outlined above.

References

Centennial College. (2015). *Centennial receives new mental health funding.* Retrieved from
https://www.centennialcollege.ca/news/centennial-receives-new-mental-health-funding/

Cooke, M., & Huntly, J. (2015). *White paper on postsecondary student mental health.* Retrieved from
https://occccco.files.wordpress.com/2015/05/ccvps-white-paper-on-postsecondary-student-mental-health-april-2015.pdf

8. **Effective Training for Faculty : Universal Design, Mental Health and the Accommodation Process**

> i. The researchers recommend a focus on Universal Design principles of multiple means of representation (the "what" of learning), multiple means of engagement (the "why" of learning) and multiple means of expression (the "how" of learning) as a way to assist all students to manage their time and stress levels

Universal Design for education includes Universal Design for Learning (UDL) and also Universal Design for Instruction (UDI); it is a learner-centered approach to teaching which recognizes that "one size does not fit all" and minimizes barriers and maximizes learning opportunities for all students. It takes into consideration that students have a variety of different learning styles.

> "Regarding students with disabilities, UDI challenges the instructor to go beyond legal compliance to proactively design an accessible course and integrate practice so that other students benefit as well. UDI can be applied to all aspects of instruction, including class climate, interaction, physical environments and products, delivery methods, information resources and technology, feedback, and assessment" (Burgstahler, 2015, p. 1).

Courses that are planned using a UDI framework may lessen individual accommodation requests from students with disabilities since faculty members have already designed their courses recognizing that all instruction must address the needs of a diverse student population.

Since many colleges and universities in Ontario already embrace this teaching philosophy, the challenge as always is how to maintain this approach bearing in mind the fluid nature of the faculty body. The recommendation is that all colleges and universities continue to promote this approach and to provide resources to new and interested existing faculty members – both full and part time – so that they can be supported as they investigate, adopt and embrace this method of course design and delivery.

For information on UDL, see:
> [Cast: About Universal Design for Learning](#)
> [Introduction to Universal Instructional Design (UID) at the University of Guelph](#)

> ii. Faculty members overwhelmingly requested education and training in the areas of mental health and academic accommodation. Providing information and support in these areas is essential.

It must be noted that the provision of education to faculty members can be complicated by their employment status. In the 2012-2013 academic year, 68% of faculty in the college system were part-time employees (Colleges Ontario, 2014). Information about the number of part-time faculty in Ontario universities is difficult to obtain, since this information is not provided in an aggregated form. However, according to media reports, 60% of undergraduate

teaching at one large urban university in Ontario is provided by contract faculty and teaching assistants (Globe and Mail, March 4th, 2015); at another, this figure is 64% (Toronto Star, February 25th, 2015). The trend to hiring part-time faculty will not lessen as educational institutions in the province deal with budgetary constraints. Part-time faculty members often miss out on training and educational opportunities provided to their full-time colleagues; as a result, their awareness and understanding of responsibilities, processes and policies is uneven. This can make the accommodation experience a challenging one for students with disabilities.

One of the most frequently-heard comments from faculty members who participated in the study was the need for education on a range of matters related to mental health. Faculty expressed a strong desire to be helpful to students and a willingness to provide support. However, it was clear that they want to understand the scope and limits of their roles.

The researchers recommend three areas of facilitated mental health education for faculty, namely:

  i.   General mental health awareness,

  ii. Information on interacting with a student who appears to have a mental health-related issue that is interfering with their studies.

  iii. Understanding their role in the academic accommodation process, including their responsibilities under the *Code*

Two excellent on-line resources are available for the first two of these areas. "Mindsight" (from the University of Ontario Institute of Technology) is an on-line introduction to mental health in the postsecondary system. Algonquin College and the Canadian Mental Health Association's module "Starting the Conversation" focuses on how professors can engage in conversations with students about their mental health. With regard to the third area, the project team has developed eight training videos together with information about key concepts to address specific accommodation issues. The videos – each detailing a different aspect of the accommodation process – are designed to help both new and seasoned faculty members to develop a better understanding of the academic accommodation process and their role in it.

Behaviours of Concern:

Related to the issue of training, many faculty members who completed the research survey expressed concerns regarding their roles ("knowing what to do") in responding to some behaviors of students in classrooms, laboratory or field placement. In many cases, faculty expressed a desire be helpful and do something supportive, mixed with concerns about not knowing specifically what that would entail. Faculty reported that felt they did not have training on how to respond when concerning behaviour occurred. Based on these responses, the researchers developed a form, which consists of a list of "Behaviours of Concern". The form is designed to provide information about how faculty and teaching assistants might respond to concerning behaviours of **any** student; they are not necessarily indicative of a

mental health disability and should not be interpreted as such. Depending on the behaviour, staff may be advised to contact a health-care professional or the Office for Students with Disabilities for advice on how to proceed. In general, consulting with others before acting will be beneficial in many situations. This Form is based on a model developed at the University of Minnesota, Duluth.

