



The Office of Academic Accommodations and Accessibility

Policy to Request Academic Accommodations

Benedictine University will make every effort to provide eligible students with reasonable accommodations based on individual learning needs and recommendations. In order to provide accommodations in a timely manner, the University requires reasonable notice (particularly in consideration of an auxiliary aid or service) of specific needs and requested accommodations prior to the first day of the term in which the student is enrolled.

Four Steps to Request Accommodations:

1. Student self identifies to the assigned case manager, located in Kindlon Hall, Room 310 or via email at accommodations@ben.edu
2. The Self-Identification Form (completed by the student) and the Verification Form (completed by a licensed Medical/Psychological Care Provider) are sent to the Office of Academic Accommodations and Accessibility.
3. Student **MUST** include corroborating evidence such as: a physician's note on letterhead with dates, a current evaluation report (including test results), or documentation (high school IEP or 504 plan or previous proof of prior accommodations at a previous higher education institution). For a complete list of documentation based on type of disability, please see pages 2-5

If you are seeking accommodations for a mental health disability, but are unable to produce the documentation showing a formal psychological assessment was used in your diagnosis and/or the results of an emotional and/or psychoeducational evaluation, please do not file a request for academic accommodations until you are able to provide this information. For most students, this is usually included in their 504 plan or IEP, but you can also submit a formal evaluation from a licensed health care facility that specializes in Neuropsychological & Psychological Testing.

4. Verification form and documentation are reviewed for appropriateness and subsequent determination of accommodations by the Director of Accommodations and Accessibility.

If an accommodation request is approved, the student will be notified through their school email. A member of the Academic Accommodations Team will schedule an appointment with the student to discuss the Accommodations granted and the processes for using your specific accommodations.

If the request is denied, the student will be provided guidance on what specific information is missing from the request or additional information regarding on-campus support services. The student may also appeal the Committee's decision through the Academic Standing Committee.

TYPES OF DISABILITIES AND EXAMPLES

<p align="center"><u>Medical/Physical Disabilities</u></p> <p>Vocal</p> <p>Vision</p> <p>Hearing</p> <p>Mobility</p> <p>Anatomical Loss</p> <p>Cancer and other diseases</p> <p>Neuro- muscular/ skeletal</p> <p>Heart</p> <p>AIDS</p> <p>Other Medical diagnosis</p> <p>*Medical/Physical Disabilities may be eligible for Temporary Academic Accommodations</p>		<p align="center"><u>Neurological and Developmental, Emotional & Psychoeducational Disorders</u></p> <p>Autism Spectrum Disorder</p> <p>ADHD</p> <p>Learning Disabilities</p> <p>Intellectual Disability</p>
	and/or	<p>Generalized Anxiety Disorder</p> <p>Panic Disorder</p> <p>Other Psychiatric diagnosis</p> <p>*To be considered for Academic Accommodations for one or more of the disabilities in these categories, <i>including mental health disorders</i>, you must report: the corresponding ICD 10 code for that disorder on the Verification Form, as well as attach documentation and results from of a current, formal psychological assessment made with a reliable diagnostic instrument.</p>

Documentation of Disabilities

It is the responsibility of each student who seeks accommodations and services from Benedictine University to provide a comprehensive, written evaluation of their disability from a licensed clinical professional/care provider. In order to verify the student’s eligibility under Federal, State, and University mandates, and to document his/her need for accommodations and services, this evaluation must meet specific requirements.

In this next section, we outline the required documentation needed to accurately assess the student’s need for academic accommodations, the severity and duration of the disability (whether chronic or acute; whether on-going or temporary), as well the Care Provider’s recommendations for academic accommodations. The professional(s) conducting the assessment and rendering diagnosis of specific disabilities must be qualified to do so. It is inappropriate for students to provide documentation from a clinical professional who is a family member.

The documentation provided allows our staff to examine each student, individually, in order to develop the best possible academic accommodations for the student to be successful at Benedictine. Because we assess each case individually, if a student’s condition changes, we are always open to revision of their approved academic accommodations, with proper documentation.

