

**UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE
DISABILITY ACCOMMODATIONS COMMITTEE**

Procedures for Student Disability Accommodation Requests

The University of Illinois is committed to the most fundamental principles of academic freedom, equality of opportunity, and human dignity, and requires that decisions involving students and employees be based on individual merit and be free from invidious discrimination in all its forms. To that end, the University of Illinois College of Medicine (COM), through its Disability Accommodations Committee, has developed the following Rules and Procedures for providing reasonable accommodations for all qualified persons with disabilities. The COM will assure that these policies and procedures are available to all students, and will make a reasonable effort to direct students seeking accommodations to these policies as a guide to the process.

Section 1: Disability Defined

- 1.1 As defined by applicable law, including the ADA Amendments Act of 2008 (“ADAAA”), a person with a disability is "any person who (1) has a physical or mental impairment which substantially limits one or more major life activities, or (2) has a record of such an impairment, or (3) is regarded as having such an impairment."
- 1.2 "Major life activities" refer to functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, concentration, thinking, and working; also "major bodily functions" such as normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, immune system, and reproductive functions.

Section 2: Disability Accommodations Committee (the “Committee”)

- 2.1 Purpose: The College of Medicine Disability Accommodations Committee (the “Committee”) is charged with assuring that students with documented disabilities receive reasonable accommodations, tailored to their individual needs and circumstances.
- 2.2 Membership: The Committee must consist of individuals who are familiar with student disability accommodation issues on each of the four campuses, and/or who have substantial knowledge of ADA disability requirements. The Committee should include a representative from the Office for Access and Equity and/or the Disability Resource Center. The Senior Associate Dean for Educational Affairs will designate at least six members with requisite expertise to serve on this committee.

- 2.3 Terms: Terms will be three years, and renewable. There are no limits on the number of renewable terms.
- 2.4 Committee Chair: The Senior Associate Dean for Educational Affairs, or a committee member that he or she designates, will serve as the Committee Chair (the “Chair”), for a three year term that is renewable..
- 2.5 Meetings: The Chair shall be responsible for calling and conducting all meetings of the Committee. Administrative support will be provided through the Office of the Senior Associate Dean for Educational Affairs by an administrative assistant who shall be responsible for ensuring accurate records are maintained, notifications of meetings are distributed, and appropriate materials are disseminated to the members of the Committee. Meetings shall take place as needed to address requests for accommodations or revisions to the same.
- 2.6 Quorum: A quorum for any action by the Committee shall be a majority of the members of the group. A simple majority of members present shall be sufficient for passage of any issue except the amendment or repeal of these Rules and Procedures, or removal of a committee member, which shall require a majority of the total membership.
- 2.7 Duties and Responsibilities: The Committee shall be responsible for determining whether the student is eligible for an accommodation and if so, determine what reasonable accommodation(s) should be implemented.
- 2.7.1 The determination of whether a student has a disability, and hence eligible for an accommodation shall be based on the information outlined in Sections 3.
- 2.7.2 The determination of a reasonable accommodation is an interactive process with both the student and the student’s disability evaluator and shall be made pursuant to Section 4.

Section 3: Required Documentation and Student Responsibilities

Students seeking accommodations should complete a “Student Disability and Accommodations Request Form.” In addition, the Committee requires that a student provide documentation that verifies that his/her disability substantially limits some major life activity and that supports the requested accommodation. ***Students must submit documentation to the Committee Chair at least one month in advance of the date of the requested accommodation.*** A student’s documentation shall be at the student’s expense and ***must meet each of the following criteria:***

- 3.1 Qualified Professional: The documentation must include an evaluation conducted by a qualified professional. Documentation must include information about the professional credentials of the evaluator, including their

licensure and area of specialization. Additional information about their, experience with the diagnosis and treatment of adults in the appropriate field is recommended. An appropriate evaluator for learning disabilities is generally a licensed clinical, educational or neuro-psychologist. The diagnostician should not be a family member.

- 3.2 Current Documentation: The current impact of a disability upon the student's performance is at the crux of determining an effective reasonable accommodation. As such, documentation and the evaluation must be recent.
- 3.2.1 For non-physical disability accommodation requests, documents must not be older than three (3) years;
- 3.2.2 For physical disability accommodation requests, if the physical disability is a permanent condition, documentation of any age may be considered. If the disability is a temporary condition, clinical documentation should be less than one year old.
- 3.3 Comprehensive Evaluation: The evaluation conducted by a qualified professional and submitted by the student must provide information in 5 areas::
- 3.3.1 A *specific medical diagnosis* of a physical, mental or learning disorder.
- 3.3.2 A description of *how the diagnosis was confirmed* based on established diagnostic criteria. Diagnostic testing and methods must be those currently utilized in professional practices within the relevant field.
- 3.3.3 A description of *how the diagnosis impacts a major life activity including education*, and the expected duration of the limitation.
- 3.3.4 The medical and educational *history of the disability*.
- 3.3.5 Specific, realistic *recommendation(s) for accommodations* with a rationale for the recommendations.

Section 4: Accommodation Process

- 4.1 The Committee will determine if the student is eligible for an accommodation (*i.e.*, is covered by the applicable laws and policies). In order to determine eligibility, the Committee will review the documentation submitted by the student and his/her evaluator and determine whether the documentation meets the requirements set forth under Section 3 (Qualified Professional; Current Documentation; Comprehensive Evaluation). If the Section 3 requirements are met, the Committee shall deem the student eligible.
- 4.2 If eligible, the Committee (in conjunction with the student, student's advisor, and evaluator, if appropriate) will determine what specific accommodations should be implemented with priority consideration given to the specific accommodation requested by the student, unless it is deemed not reasonable and other suitable techniques are available. Accommodations are reasonable when they do not fundamentally alter the nature of a program or service and do not represent an undue financial or administrative burden.