Goals of the Form

The goals of the Behaviours of Concern form are (i) to provide a template for institutions to develop skills and awareness among faculty in dealing with specific behaviours of concern, (ii) to provide members of faculty with a handy "reference guide" for responding effectively and compassionately. For each of the behaviours listed, the form (once completed), provides information regarding how the faculty member ought to respond. This information regarding responses will be specific to each institution using the form. The list of behaviours in the Form is drawn in part from the model provided by the University of Minnesota, Duluth and from situations described by faculty members in focus groups and in survey responses.

Please see Appendix D

Implementation Process

Implementing use of the Form is envisaged as a two-stage process. Firstly, the Form will need to be customized for any institution implementing it so that it provides specific, accurate local information based on resources available and already-existing communication protocols. The recommendation is that leadership of this process be provided by a senior Student Affairs officer, with expertise provided by the institutional group or team involved in managing or monitoring students experiencing difficulty (e.g. the Behavioural Intervention Team or Students of Concern group), and with input from the institution's Counselling Service, Office for Students with Disabilities and members of the Faculty Development Team (or equivalent). Care must be taken when adding numbers to the form so as to provide a proportionate, least intrusive response to each behaviour, particularly when considering when to call campus security or police.

For each of the behaviours listed, the questions this group must decide on include the following:

- To whom, or to which resource or office on or off campus should the faculty member or teaching assistant contact first (as a matter of **first priority**). The preferred response would appear on the form as Number 1

- To whom, or to which resource or office on or off campus should the faculty member or teaching assistant consult with for further advice The preferred response would appear on the form as Number 2

- To whom, or to which resource or office on or off campus should the faculty member or teaching assistant provide information, The preferred response would appear on the form as Number 3

Not all behaviours of concern will require three levels of response. In some instances, if the professor speaks directly to the student and if the concern is alleviated then no further action may be required. The level of response will depend on the direction given by each institution bearing in mind that the goal of the form is to provide faculty members with a tool to respond in an effective, supportive and compassionate way which is commensurate with the degree of concern regarding the specific behaviour. The group tasked with implementation may also decide to remove some items from the Form, or to add others which are relevant to the local circumstances and past experiences.

In the second phase, each implementing institution will need to provide information and training for faculty and teaching assistants on when and how to use the Form. This could be undertaken by the Faculty Development Team in the context of providing information about resources for faculty and students on campus. It also should be noted that if the behaviour of concern is being exhibited by a student known to have a disability then a team approach is required in responding, involving the Office for Students with Disabilities, the student and other health care professionals as needed.

Finally, the recommendation is that use of the form be evaluated periodically to ensure that it is meeting the needs of students and faculty members and that it is being implemented as intended.

The form is not meant as a substitute for training on behaviour management, mental health or on the duty to accommodate as described above.

References

Algonquin College & Canadian Mental Health Association. (n.d.). *Starting the conversation: raising our awareness of student mental health.* Retrieved from
http://www.algonquincollege.com/faculty-module-csd/

Brown, L., (2015, February 25th). *Strike deadline looms for U of T, York U teaching assistants.* Toronto Star. Retrieved from
http://www.thestar.com/yourtoronto/education/2015/02/25/strike-deadline-looms-for-u-of-t-york-u-teaching-assistants.html

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http://www.washington.edu/doit/sites/default/files/atoms/files/Equal-Access-Universal-Design-of-Instruction.pdf

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Colleges Ontario. (2014). *College resources: Environmental scan.* Retrieved from http://collegesontario.org/research/2014_environmental_scan/CO_EnvScan_2014_RESOURCES_WEB.pdf

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University of Guelph. (n.d.). *Introduction to Universal Instructional Design (UID) at the University of Guelph.* Retrieved from http://opened.uoguelph.ca/tss/instructional_design/intro.aspx

University of Minnesota Duluth. (2013). *Student behavioral management committee: University of Minnesota Duluth*. Retrieved from http://www.d.umn.edu/student-life/sbmc/assets/SBMC%20Procedures%20Protocol.pdf

University of Ontario Institute of Technology. (n.d.). *Welcome to Mindsight!* Retrieved from http://mymindsight.uoit.ca/

9. Accommodation Appeal Process

Accommodation planning requires a flexible, "back and forth" process. Sometimes designing the most appropriate accommodation requires adjustments based on the needs of the students, the delivery method of instruction and the essential requirements of the course. The Office for Students with Disabilities, students and professors each have responsibilities in this process. When an accommodation is not meeting the needs of a student, it needs to be reviewed and modified based on the student's experience. Where an accommodation will cause undue hardship or is not an appropriate accommodation, a next-best solution will need to be worked out co-operatively. However, where these processes fail, it is important to provide students (and in some cases, Disability Advisors) with a mechanism which they can use in the event that a member of faculty refuses to grant an accommodation – or a student disagrees with the accommodation which has been recommended by the Office for Students with Disabilities.

The recommendation is that each institution create a procedure dealing with accommodation appeals working from the framework of the *Code* and the school's accommodation policy to deal with these situations. Access to the Appeal Committee should be streamlined and the Committee should be able to meet quickly and provide a speedy response so that the student is not disadvantaged by a lengthy appeal process.

As one student pointed out:

> *"When having an issue with a prof, I go to my [accessibility] coordinator, who tells me I need to talk to my prof. [I] would like to see coordinators take a more active role in helping students, especially since many students are not good self-advocates"*

Carleton University has an informal appeal process which is utilized before a formal appeal process is launched. This approach allows all parties to understand what the accommodation issues are and provides an opportunity for the situation to be resolved before moving forward to a formal appeal process. This approach is recommended as it recognizes that accommodation planning is a "give and take" process.