Documentation Needed Based on Type of Disability

A. Learning Disabilities Documentation: Testing must be comprehensive and appropriately current within 3 years. It is not acceptable to administer only one test in making a diagnosis. Minimally, the domains to be addressed must include, but not be limited to, the following:

1. Aptitude: All subtests, scaled, and standards scored must be included.
2. Achievement: The student's current levels in functioning in reading, mathematics, and written language must be addressed (standard scores). Additional formal and informal tests such as timed and untimed administration and a writing sample are recommended to corroborate underachievement in specific academic areas.
3. Information processing: Specific areas of information processing (for example, short- and long-term memory, reasoning, listening, sequential memory, auditory and visual processing, and processing speed) must be assessed (standard scores). Use of subtests from the Wechsler Adult Intelligence Scale – Revised and/or the cognitive report of the Woodcock-Johnson Psycho-Educational Test Battery – Revised are acceptable. Additional testing designed to corroborate the existence of processing disorders as identified by Wechsler or the Woodcock-Johnson are recommended.
4. A summary of findings. If a student is found to have a disabling condition, the assessment summary should explain the relationship between this condition and the problems the student has been encountering in academic and other settings;
5. Recommendations about specific areas academic accommodations are needed.
6. Title, professional credentials, contact information, and signature of the licensed clinician.
7. A recent (within 3 years) IEP or 504 can be used if all three domains (aptitude, achievement, and information processing are included and discussed.

B. ADHD Documentation: Diagnosis of attention deficit disorder should be made by a licensed professional(s). This documentation should be appropriately current, within 3 years. The licensed professional(s) should have expertise in diagnosing attention deficit disorders in adults and in diagnosing other psychiatric disorders that might coexist with attention deficit disorder. Symptoms of some medical disorders and some psychiatric disorders can resemble symptoms of ADHD. Therefore, the assessing professional(s) should make every effort to obtain relevant information about medical and psychological factors which might be contributing to the student's disabling condition.

An assessment for ADHD must include a formal assessment to include ALL of the following documentation provided by an appropriately licensed Clinician/Care Provider:

1. Observation of the student's behavior; including interviews and questionnaires

2. Complete developmental, educational, and medical histories;
3. Diagnosis, date of diagnosis, and specification of the current DSM criteria on which the diagnosis was based;
4. Results of recognized, industry standard, cognitive tests;
5. A summary of findings. If a student is found to have a disabling condition, the assessment summary should explain the relationship between this condition and the problems the student has been encountering in academic and other settings;
6. An evaluation of the effectiveness of past and current medications if prescribed for relief of ADHD symptoms;
7. Recommendations about specific areas academic accommodations are needed.
8. Title, license, credentials, contact information, and signature of professional who has either diagnosed and/or currently treats the student for their disability.

C. Psychological Disability Documentation: Diagnosis of psychological disabilities should be made by a licensed professional. Documentation must be comprehensive and be appropriately current, within 3 years.

A formal assessment for a psychological disability must include ALL of the following documentation provided by an appropriately licensed Clinician/Care Provider:

1. Complete developmental, educational, and medical histories; including interviews and questionnaires to allow a student to describe current concerns and past problems;
2. Observations/insights of the student's behavior in an academic setting;
3. Diagnosis, date of diagnosis, specification of the current DSM criteria on which the diagnosis was based; test(s) performed, and results provided or summarized
4. Information concerning any prescribed medication, including that used by the student during the assessment process, and its effect on the student;
5. Approximate duration of the disorder;
6. A summary of findings. If a student is diagnosed with a disabling condition, the assessment summary should explain the relationship between this condition and the problems the student has been encountering in academic and other settings;
7. Recommendations about areas in which academic accommodations may be needed.
8. Title, license, credentials, contact information, and signature of professional who has either diagnosed and/or currently treats the student for their disability.
9. A recent (within 3 years) IEP or 504 can be used as supplementary documentation.

D. Physical Disability Documentation: Physical disabilities may be either on-going or temporary in nature.

For *on-going* physical disabilities, documentation must include ALL of the following from an appropriately **Medically Licensed Care Provider:**

:

1. Current diagnosis on Care Provider's letterhead;
2. Manifestations/ effects and level of severity of the condition;
3. Information concerning any prescribed medication, and its effect on the student;
4. An assessment of functional limitations in an academic setting; and
5. Recommendations about areas in which academic accommodations may be needed.
6. Title, professional credentials, contact information, and signature.

