

Handbook for Student Accessibility Services

Purpose of the Student Accessibility Services

The purpose of Student Accessibility Services is to ensure that all qualified college and seminary students with disabilities have the opportunity to participate in our educational programs and services on an equal basis.

Holy Apostles College and Seminary complies with the mandates created by the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. The intent of the ADA is to protect individuals from discrimination on the basis of disability and to extend civil rights protection for people with disabilities to employment in the private sector, transportation, public accommodations, services provided by state and local governments, and telecommunication relay services. Section 504 of the Rehabilitation Act protects the civil rights of anyone who has met the requisite academic and technical standards required for admission or participation in the programs and activities of any post-secondary institution who receives federal financial assistance. For coursework and collegiate events, all individuals at Holy Apostles College & Seminary will be provided with equal access.

General Information

Holy Apostles College & Seminary provides services and assistance to any individual who identifies himself/herself as a person with a physical and/or learning disability which substantially limits one or more life activities. Common services available to students with disabilities include but are not limited to:

- Advocacy to faculty, staff, and administration
- Testing modifications
- Assisted registration
- Handicapped Parking
- Use of tape recorders
- Audio textbooks (where available)
- Extended time for program completion
- Environmental adjustments
- Other services as warranted and mandated by law

Procedures for Requesting Accessibility

As seen above, a variety of support services are available to individuals with disabilities: however, all services must be requested in a timely manner and with proper documentation.

Accommodations are provided only after disclosure and documentation procedures are complete. To request services and/or accommodations, the following steps should be taken:

1. Individuals needing such services and/or accommodations should contact the Student Accessibility Coordinator to make a formal, written request and sign a disclosure form as well as other paperwork. Students should provide appropriate and current documentation of the disability. Students may contact the SA Coordinator, Ms. Cathy Surface, by calling 860- 632-3036.

Documentation must include the following items of information:

A definitive diagnosis and the limitations associated with it.

A letter from a certified practitioner outlining specific educational and/or environmental recommendations.

Individuals with learning disabilities must also present one of the following:

A copy of a comprehensive assessment from their high school's resource office

OR

A letter or report from a licensed psychologist, diagnostician, or other professional knowledgeable in learning disabilities. This document should clearly state the presence of a learning disability and list the recommendations for the student.

Individuals with psychiatric disabilities or Attention Deficit Disorder should present a letter from a licensed psychologist, psychiatrist, or medical doctor with an explanation of the disorder, symptoms present with the disorder and educational recommendations.

All medical records and learning assessments are kept confidential. Each student will be asked to sign a confidentiality waiver in order to allow the SA Coordinator to inform instructors of the student's disability in general terms and to outline accommodations that are to be provided in their classrooms.

2. Once a student's documentation has been accepted, the student will speak with the SA Coordinator to discuss services and accommodations. The SA Coordinator then contacts the appropriate instructors to inform them in writing of the accommodations that have been granted.

Grievance Procedures

If a student feels he/she is being denied the agreed upon accommodations, he/she should first appeal to the classroom instructor who is not in compliance. If services/accommodations continue to be denied, the student should report the problem to the SA Coordinator. If unsatisfied with this resolution, it is the student's right to file a formal complaint following the grievance policy that is described in the Academic Catalog.

Students who have been denied accommodation may ask the office to reconsider their request upon presentation of evidence not previously submitted. Such evidence must still meet the criteria outlined above as acceptable documentation. If accommodations are still denied, the student may make a formal grievance using the procedure found in the Academic Catalog.

Accommodations will be reviewed and/or renewed every semester. Students who have accommodations approved by Student Accessibility Services should speak with the SA Coordinator for assisted registration and accommodation updates before each semester begins.

Student Confidentiality and Staff "Need to Know"

Holy Apostles College & Seminary and Student Accessibility Services respect the privacy and confidentiality of all students enrolled in our institution. All records related to requests for accommodations for disabilities are kept with the SA Coordinator and not in the general academic files. Under no circumstances will a student's condition and/or accommodations plan be discussed with anyone other than the necessary personnel without express written permission of the student.