The University of Manitoba's Accommodation Appeal Policy highlights that both a student and a professor can access the Accommodation Appeal Policy. However, the professor can only utilize the policy if the course/program has developed Bona Fide Academic Requirements.

References

Carleton University, Paul Menton Centre. (2011). *Academic accommodation appeal process: Students with disabilities: Informal appeal procedures.* Retrieved from http://carleton.ca/pmc/policies-and-responsibilities/accommodation-appeal-process/

University of Manitoba. (2015). *Senate committee on academic accommodation appeals.* Retrieved from http://umanitoba.ca/admin/governance/governing_documents/governance/sen_committees/scaaap.html

.
10. Accommodation Advisory Committees

It is recommended that colleges and universities establish Accommodation Advisory Committees for each school/faculty, which would advise the Dean on matters related to accommodation trends and the need for specific accommodation-related resources. Such committees signal that accommodation is an institutional responsibility and does not reside solely with the Office for Students with Disabilities. This committee could also be tasked with the responsibility of measuring the effectiveness of any new accommodation policy/procedure/process to determine its impact on staff and students' awareness of the accommodation process and on the removal of access, integration and learning barriers for students with disabilities.

Please see the University of Manitoba's model for Accessibility Advisory Committees.

Reference

University of Manitoba. (2015). *Guidelines for establishing a faculty accessibility advisory committee and a faculty/college/school accommodation team.* Retrieved from http://umanitoba.ca/student/saa/accessibility/media/Guidelines-for-AAC-and-AT.pdf

11. Accommodation Teams

Accommodating students with complex needs requires the input of professionals with different areas of expertise working in a collaborative model. The recommendation is that colleges and universities establish accommodation teams to facilitate this process. These teams would involve collaboration between content experts (members of faculty) and accommodation experts (staff in the Office for Students with Disabilities) and would deal with requests for complex accommodations.

Please see the [University of Manitoba's model on Accommodation Teams](#).

This model has been in operation for two years and stakeholders report that it works very well and greatly reduces the stress often associated with complex accommodation planning.

References

University of Manitoba. (2015). *Guidelines for establishing a faculty accessibility advisory committee and a faculty/college/school accommodation team.* Retrieved from http://umanitoba.ca/student/saa/accessibility/media/Guidelines-for-AAC-and-AT.pdf

12. Student Satisfaction Survey

In focus groups and on the on-line survey responses, many students commented on the lack of opportunity to comment on their experience as a user of academic accommodations. Some contrasted this with the numerous course and instructor evaluations they complete in their role as students. Receiving feedback from stakeholders who are "at the centre" of the accommodation experience would provide valuable information to help each institution review its practices and consider improvement based on student feedback.

The recommendation is that institutions survey students registered with the Office for Students with Disabilities on a yearly basis to determine what is working well and pinpoint areas which need improvement.

13. The OSD as a Resource Hub for Students with Disabilities

A number of students commented in the focus groups and on survey responses that they felt that OSDs could act a hub for students with disabilities who desire such a connection. With assistance from the Case Manager and the Transition Coordinator, activities could be planned to help students integrate into and navigate through college/university life.

As one student pointed out:

> *"Having an invisible condition, when it is under control can be lonely. It would be very good for me if the [accessibility] centre would explore some sort of mental health peer group for students with similar conditions to share experiences and to help influence policies that impact them"*

Models already exist where academic and social activities are offered to students with disabilities throughout the year. Transition activities are recommended particularly for students coming to college and university directly from high schools. This transition can be particularly difficult for the many students who have not had experience with self-advocacy.

For one such program go to [New student Transition Program at University of Guelph - Humber](#) and click on "Easy Start Transition Program (for students with disabilities)".

14. Learning Disabilities and Attention Deficit Hyperactivity Disorder

With a focus on functional limitations, the researchers had hoped to create a universal form that could be used to document the needs of all students with disabilities. However, it became clear that this would not work for students diagnosed with Learning Disabilities or Attention Deficit Hyperactivity Disorder. After reviewing the research (Harrison, Nichols, & Larochette, 2008; Harrison & Wolforth, 2012; Nelson, Whipple, Lindstrom & Foels 2014; Rosenblum, Larochette, Harrison & Armstrong 2010) and consulting with an expert in the field, it was evident that, at present, clinicians do not consistently follow accepted diagnostic criteria when making these diagnoses.

The researchers therefore recommend strongly that the Ministry of Training, Colleges and Universities, in collaboration with the College of Psychologists of Ontario, create a Task Force to explore how to deal with the issue of inconsistent diagnostic standards being employed for LD and ADHD, with a view to creating a standardized set of criteria that could be incorporated into the generic form.

References

Harrison, A.G., & Wolforth, J. (2012). Findings from a pan-Canadian survey of disability services providers. *Postsecondary Education International Journal of Disability, Community and Rehabilitation, 11*(1), 1-14.

