Troy University

Policies and Procedures
For Disability Services
Approved October 21, 2003

TROY UNIVERSITY POLICIES

Assurance Policy

It is the policy of Troy University to provide accessible programs, services, activities, reasonable accommodations, and a harassment-free environment, for any student or employee with a documented disability as defined by Section 504 of the Rehabilitation Act of 1973, as amended, and by the Americans with Disabilities Act of 1990.

Statement of Non-Discrimination

Troy University does not discriminate on the basis of sex, age, color, race, national origin, religion, or handicap in its admissions, education, employment, or access to its programs. Troy University complies with the Civil Rights Act of 1964 as amended; Federal Executive Order 11246; Educational Amendments of 1972 and 1974; the Vietnam Era Veterans Readjustment Assistance Act of 1972; Age Discrimination Act of 1975; and Family Educational Rights and Privacy Act of 1974.

Confidentiality

Troy University Disability Coordinators and Directors of Human Resources are committed to ensuring that all information regarding students and employees is maintained as confidential as required or as permitted by law. Disability information collected for the benefit of any student does not become part of the student’s academic record, nor does disability information collected for the benefit of the employee become a part of any public document. Information in files will not be released without a student’s or employee’s written permission except in circumstances mandated by federal or state law.
1. General History

On July 26, 1990, President George Bush signed the Americans With Disabilities Act (ADA) into law. The ADA is built upon the Civil Rights Act of 1964 and the Rehabilitation Act of 1973 (Section 504), which calls for the elimination of discrimination against individuals with disabilities. Troy University is committed to preventing discrimination against persons with disabilities by being proactive in complying with the Americans With Disabilities Act. Troy University is covered under both Title I (Employment) and Title II (State and Local Government) of the ADA. The ADA covers all programs and activities conducted by the University and extends federal civil rights protection to persons with a disability. ADA mandates that “no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of a public entity, or be subjected to discrimination by such entity”.

Troy University, under the guidelines of ADA and the Rehabilitation Act, is required to make reasonable accommodations for documented physical and mental limitations of otherwise-qualified individuals with disabilities. To provide the best possible services to students, employees, and visitors, Troy University has designated the Disability Services Coordinator and Director of Human Resources on each campus the responsible parties for coordinating accommodations for persons with disabilities. For more information about physical access to building or grounds, academic or workplace accommodations, or other ADA related services individuals should contact the Disability Services Coordinator or Director of Human Resources on the specific campus.

2. Qualification for Services

2.1 Any student/employee seeking accommodations under ADA/504 will meet with the Disability Services Coordinator/Director of Human Resources to discuss needs. The student/employee may then complete an application for services.

2.2 The student/employee will discuss his/her needs and responsibilities with the Disability Services Coordinator/Director of Human Resources and sign appropriate release forms.

2.3 The student/employee will provide documentation of a disability in accordance with the Criteria For Disability Documentation within Troy University (App. A).

2.4 The Disability Services Coordinator/Director of Human Resources will determine whether the student/employee is eligible for services and inform the student/employee in writing of the determination.

3. Reasonable Accommodations

3.1 The Disability Services Coordinator/Director of Human Resources and the student/employee will determine reasonable and appropriate accommodations based upon documentation (submitted in accordance with 2.3 above).

3.2 The Disability Services Coordinator/Director of Human Resources will provide an Accommodation Letter for each instructor/supervisor (See App. B).
3.3 The student/employee is responsible for discussing implementation of accommodations with faculty/supervisor. Conflicts or disagreements should be referred to the Disability Services Coordinator/Director of Human Resources.

3.4 The Disability Services Coordinator/Director of Human Resources will insure and maintain confidentiality of all student/employee disability related records and services as required by federal and state law.

4. Providing Services for Students and Employees With Disabilities

4.1 Services and reasonable accommodations are provided pursuant to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. It is a goal of Troy University to ensure that students/employees with disabilities have full access to programs, facilities, and employment.

4.2 All students must meet the same academic standards for admission established by each Troy University campus. Faculty may be consulted to assist in determining which academic requirements are essential or fundamental to a major course of study. Such requirements will not be modified, nor will the standards by which a student/employee is graded or evaluated be altered. All employees must be able to perform the essential duties of the required position with reasonable accommodation.