- 4.3 Decisions regarding accommodations are made on a case-by case basis. There is no standard accommodation for any particular disability.
- 4.4 The Committee shall provide its decision regarding approval of accommodations to the student in writing.
- 4.5 The Committee reserves the right to send the student for further evaluation. However, to do so, the committee must provide the student with a written explanation of why further evaluation is needed, as follows:
 - 4.5.1 If the documentation provided by the student is incomplete, the Committee may require the student to obtain additional information from his/her evaluator. Such cost is borne by the student.
 - 4.5.2 If the documentation is complete but the Committee requires further evaluation by a second professional opinion in order to determine the most appropriate and reasonable accommodation, the College of Medicine bears the cost. The second professional will be of the Committee's choosing but must be a qualified professional as set forth in Section 3.1.
- 4.6 The Accommodation Process may require six (6) or more weeks to complete.
- 4.7 Following submission of the required documentation, a student may request temporary accommodations pending review by the Committee. These requests will be approved on a case by case basis by the Chair of the ADA Committee.

Section 5: Appeals Process

A student who is denied an accommodation (either in full or specific request) may appeal the Committee's decision through the formal student grievance process.

- 5.1 A student may file a formal grievance in writing to the COM grievance officer within forty-five (45) calendar days of the date the student received the Committee's written decision. The appeal must also be submitted to the Chair.
 - 5.1.1 The administrative assistant to the Committee is responsible for submitting all documentation to the grievance officer for consideration.
 - 5.1.2 The grievance officer may consult with the Committee or other relevant professionals.

Section 6: Additional Provisions

- 6.1 The foregoing rules and procedures supersede any and all prior practices and procedures implemented by the College of Medicine.
- 6.2 The foregoing rules and procedures are not intended to alter the student formal grievance process.

UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE

**CONFIDENTIAL INFORMATION
STUDENT DISABILITY AND ACCOMMODATION REQUEST FORM**

Directions: Students who wish to request reasonable accommodation under the Americans with Disabilities Act *must* complete this form. Provide all of the requested information; the form will be returned to you if it is not complete. **TYPE OR PRINT LEGIBLY.** Review the Procedures for Student Disability Accommodation Requests. Review the information on this form with your site administrator who is assigned to assist with accommodation requests [hereinafter referred to as the administrator]. Complete the form and attach to it the required comprehensive documentation as specified in Section 3 of the Procedures document. Sign the form and obtain the signature of the administrator. Keep copies of the form and the documentation for your records. Give the signed form and a copy of the documentation to the administrator, who will forward it to the College of Medicine Office of Educational Affairs for review by the College of Medicine Accommodations Committee. *The completed form must be received by the College of Medicine Office of Educational Affairs at least one month in advance of the date of the requested accommodation.*

(1) NAME	(2) UNIV. IDENTIFICATION NUMBER (UIN)	(3) CURRENT DATE	(4) SITE: _____ (5) CLASS IN MEDICAL SCHOOL: _____
(6) LOCAL ADDRESS		(7a) LOCAL TELEPHONE NUMBER	
(8) NAME OF ADVISOR (OPTIONAL)		(7b) EMAIL ADDRESS	
(10) PROVIDE A SUCCINCT DESCRIPTION OF YOUR DISABILITY:		(9) ADVISOR'S TELEPHONE NUMBER / EMAIL ADDRESS (OPTIONAL)	
(11) BRIEFLY DESCRIBE DOCUMENTATION TO SUPPORT DIAGNOSIS OF DISABILITY; INCLUDE NAME, TITLE, ADDRESS, AND TELEPHONE NUMBER OF INDIVIDUAL WHO PERFORMED DIAGNOSTIC EVALUATION AND <u>ATTACH THE DOCUMENTATION</u>			

<p>(12) HAVE YOU PREVIOUSLY RECEIVED ACCOMMODATION BECAUSE OF A DIAGNOSED DISABILITY? IF SO, BRIEFLY DESCRIBE THE ACCOMMODATIONS YOU RECEIVED:</p>	<p>(13) BRIEFLY DESCRIBE HOW YOU BELIEVE YOUR DISABILITY SUBSTANTIALLY LIMITS A MAJOR LIFE ACTIVITY AND IMPACTS YOUR ABILITY TO FULFILL ACADEMIC REQUIREMENTS:</p>	<p>(14) DESCRIBE THE ACCOMMODATIONS SOUGHT AND IDENTIFY HOW THEY WILL HELP YOU FULFILL ACADEMIC REQUIREMENTS (Attach additional pages, if necessary):</p>
	<p>(15) IDENTIFY THE ACADEMIC YEAR (S) OR OTHER TIME PERIOD FOR WHICH ACCOMMODATIONS ARE SOUGHT</p>	<p>(16) PLEASE DESCRIBE ANY OTHER RELEVANT INFORMATION THAT YOU WISH THE ACCOMMODATIONS COMMITTEE TO CONSIDER:</p>

Student's Signature _____ Date _____

Advisor's Signature (OPTIONAL) _____ Date _____

Site Administrator's Signature _____ Date _____

INTERNAL USE: Date sent to College of Medicine Office of Educational Affairs by site administrator: _____