Harrison, A. G., Nichols, E., & Larochette, A. (2008). Investigating the quality of learning disability documentation provided by students in higher education. *Canadian Journal of School Psychology, 23*(2), 161-174.

Nelson, J., Whipple, B., Lindstrom, W., & Foels, P. (2014, Dec. 22). How is ADHD assessed and documented? Examination of psychological reports submitted to determine eligibility for postsecondary disability, *Journal of Attention Disorder*, 1-12.

Rosenblum, Y., Larochette, A., Harrison, A., & Armstrong I. (2010). The relation between comprehensive assessment procedures and diagnostic stability in school-aged children identified with learning disabilities, *Canadian Journal of School Psychology, 25*(2), 170-188.

APPENDICES

Disability
Documentation
Requirements:
Colleges

Behaviour of
Concern Chart

A

B

D

C
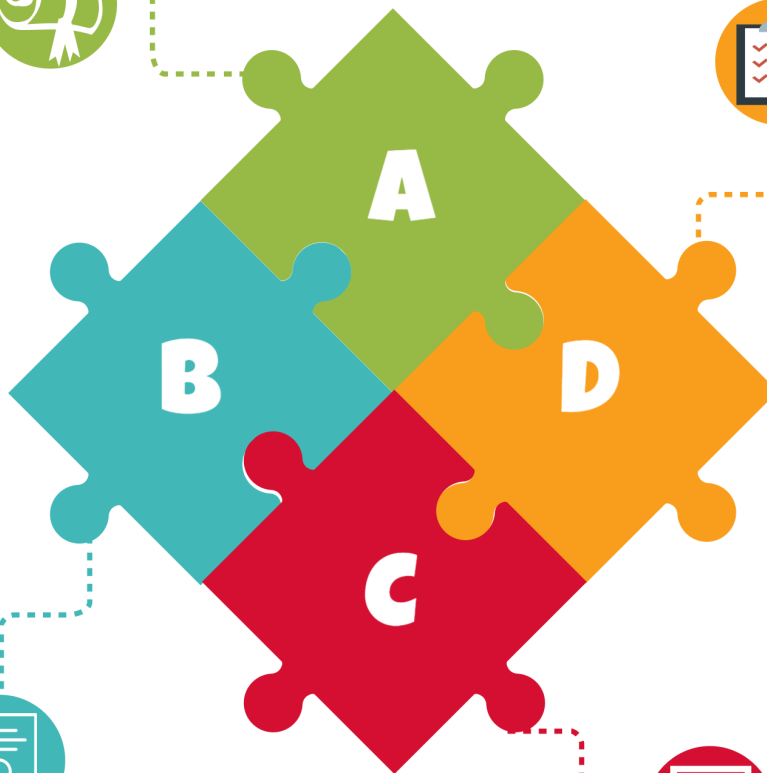
Disability
Documentation
Requirements:
Universities

Functional
Limitations
Assessment Form

Appendix A
Documentation: Colleges

Data Collected May 7, 2015 to May 28, 2015

n=18

Verification of Disability

In order to verify a disability, institutions request that health care practitioners confirm that the student has a permanent, temporary or a non-disabling condition. OSDs also ask for a clear diagnostic statement (including DSM criteria), the date of onset and to confirm how long the student has been the practitioner's patient.

Chart 1 (values):
- 17 — Diagnostic Statement
- 11 — Duration of Relationship
- 7 — Date of Diagnosis
- 6 — DSM-V
- 3 — DSM-IV
- 1 — GAF
- 1 — Minimum Duration

Legend:
- Diagnostic Statement
- Duration of Relationship
- Date of Diagnosis
- DSM-V
- DSM-IV
- GAF
- Minimum Duration

Chart 2 (values):
- 16 — Permanent
- 7 — Temporary Date Range
- 2 — Temporary Weeks/Months
- 2 — Temporary Y/N
- 1 — Not a Disabling Condition

Legend:
- Permanent
- Temporary Date Range
- Temporary Weeks/Months
- Temporary Y/N
- Not a Disabling Condition

Functional Limitations Rated

What?

Health care practitioners are asked to assess a number of functional limitations when commenting on a student's requirement for academic accommodation.

Chart (values):
- 10 — Open-Ended
- 8 — Memory
- 8 — Other
- 7 — Concentration
- 6 — Stress Management
- 5 — Attention
- 4 — Communication
- 4 — Fatigue
- 4 — Focus
- 4 — Information Processing