4.3 Troy University campuses strive to eliminate barriers to learning/employment or participation in other institutional activities, and provide the following services for students/employees:

- Screening of disability documentation
- Determination of appropriate accommodations
- Communication with faculty/staff regarding student/employee needs
- Referral to other available campus and/or community resource

4.4 Providing reasonable accommodations for students/employees with disabilities requires an individual assessment of need. Specific accommodations depend upon the nature and requirements of a particular course or activity and the skills and functional abilities of the student/employee. Appropriate accommodations may include, but are not limited to:

- Extended time on exams/assignments
- Permission to tape lectures
- Readers/scribes/interpreters
- Enlarged print/graphics
- Textbooks/training materials in alternative formats
- Use of a class note taker
- Use of a spell checker/calculator
- Text telephone
- Campus housing modifications
- Modified equipment or devices
- Flexible work schedules
- Workplace modifications
- Access to special events
The University is not required to make modifications that would pose an undue financial burden or violate the code of conduct. 

4.5 Students/employees with disabilities are responsible for identifying themselves to the campus Disability Services Coordinator/Director of Human Resources in order to assure timely provision of accommodations. Students should register with the Disability Services Office and make requests for accommodations prior to the beginning of the term.

Contact information

5. Activities and Special Events

Every event, special activity, and program hosted or planned by the University should be accessible to persons with disabilities. When selecting a location for an event, consideration should be given to its accessibility. If the event is publicized, provide persons with disabilities the opportunity to request special accommodations. Special accommodations can include alternate printed materials, interpreters for the deaf, assistive listening devices, etc. To determine the special accommodations that may be requested, list the following statement on all applications, registration, and program announcements:

Individuals with disabilities requiring special accommodations should contact __________ (event coordinator) prior to the event, allowing reasonable advanced notice so that reasonable accommodations may be arranged.

6. ADA Grievance Procedure

6.1 A party making a complaint should meet with the party with whom he/she is in disagreement and attempt to discuss and clarify the problem.

6.2 If the problem cannot be resolved, the next step is for the complainant to discuss it with the Disability Services Coordinator/ Director of Human Resources. If the complaint is lodged against the Disability Services Coordinator/Director of Human Resources, the party making the complaint will meet with the Disability Services Coordinator’s/Director of Human Resources’ immediate supervisor.

6.3 If the Disability Services Coordinator’s/Director of Human Resources’ supervisor is unable to resolve the issue, the party making the complaint will put it in writing, using the Troy University ADA Grievance Form (see App. B).

6.4 A complaint must be filed not later than 180 days from the date of the alleged discrimination, unless the time for filing is extended by the designated agency for good cause shown.

6.5 The Chief Executive Officer of each campus will designate a reviewing authority that will initiate the investigation.

6.6 The reviewing authority shall investigate each complaint, attempt informal resolution, and, if resolution is not achieved, issue to the complainant and the respondent a Letter of Findings that
should include: findings of fact, conclusions, a description of a remedy for each violation found, and notice of the rights available to a complainant who is not satisfied with the resolution or decision rendered by the reviewing authority (See 6.8 below).

6.7 Findings will be reported within 30 working days upon receipt of the formal complaint, if possible. A Letter of Findings will be provided to the parties involved via certified mail, return receipt requested, informing each of the determinations.

6.8 The right of an individual to a prompt and equitable resolution of a complaint filed under this Grievance Procedure shall not be impaired by his/her right to pursue other avenues of resolution such as filing an ADA complaint with an appropriate federal agency or department. If a satisfactory resolution is not achieved, complaints may be directed to the Regional Office for Civil Rights, U.S. Department of Education, Atlanta, GA 30301-3104.

6.9 The reviewing authority will maintain files and records of ADA complaints and reports of investigations for a minimum of five (5) years.

Contact information

7. Responsibilities

7.1 Students
Unlike the K-12 system, in higher education it is the responsibility of the student to self-identify as being in need of accommodation. This means it is the student’s responsibility to make application to be accepted as a student with a disability, provide documentation, cooperate with the Disability Services Coordinator to determine appropriate accommodations, deliver Accommodation Letters to the faculty, etc. In other words, students with disabilities in higher education (just as those without disabilities) are expected to take an active role in managing all aspects of their academic needs, adhere to academic policies and deadlines and follow codes of conduct.

7.2 Employees
The employee must satisfy the requirements for the job, such as education, employment experience, skills, certificates, or licenses. The employee must also be able to perform the essential functions of the job with or without reasonable accommodation. Employees who believe they have a disability are responsible for notifying their supervisors, contacting the Director of Human Resources and/or the Disability Services Coordinator, and following the procedures outlined in this policy to secure reasonable accommodation.