The necessary personnel include the following:

- President-Rector
- Academic Dean
- Executive Director of Enrollment Management
- Associate Academic Dean
- Director of Online Learning
- Registrar
- Student Accessibility Coordinator
- Admission staff
- Faculty members under whom the student studies

Information that goes beyond the scope of what is listed here will not be shared by Student Accessibility Services with anyone whose role is not designated on this form without the further consent of the student.

Student Accessibility Services Disclosure/Accommodations Request Form

If you have a disability or believe that a disability exists that may substantially limit a major life ability and you would like to request a reasonable disability-related accommodation to participate in Holy Apostles College & Seminary programs, please complete this form and return it to the Student Accessibility Services.

Completing this form and returning it to the Student Accessibility Services is the first step in the accommodations process and should be done as soon as possible. This document should be accompanied by a statement on letterhead from a physician or certified expert. This letter should be dated and describe the disability, how it impacts academic performance, and recommendations for accommodation.

Student's Name:	Date:	
Type of Disability		
Briefly describe how the disability affects your academics and accessibility:		
	•	
Did you receive disability services in high school? Yes or N	No	
If yes, what kind of services did you receive?		
Do you have a current diagnosis from a certified health care provider? What accommodations are you requesting?		
Student Signature:1	Date:	
	Office Use Only:	
	SA Coordinator: (initials) Date Received:	

Refusal of Accommodations

The student named below has refused an offer of accommodations for a documented disability. By signing this form, the student is acknowledging:

- a. He/she is currently refusing the accommodations offered by the Accessibility Student Services.
- b. Any grades earned by the student while under refusal will stand even if the student later accepts the offered accommodations.
- c. While under refusal, student may not approach classroom instructors for special accommodations or plead disability without first going to the Accessibility Student Services.
- d. The student may accept offered accommodations at any point in time by going to the Student Accessibility Coordinator and completing an Accommodations Request form.
- e. Accessibility Student Services reserves the right to request updated documentation before updating an accommodation plan.

Student's Name: (print)		
Student's Signature:	Date:	
Student Accessibility Coordinator:	Date:	

Student Accessibility Services Accommodations Agreement

Student: _	Date:
	ving accommodations are being offered to the above student based on documentation by the student:
	al Accommodations
	oly Apostles will provide at the student's request: Reduced course load (student will not be scheduled for more than 12 credits/semester unless requested
b.	Assisted registration (student is offered the services of a faculty or staff member for registration)
c.	Leaves of absence (all students are eligible for 180 day leave of absence/calendar year)
d.	Tutorial services all students have access to office hours with instructors for academic assistance
Classroon	n Modifications
De	elivery of Information
a.	e student's instructors will allow/provide: Time-and-a-half for completion of tests, quizzes where speed of recall is not a legitimate learning outcome/separate testing site at student's request. Time-and-a-half for completion of in-class assignments Directions should be provided orally as well as in written form—this is especially true on tests and quizzes Weekly one to one assessment of learning and
progress <u>I</u>	Environmental Adjustments
	e student's teachers ll:
_	
These acc	ommodations are in effect until the end of the (year) (semester).
	ne in accordance with institutional policy, the student will renew accommodations lowing semester.

The student and the institution understand that the student has a right to grieve if accommodations are not made or met.

The grievance procedure and contact information is provided in the Student Accessibility Services Handbook. The student's signature below acknowledges acceptance of the above listed accommodations and receipt of the handbook.
Student Signature:
Student Accessibility Coordinator's Signature:
Date:

Student Accessibility Services Dispute Summary

Student's Name:	Date:		
Date of the onset of accommodations denial:			
Name(s) and position(s) of person(s) not in compliance with accommodation agreement			
Have you spoken to the person(s) named above reg	arding your complaint? Yes No		
Describe the steps you have taken to resolve the pro-	oblem between yourself and the involved parties.		
Describe your situation and the nature of your problem. Please be clear.			
From your perspective what would be the ideal solu	ution to this problem?		

Updated: 10/19/2022