Top Ten List

Legend:
- Open-Ended
- Memory
- Other
- Concentration
- Stress Management
- Attention
- Communication
- Fatigue
- Focus
- Information Processing
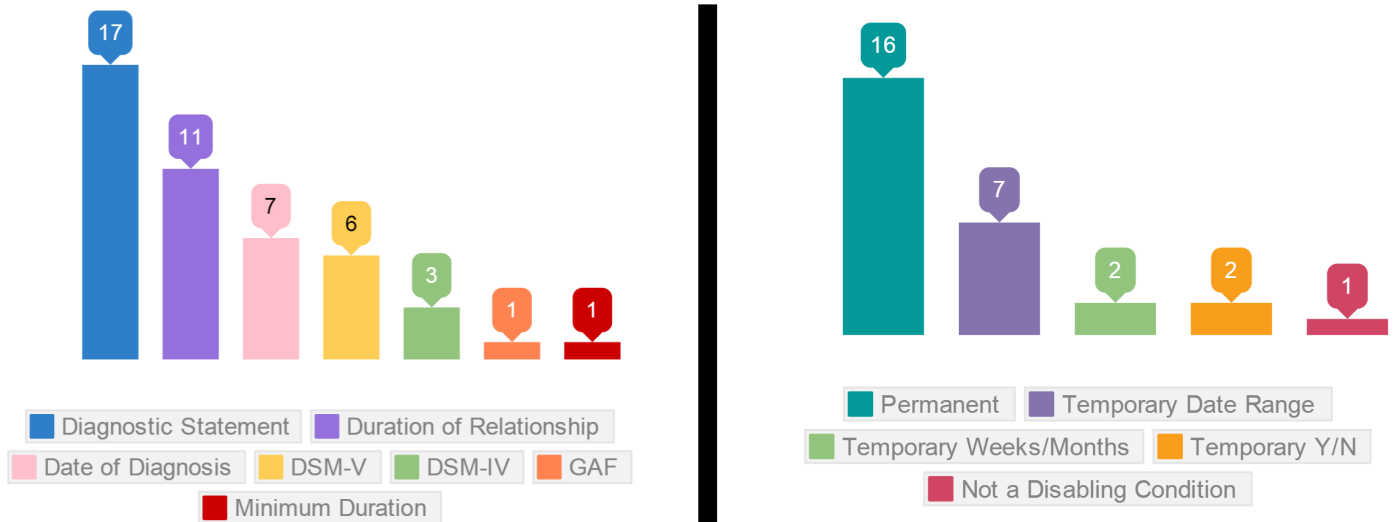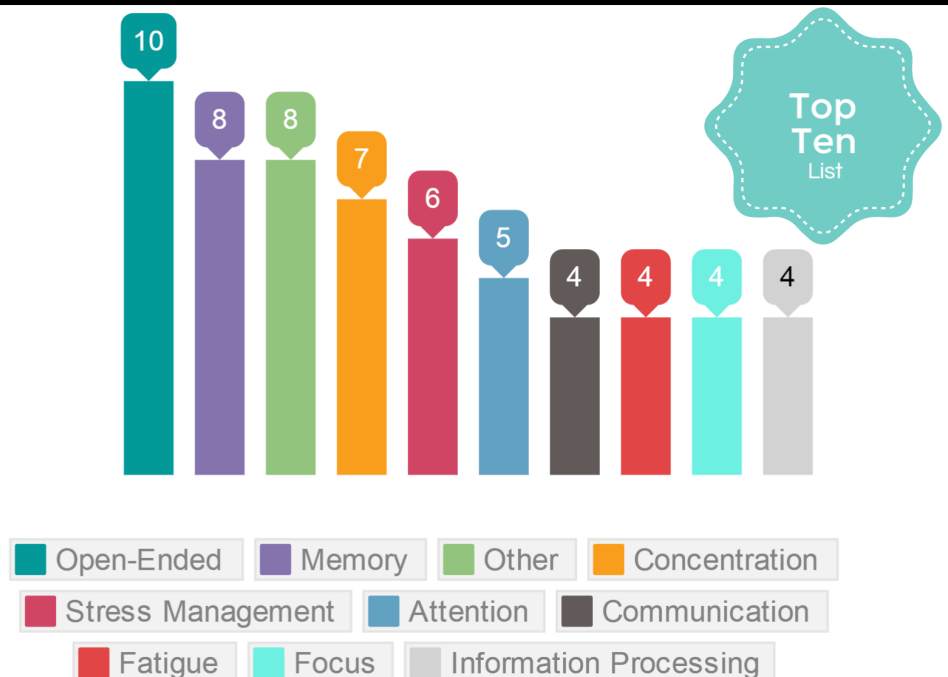
Rating Systems

1 Yes/No

7 Select Functional Limitation from a List

1 Slight, Moderate, Great, N/A

10 Open-Ended Question(s)

Medication Information

Is the student taking medication? (12)

List medications prescribed (10)

Side-Effects (14)

Brand Name/Generic (5)

Classification (3)

Dosage (5)

FORM

Combined with other disabilities (18)

Asks for specific accommodation recommendations (10)

Open-ended comment on accommodation needs (5)

No comment required (8)

ACCOMMODATION RECOMMENDATIONS

Appendix B
Documentation: Universities

Data Collected April 27, 2015 to May 6, 2015

Queen's UNIVERSITY   St. Lawrence College

n=18

Verification of Disability

In order to verify a disability, institutions request that health care practitioners confirm that the student has a permanent, temporary or a non-disabling condition. OSDs also ask for a clear diagnostic statement (including DSM criteria), the date of onset and to confirm how long the student has been the practitioner's patient.

Left chart values: 18, 11, 10, 10, 5, 3, 3

■ Diagnostic Statement   ■ Date of Diagnosis   ■ DSM-V
■ Duration of Relationship   ■ Minimum Duration   ■ DSM-IV
■ GAF

Right chart values: 16, 14, 9, 4, 3, 2

■ Permanent   ■ Temporary Date Range
■ Not a Disabling Condition   ■ Temporary Weeks/Months
■ Temporary Semesters   ■ Temporary Unknown

Functional Limitations Rated

What?