For *temporary* physical disabilities, documentation must be current (within 30 days of incident) and must include ALL of the following from an appropriately **Medically Licensed Care Provider:**

1. Current diagnosis on Care Provider's letterhead;
2. Date of incident, expected length of disability, expected date of return to normal activities
3. Information about prescribed medication, and effects on the student (if applicable)
4. An assessment of functional limitations in an academic setting (if applicable)
5. Title, professional credentials, contact information, and signature.

Benedictine University complies with the definition of handicapped persons as found in the Rehabilitation Act of 1973 (PL 93-112) and subsequently stated in the Americans with Disabilities Act of 1990 (PL 101-336).

“Any person who (i) has a physical or mental disability which substantially limits one or more of such person’s major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment.”

Definition of Terms

Physical or mental impairment is defined as, but not limited to, the following:

-any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems: neurological; musculoskeletal; specific sense organs; respiratory (including speech organs); cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; and endocrine.

-any mental or psychological disorder, such as intellectual disability or developmental disabilities, organic brain syndrome or acquired brain injury, emotional or mental illness, and specific learning disabilities.

-any contagious and non-contagious diseases and conditions such as orthopedic, visual, speech and hearing impairment; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer, heart disease; diabetes; mental retardation; emotional illness; HIV diseases (whether symptomatic or asymptomatic) and tuberculosis.

Major life activities are defined as daily functions such as self-care, performance of manual tasks, walking, seeing, hearing, breathing, learning or working.

Is regarded as having an impairment is defined as having a physical or mental impairment that does not substantially limit major life activities as a result of the attitudes of others toward such an impairment; or has none of the impairments listed in the above definitions, but is treated as having such an impairment, such as persons with a limp or persons with disfiguring scars.

Has a record of such impairment is defined as having a history of, or has been incorrectly classified as having, a mental or physical impairment that substantially limits one or more major life activities.

Exclusions:

An individual with a disability does not include a person who is currently engaging in the illegal use of drugs. However, an individual who is currently participating in, or who has successfully completed, a supervised drug rehabilitation program and is not currently engaging in the illegal use of drugs, or who is otherwise no longer engaging in such us, shall be considered an individual with a disability if the individual otherwise fits the definition of a disabled person as described in the above definitions.

Information:

For further information, the Office of Academic Accommodations and Accessibility is located in Kindlon Hall, Room 312, on the Lisle campus. Please call (630) 829-6041. Fax (630) 596-8440 You can also email us at accommodations@ben.edu

Self-identification Form for Accommodations Services Requests

Full Name: _____ **Date of Birth:** _____

Please print legibly

Mailing Address: _____

Ben ID Number: _____ Email: _____ Phone: _____

Term of Initial Enrollment/ Intended Enrollment: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall		
Year _____	Campus Location: _____	Lisle _____ Mesa _____
Program: <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Online		
Major(s): _____		Minor: _____

I am currently enrolled (intend to enroll) at Benedictine University and do hereby identify as a person with the disability/disabilities of: _____

This disability is classified as a _____ (select one of the following):

_____ Permanent disability – A chronic, on-going mental or physical impairment that substantially limits one or more major life activities.

_____ Temporary or changing disability - A short-term, physical impairment that substantially limits one or more major life activities.

Academic accommodations granted must be consistent with the type of disability identified and the severity of the disability. Based on this/these disability(ies), I am requesting the following accommodation(s):

I understand that I must provide appropriate, official documentation to verify my disability before services can be provided. The list of documentation required is described in “Policy to Request Accommodations.”

I realize that it is MY responsibility to contact the Director of the Academic Accommodations and Accessibility to make any necessary changes in accommodation requests. Any changes MUST be submitted in writing and may necessitate additional documentation.

Signature _____ Date _____

This completed form will be kept on file in the Academic Accommodations and Accessibility office.