7.3 Faculty
Faculty are not responsible for, nor should they become involved in, evaluating a student’s disability or reviewing documentation of claimed disabilities. Faculty who are presented with such requests are responsible for referring the student to the Disability Services Coordinator. The Disability Services Coordinator will evaluate the request in accordance with established policy (see App. A) and make appropriate determinations. If accommodations are merited, a student will present the faculty with an Accommodation Letter. The Accommodation Letter, signed by the Disability Services Coordinator, verifies that the student is registered as a student with a disability and entitled to the accommodations
specified on the letter. Faculty are responsible for reviewing the information in the letter and discussing how the accommodation will be implemented in the course. Any questions or concerns about the information contained in the letter should be directed to the Disability Services Coordinator.

Faculty utilizing Distance Learning media are responsible for ensuring that students with disabilities have full access to distance learning course materials just as they are for students in the classroom. Examples include: ensuring fully accessible websites, use of captioned media, and/or providing written transcripts of video presentations. Since the possibilities in Distance Learning are endless, the means of providing accommodations must remain open to creativity. Each situation should be evaluated on a case-by-case basis, and accommodations made that are reasonable for each situation. Distance Learning faculty are responsible for contacting the Disability Services Coordinator with questions concerning the implementation of accommodations.

Reasonable accommodation in the classroom (traditional, virtual, or otherwise) is an individual civil right guaranteed by federal legislation (ADA and Section 504). Reasonable accommodations are not optional and must be provided. Faculty who refuse reasonable accommodations may be held personally liable for their actions. However, there may be options regarding provision of the accommodations. Most course or classroom accommodations are easily arranged and the Disability Services Coordinator stands ready to assist. When questions arise as to a specific accommodation, it is the responsibility of the faculty to contact the Disability Services Coordinator to resolve the matter. Faculty should not offer accommodations without following proper procedures, as this could risk setting a precedent that may not be appropriate or maintainable by the University.

All faculty are responsible for including the following statement in each course syllabus: (See Section 3.8.2.8 of the Faculty Handbook.)

**AMERICANS WITH DISABILITIES ACT:** Students with disabilities, or those who suspect they have a disability, must register with the Disability Services Coordinator in order to receive accommodations. Students currently registered with the Disability Services Office are required to present their Disability Services Accommodation Letter to each faculty member at the beginning of each term. If you have any questions, contact the Disability Services Coordinator at (insert phone number and e-mail address of your campus DSC).

### 7.4 Supervisors

Personnel serving in supervisory positions are responsible for referring employees needing accommodation to the Director of Human Resources and/or Disability Services Coordinator. It is the responsibility of the Director of Human Resources, in consultation with the Disability Services Coordinator, to evaluate whether or not an employee has a disability covered by the ADA and to determine appropriate accommodations. If accommodations are merited, the Director Human Resources will notify the employee and the supervisor in writing using The Disability Services Accommodation Letter (see App. B). Supervisors are responsible for reviewing the information in the letter and discussing with the employee how the accommodations will be integrated into duties. The Disability Services Coordinator and the Director of Human Resources are available to assist the supervisor in determining how best to implement reasonable accommodations. Supervisors should not offer accommodations to employees who have not followed established policies for obtaining assistance.
Supervisors remain responsible for evaluating whether or not an employee is able to perform his or her job (given reasonable accommodation) just as the supervisor would for any other employee under his/her supervision.

Reasonable accommodation in the workplace is an individual civil right guaranteed by federal legislation (ADA and Section 504). Reasonable accommodations are not optional and must be provided. Supervisors who refuse reasonable accommodations may be held personally liable for their actions. However, there may be options regarding the provision of the accommodations. Most workplace accommodations are easily arranged and the Disability Services Coordinator and Director of Human Resources stand ready to assist. When questions arise as to a specific accommodation, it is the responsibility of the supervisor to contact the Director of Human Resources or Disability Services Coordinator to resolve the matter.

NOTE: The policies and procedures set forth in this document will be periodically reviewed and revised to reflect compliance with existing legislation, amendments to current statutes, or enactment of additional statutes. Each such revision shall supersede, as does this document, all previous publications, or excerpts published or cited elsewhere.
Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 state that qualified students/employees with disabilities who meet the admission, academic or employment standards of Troy University are entitled to reasonable accommodations. Under these laws, a disability is defined as any physical or mental impairment that substantially limits a major life activity. Having a history of impairment, or being perceived as having impairment may also qualify one as an individual with a disability. It is the student’s/employee’s responsibility to disclose his/her needs and provide appropriate documentation to the Disability Services Coordinator / Director of Human Resources on the respective campus. Appropriate documentation is defined as follows:

**Health Condition, Mobility, Hearing, Speech, or Visual Impairment**
A letter or report from the treating physician, orthopedic specialist, audiologist, otologist, speech pathologist, ophthalmologist, optometrist (as appropriate) which includes:

1. Clearly stated diagnosis
2. Defined levels of current functioning and any limitations
3. Current treatment and medication
4. Current letter/report (within 1 year), dated and signed
5. Necessary accommodations

**Psychological Disorder**
A letter or report from a mental health professional who is impartial and not related to the student/employee, i.e., psychiatrist, psychologist, neuropsychologist, licensed professional counselor, or clinical social worker which includes:

1. Clearly stated diagnosis based upon current DSM criteria
2. Defined levels of current functioning and any limitations
3. Assessment and evaluation instruments used, observations, history, etc.
4. Current treatment and medication
5. Current letter/report (within 1 year), dated and signed
6. Necessary accommodations

**Traumatic Brain Injury (TBI)**
A comprehensive evaluation by a physician, neurologist, licensed clinical, rehabilitation or school psychologist, neuropsychologist, or psychiatrist which includes:

1. A clear statement of head injury or traumatic brain injury
2. Current impact on student’s/employee’s functioning and limitations
3. Cognitive and achievement measures used and evaluation results
4. Current residual symptoms and a statement regarding the student’s/employee’s ability to meet the demands of a postsecondary academic or work environment
5. Current treatment and mediation
6. Current letter/report (post-rehab within 1 year), dated and signed
7. Necessary accommodations

**Learning Disabilities (LD)**
A comprehensive evaluation report written in narrative form by an impartial individual not related to the student/employee, i.e., licensed psychologist, psychiatrist, learning disabilities specialist, licensed professional counselor, educational therapist or diagnostician, which includes:

1. Clearly stated diagnosis of a SPECIFIC learning disability in reading, math, or written language based upon current DSM criteria.
2. Educational/work history documenting the impact of the learning disability
3. Alternative explanations and diagnoses are ruled out
4. Relevant test data with standard scores provided to support conclusions of the measures of intellectual/cognitive/information processing abilities by at least one of the following instruments: (a) WAIS-II or III (b) Woodcock-Johnson Psychoeducational Battery-Revised (c) Stanford-Binet IV (d) Peabody Individual Achievement Test (e) Stanford Test of Academic Skills
5. Statement of the functional impact or limitations of the disability
6. Current report (within 3 years), dated and signed
7. Necessary accommodations

Note: High School IEP, 504 Plan, and/or letter from a physician or other professional will not be sufficient to document a learning disability. The evaluation must be comprehensive.

**Attention Deficit Hyperactivity Disorder (ADHD)**
A comprehensive evaluation report written in narrative form by an impartial individual not related to the student/employee, i.e., a developmental pediatrician, psychiatrist, neurologist, licensed clinical or educational psychologist, which includes:

1. Clearly stated diagnosis of ADHD based upon current DSM criteria
2. Evidence of early and current impairment in at least two different environments including past and present symptoms
3. Alternative explanations and diagnoses are ruled out
4. Relevant test data with standard scores provided to support conclusions including at least one of the following instruments: (a) WAIS-II or III (b) Woodcock-Johnson Psychoeducational Battery-Revised (including Written Language) (c) Behavioral Assessment Instruments and Checklists normed on adults
5. Statement of the functional impact or limitations of the disorder and the degree to which it impacts the individual
6. Medications prescribed and how they will impact the student’s/employee’s ability to meet the demands of the postsecondary academic or work environment
7. Current report (within 3 years of enrollment date), dated and signed
8. Necessary accommodations

Note: High School IEP, 504 Plan and/or letter from a physician or other professional will not be sufficient to document ADHD. Prescription medication cannot be used to imply a diagnosis.

Contact information
Appendix B

Disability Services Forms

Date _____________________________

DOE_____________________________

APPLICATION FOR DISABILITY SERVICES

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<th>Name</th>
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Address_________________________ City__________________ ST___ Zip Code_______

Phone No.  (H) (____) _________ (W) (____) ___________ E-Mail __________

Live on Campus? Yes _____ No _____ N/A ____

Date of Birth ___________ Male ___ Female ___ Emergency Contact____________________

Student _____ Major _________________ Employee _____ Dept.____________________

Classification: Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate ___ N/A ___

Explain your disability and current treatment:_____________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

What accommodations are you requesting?_________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Do you take prescription medication? Please name it, the dosage and the physician who prescribed it.

____________________________________________________________________________

____________________________________________________________________________
Do you receive assistance from Vocational Rehabilitation, Veteran’s Affairs, Student Support Services or any other agency? If you answered yes, please name your counselor or contact person and his/her location.______________________________________________________.