Health care practitioners are asked to assess a number of functional limitations when commenting on a student's requirement for academic accommodation.

Chart values: 14, 14, 13, 12, 11, 11, 11, 11, 8, 7

Top Ten List

■ Concentration   ■ Other   ■ Information Processing
■ Attention   ■ Organization   ■ Stress Management
■ Memory   ■ Social Interactions   ■ Time Management
■ Attendance
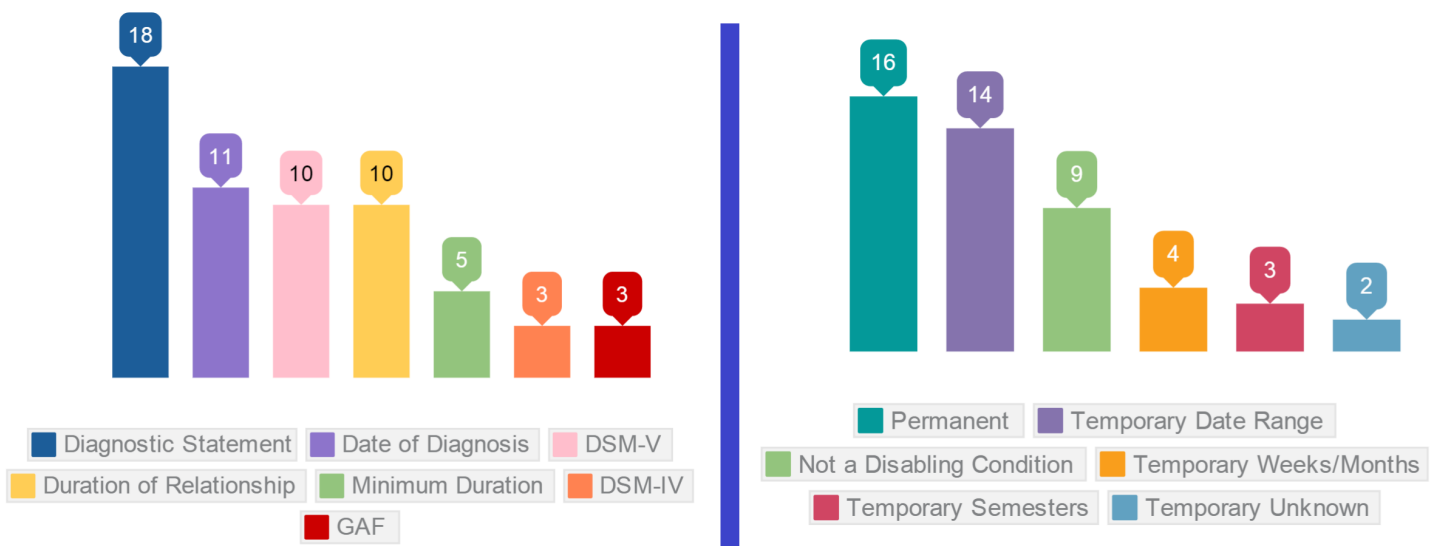
Rating Systems

2 — No Impact, Mild, Moderate, Significant

6 — No Impact, Mild, Moderate, Severe, Don't Know

1 — Mild, Moderate, Severe, Unknown

4 — Open-Ended Question(s)

1 — Limitation, Restriction

13 — Select Functional Limitation From a List

Medication Information

Is the student taking medication? (11)

List medications prescribed (7)

Brand Name/Generic (3)

Side-Effects (14)

Dosage (3)

FORM

Separate for Mental Health (10)

Combined (8)

Asks for specific accommodation recommendations (9)

Open-ended question on accommodation needs (5)

No comment required (9)

ACCOMMODATION RECOMMENDATIONS

Appendix C
Regulated Health Care Professional's Guide to Completing the Functional Limitations Assessment Form for Post-Secondary Students with a Disability

Purpose

The purpose of this form is to provide a system-wide approach for Regulated Heath Care Professionals in Ontario to document the functional limitations that a student with a disability is likely to experience at college or university. The information you provide will help the college/university to assess the student's eligibility for academic and/or access accommodations.

A student must give written consent for you to share the information on the completed form with the college/university. If the information provided on <u>this</u> form is not sufficient to meet the accommodation needs of a student then the college/ university may seek further information. If further information is required, the student will again need to provide written consent for the release of that information.

Any information sought should clearly relate to accommodation planning.

Approved Professionals

The following persons who are licenced to practice in the Province of Ontario may complete this form:

Family Physician	Medical Specialist	Psychiatrist
Psychologist	Optometrist	Audiologist
Ophthalmologist	Speech-Language Pathologist	Psychological Associate

Since this form contains many sections, professionals are asked to complete only those section(s) that relate to their scope of practice. Please complete your assigned section(s) as thoroughly as possible based on your knowledge of the student. Please see below for specific scope of practice areas.