Revised: April 1, 2024

THE OFFICE OF ACADEMIC ACCOMMODATIONS AND ACCESSIBILITY

Verification Form

Students requesting support services under laws pertaining to non-discrimination for individuals with disabilities such as the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 are required to submit documentation to verify their eligibility for services and accommodations. This documentation must indicate evidence that the disability limits a major life activity such as learning. The provision of “all reasonable accommodations” is based on the current impact of the disability on academic performance. Thorough documentation is needed to help determine the reasonable and appropriate accommodations that the student is qualified to receive. Therefore, it is in the student’s best interest to provide recent and appropriate documentation.

Benedictine University strives to ensure that qualified students with disabilities are accommodated and, if possible, to see that these accommodations do not jeopardize successful therapeutic interventions. It should be noted that academic accommodations are intended to ensure access to educational opportunities for a student with disabilities. The mandate to provide reasonable accommodations does not extend to adjustments that would “fundamentally alter” the nature of the course, course components, or course requirements.

The student named below is requesting an accommodation due to a disability. So as to ensure that this accommodation request be considered, Benedictine University requires that a qualified professional who has first-hand knowledge of the student’s condition and is an impartial individual not related to the student complete the following form.

Student Information (to be completed by the student)

Last Name _____ First _____ M.I. _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Phone _____

Student’s signature below represents consent for therapist/doctor to release confidential information in order to complete this form:

I am acknowledging that the remainder of this form will be completed by the qualified professional treating my current diagnosis.

Student’s signature _____ Student ID number: _____

5700 College Road, Lisle, Illinois 60532-0900 (630) 829-6041

PART I. Clinical Professional Information - (The following sections need to be completed by a qualified professional.)

Date of completing form _____

Name of certifying professional _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Professional Title _____

License/ Certification number and Issuing State _____

Date of initial contact with student _____ Date of last contact with student _____

PART II a. Diagnosis

1.) Diagnosis(es) _____

If mental health diagnosis, ICD-10 code required _____

2.) Date of Diagnosis _____

3a.) Basis on which diagnosis of disability was made, provide a list or description of diagnostic tools and tests employed. *For mental health diagnoses, this section cannot be left blank.*

3b.) Please discuss the results or attach a copy of emotional and/or psychoeducational evaluation.

Is this a current or ongoing condition?

If the diagnosis includes a phobic response to exams, does this problem limit the student's demonstration of their knowledge of the class material on a non-accommodated exam? _____ Yes _____ No

Explanation _____

PART II b. Medications

Current medication including dosage. Include any side effects that may inhibit learning and test-taking.

Please specify the impact of the prescribed medications upon exams and other classroom activities:

Is this person compliant with their medication plan? _____ Yes _____ No

PART III. Therapeutic Interventions

Current or planned therapeutic interventions

If the person is not in therapy at this time, would you recommend it? _____ Yes _____ No

Does this person currently pose a threat to him/herself or others? If so, please specify.

PART IV. Impact of Condition on Educational Success

Please identify the specific academic abilities or functions that are compromised by the disorder. Indicate the severity of these limitations by rating them from 1 (not severe) to 5 (extremely severe).

Please specify the impact of the disorder upon exams and other classroom activities:

Suggested Accommodations

NOTE: Final determination of appropriate accommodations will be determined by the Accommodations Team of Benedictine University in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws. Each recommended accommodation must be accompanied by an explanation of its relevance to the diagnosed disability.

Please provide a list of the accommodations that you would recommend for this student in order to ensure access to academic courses and related programs.

Academic Accommodation 1

Rationale: _____

Academic Accommodation 2

Rationale: _____

Other accommodations (Please specify.) _____ Yes _____ No
Rationale: _____

Signature of Licensed Care Provider

Date

Thank you for your assistance in completing this form.

If you have any questions regarding the nature of this information needed for students, please call the Office of Academic Accommodations and Accessibility at 630-829-6032. This form should be returned to the Office of Academic Accommodations and Accessibility, Kindlon Hall 310, Benedictine University, 5700 College Road, Lisle, IL 60532, by fax to 630-596-8440 or email: accommodations@ben.edu.

This document may not be released without written permission of the student or by order of a court. It will be destroyed six years after the student is no longer enrolled. The student will have access to this document but you may specify that this access be given only when a person qualified to explain the document is available.