Once you make application for services and provide the appropriate documentation, the Disability Services Coordinator/Director of Human Resources will review your documentation and inform you of your status as a student or employee with a disability.

B-1
Permission to Release Information

I______________________________, hereby give my permission to Troy University to

____________________________
Print Name
discuss information concerning my disability and accommodations and/or to release documentation on
my disability, with individuals who will be involved in the delivery of services to me for my benefit. I
also give permission for other agencies and individuals to discuss and release information to the Troy
University Disability Services Coordinator. In addition, pertinent information related to my disability
may be provided to facilitate the delivery of services on a “need to know” basis. These individuals
include, but are not limited to (1) parents, (2) guardian, (3) spouse, (4) faculty and staff of Troy
University, and/or (5) other professionals or agencies involved in services, support, accommodations or
consultation as deemed appropriate by the Disability Services Coordinator/Director of Human Resources.

For students, permission to release information will remain in effect until graduation. For employees,
permission remains in effect throughout the term of employment with Troy University. Permission may
be rescinded in writing at any time.

____________________________
Signature of Student/Employee

____________________________
Date Signed

____________________________
Disability Services Coordinator/
Director of Human Resources

____________________________
Date Signed

Notice to Party Receiving Information: This information has been disclosed to you from records
whose confidentiality is protected by federal law which prohibits you from making further disclosure of
information without the specific written consent of the person to whom it pertains, or as otherwise
permitted by such regulations. A general authorization for the release of medical or other information is
not sufficient for this purpose.
November 7, 2002

John Q. Student  
123 Happy Avenue  
Troy, AL 36082

Dear

Your application requesting status as a student/employee with a disability at Troy University has been approved. Appropriate and reasonable accommodations will be provided.

It is your responsibility to pick up your Disability Services Accommodation Letter and deliver it to the faculty/supervisor. Remember, a separate form is needed for each faculty each term of enrollment.

Please do not hesitate to contact me if you have questions or concerns. My office is located in________________________. My office hours are____________________. My telephone number is_____________________. My e-mail address is__________________________________.

Sincerely,

Disability Services Coordinator/  
Director of Human Resources
November 7, 2002

John Q. Student
123 Happy Avenue
Troy, AL  36082

Dear

Your application requesting status as a student/employee with a disability at Troy University has not been approved for the following reasons:

- 
- 
- 

If you are still interested in obtaining accommodations, please contact the Disability Services Office/Director of Human Resources to discuss eligibility requirements. My office is located in ______________________. My office hours are ______________. My telephone number is _______________. My email address is _____________________.

Sincerely,

Disability Services Coordinator/
Director of Human Resources
Memorandum to Faculty:

The student/employee listed below has registered with the Disability Services Coordinator/Director of Human Resources as having a documented disability that will require accommodations. This means that (s)he is eligible for services that give equal access to higher education/employment under the guidelines of Section 504 of the Rehabilitation Act of 1973 (as amended) and the Americans with Disabilities Act of 1990. Please discuss these accommodations with the student/employee and immediately contact the Disability Services Coordinator/Director of Human Resources if there are any concerns.

Troy University is committed to ensuring that all information regarding a student/employee is maintained as confidential as required or as permitted by law. Information in files will not be released without the student/employee’s written permission except in circumstances mandated by federal or state law.

Student/Employee Name______________________________

SSN/Student ID:______________________________

Term and Year:______________________________

Accommodations Approved:____________________________________________________

____________________________________________________________________________

For more information, please contact the Disability Services Coordinator or Director of Human Resources on your campus.
TROY UNIVERSITY
ADA GRIEVANCE FORM

Complainant:

Date: ____________________

Name: ___________________________ Signature: __________________________

Mailing Address: _______________________________________________________

Home Phone # (___)_________________ Work Phone # (___)_________________

Faculty _____ Staff _____ Student _____ Other (specify) __________

Respondent:

Name of person or group the complaint is against: _________________________

Phone # (___)_____________________

Faculty _____ Staff _____ Student _____ Other (specify) __________

What was the result of your discussion with the respondent? (Please use back if additional space is necessary)

__________________________________________________________________________

__________________________________________________________________________

Complaint Details:

Date and Time: ____________________ Location: _____________________________

What happened? __________________________________________________________

(Please use back of form if additional space is necessary)

Names and phone numbers of others who can verify what happened:

__________________________________________________________________________

What would you like to see happen (for you, for others) with respect to this issue?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

OFFICE USE ONLY

Actions Taken: __________________________________________________________