Section A: Cognitive Skills/Abilities

Section B: Physical Skills/Abilities

Section C: Social-Emotional Skills/Abilities

Section D: Fieldwork Skills/Abilities

Sections A, B, C, and D to be completed by one of the following:

Family Physician   Medical Specialist   Psychiatrist

Psychologist   Psychological Associate

Section E: Vision to be completed by one of the following:

Family Physician   Optometrist   Ophthalmologist

Section F: Hearing to be completed by one of the following:

Family Physician   Audiologist

Section G: Speech to be completed by one of the following:

Speech-Language Pathologist   Family Physician

Section H: Safety to be completed by one of the following:

Family Physician   Medical Specialist

Section I: Specialized Equipment and Services to be completed by any of the professionals listed in the above sections.

What if I Can't Complete Certain Sections of the Form?

This form was designed to mirror the **Ontario Disability Support Program** Form with the goal of making the format familiar to Regulated Health Care Professionals. Only rate those skills/abilities that in your professional opinion have disability-related functional limitations in an academic environment. Examples of the academic demands required of a student in the post-secondary setting are provided on the form for your guidance.

Payment

Currently there is no set fee for the completion of this form, however, it would be similar to the fee ($80) charged for completing the Health Status Report for ODSP purposes.

Submission to the College/University

Each college/university will choose one or more methods for submitting this form.

Some options are:

1. Complete form online, save a copy for your records and then send by email as an attachment to the office identified in the documentation request

2. Complete online and print a copy, then scan and mail to the office identified in the documentation request

3. Complete online, print off a copy for your records, and then submit online to the office identified in the documentation request

4. Print and then complete a paper copy of the form and give to the student to submit to the college/university

Appendix C
Functional Limitations Assessment Form
for Post-Scondary Students with a Disability

Student's Last Name   Student's First Name

Student Number (if known)   D.O.B

_____

The following criterion must be met:

> The student experiences functional limitations due to a health condition that impairs the student's academic functioning at a learning and/or access level while pursuing post-secondary studies.

_____

I confirm that:

- ☐ I this student has a disability based on a diagnosed* health condition accordning to the criterion outlined above, or
- ☐　I am monitoring this student's condition to determine a diagnosis

_____

Duration of the Disability

Complete 1 or 2 or 3

1. This student has a **permanent disability** with symptoms that are continuous OR recurrent/episodic

2. This student has a **temporary disability** with symptoms that are continuous OR recurrent/episodic

    a. Accommodations to be provided from   to**

3. This student is **being monitored** to determine a diagnosis

    a. Accommodations to be provided from   to**

**Updated documentation will be required by the institution after this date.

Medication

If the student has been prescribed medication for this condition, when is the medication likely to affect academic functioning negatively? (Click all that apply)
Morning   Afternoon   Evening   N/A

*According to the Ontario Human Rights Commission, post-secondary institutions do not routinely need to be informed of the specific diagnosis to provide academic accommodation. Ontario Human Rights Commission, *Policy on preventing discrimination based on mental health disabilities and addictions* (Toronto:Government of Ontario, 2014), section 13.7 at 53.

Using the following scale, please rate the impact of the impairment and possible medication effects (if any) on the areas of functioning listed below. Hover your mouse over the purple boxes beside the ratings (1-5) to see pop-up definitions/examples; your cursor will display as a small white hand when you are hovering correctly.

SCALE

1	2	3	4	5
Within normal limits; No functional limitation evident in this area	**Mild or slight** functional limitation evident in this area	**Moderate** functional limitation evident in this area	**Severe** functional limitation evident in this area	Unable to assess or unknown at this time

A. Cognitive Skills/Abilities

Attention/Concentration	1	2	3	4	5
Short -Term Memory	1	2	3	4	5
Long-Term Memory	1	2	3	4	5
Information Processing	1	2	3	4	5
Manage distractions	1	2	3	4	5
Executive Functioning: planning, organizing, problem solving, sequencing, time-management	1	2	3	4	5
Judgement: anticipating the impact of one's behaviour on self and others	1	2	3	4	5
Communication	1	2	3	4	5
Other:	1	2	3	4	5

Please describe

Comments:
Please elaborate on any of the areas above that need further explanation

B. Physical Skills/Abilities

Mobility	1	2	3	4	5
Gross Motor	1	2	3	4	5
Fine Motor/ Manual Dexterity	1	2	3	4	5
Stamina/Ability to engage in academic activities	1	2	3	4	5
Sit for sustained periods of time	1	2	3	4	5
Stand for sustained periods	1	2	3	4	5
Other:	1	2	3	4	5

Please describe

Comments:
Please elaborate on any of the areas above that need further explanation

C. Social-Emotional Skills/Abilities

Effectively control emotions during routine academic interactions	1	2	3	4	5
Effectively read social cues	1	2	3	4	5
Effectively control emotions during evaluation situations	1	2	3	4	5
Ability to effectively manage the demands of academic life	1	2	3	4	5
Participate appropriately during in-class and group work situations	1	2	3	4	5

| Ability to respond to change effectively | 1 | 2 | 3 | 4 | 5 |

| Other: | 1 | 2 | 3 | 4 | 5 |

Please describe

Comments:
Please elaborate on any
of the areas above that
need further explanation

D. Fieldwork - Specific Skills/Abilities (complete only when fieldwork is required by student's program of study)

| Work safely with vulnerable populations | 1 | 2 | 3 | 4 | 5 |

| Stamina: Meet the demands of fieldwork | 1 | 2 | 3 | 4 | 5 |

| Other: | 1 | 2 | 3 | 4 | 5 |

Please describe

Comments:
Please elaborate on any
of the areas above that
need further explanation

E. Vision
(Visual acuity loss (best corrected), left eye, right eye, bilateral, visual field limitations)

| Vision | 1 | 2 | 3 | 4 | 5 |

Comments:
Please elaborate on any
of the areas above that
need further explanation

F. Hearing
(Hearing Loss (best corrected), left ear, right ear, bilateral)

Hearing   1   2   3   4   5

Comments:
Please elaborate on any
of the areas above that
need further explanation

G. Speech

Speech   1   2   3   4   5

Comments,
if needed:

H. Safety

Does this student have a condition such that the college/university may need to respond in an emergency situation if symptoms of the condition appear while the student is on campus or during fieldwork, (e.g. seizure disorder, severe allergic reaction)

                          Yes   No

If "yes", please
describe
condition(s)

Comments:
Please elaborate on any
of the areas above that
need further explanation

I. Specialized Equipment and Services

Based on the functional limitations you identified above, is there a need for specialized equipment and/or services?   If the answer is "yes", please (i) tick items required and (ii) provide a rationale as to why the specialized equipment or service is needed.

Specialized Services:

Sign language interpretation

Documents in braille

Accessible textbooks, readings

Other, please specify

Computerized note taker

Large print

Classroom modifications:

Ergonomic furniture

Assigned seating

Specialized lighting

Assistive technologies:

Use of a screen reader

Voice to text software

Magnification equipment

Laptop

Other, please specify

Text to voice software

Amplification system

Video captioning

Rationale for Specialized Services/Equipment:

Certificate of Approved Professional

Name:

Stamp or
Business card
(image of hard
copy)

Address:

Postal Code

Phone Number

Fax Number

Email Address:

Licence
Number/
Registration
Number

I   am a legally qualified

in the province of Ontario and this

report contains my clinical assessment and considered opinion at this time.

Electronic Signature   Date

Appendix D: Behaviour of Concern Chart for Faculty and Staff

1 = Contact for immediate action or direction 2= Consult on situation to provide extra support or advice 3= Make aware of situation	Student	Police	Security	Dept. Head or Associate Dean/Dean	Counselling Service	OSD	VP of Student Affairs	VP Academic
Phone Number								
Hours of Operation								
You are concerned about a student who …								
Signs of Distress								
Writes or talks about wanting to die								
Cries uncontrollably without apparent provocation								
Shows marked deterioration in attendance and/or quality of academic work								
Shows marked deterioration in usual participation patterns (e.g. no longer answers questions, falls asleep in class)								
Shows marked deterioration in personal hygiene/grooming (e.g. lack of showering, hair care, clean clothing, shaving, etc.)								
Shows marked difficulty making decisions, and/or following directions								
Markedly Unusual Thinking/Behaviour								
Displays behaviour that seems out of touch with reality (e.g. appears to be talking to others who are not present; yells to no one)								
Is dressed unusually for the setting (e.g. wearing diving suit, clown suit, superhero outfit, clothes pegs in hair, when not Halloween etc.)								
Makes unusual comments (e.g. "The gods have told me that the karma is bad in this building")								
Appears very suspicious (e.g. fears that others are spying or watching)								
Claims without apparent foundation that their work has been stolen, or plagiarized, by other students								
Returns to classes or placement site after having been withdrawn and instructed not to return.								
Has slurred speech, unsteady movements, glazed eyes								
Appears dazed and unaware of surroundings								

1 = Contact for immediate action or direction 2= Consult on situation to provide extra support or advice 3= Make aware of situation	Student	Police	Security	Dept. Head or Associate Dean/Dean	Counselling Service	OSD	VP of Student Affairs	VP Academic
Phone Number								
Hours of Operation								
Serious Performance Issues								
Shares inappropriate information with fieldwork clients (e.g. shows self-inflicted cuts on arm to primary school children)								
Insists on following fieldwork routines rigidity even after being instructed otherwise								
Repeatedly seeks performance feedback even after being directed not to do so								
Shows markedly inconsistent performance; one day performs very well, the next day very poorly								
Provocative/Aggressive Behaviour								
Expresses, in writing or orally, a direct threat to another person (e.g. student, professor)								
Displays anger and/or hostility towards professor								
Makes disparaging comments about other students								
Displays behaviour that is very disruptive in class (e.g. repeatedly asks unsolicited questions at inappropriate times)								
Is the subject of complaints by other students because of disruptive behaviour(s)								
Does not comply with a reasonable requests by the professor (e.g. to sit in a lecture room chair instead of sitting on the exit stairway)								
Makes discriminatory or harassing comments toward others								
Displays hostility to professor when given constructive feedback on performance (e.g. exam, assignment, fieldwork)								
Disclosure of Distressing Experience								
Discloses a personal experience of assault/sexual assault								
Discloses information about being harassed (online and/or in person)								
Reports a very distressing personal event (e.g. death of family member/relative/close friend)								

Based on Student of Concern Form from University of Minnesota Duluth