

OFFICE OF

# STUDENT DISABILITY SERVICES HANDBOOK

For Touro College Graduate and Professional Divisions

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EFFECTIVE JUNE 2019

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**TOURO COLLEGE**

*Where Knowledge and Values Meet*

## **GENERAL DISCLAIMER**

The Touro College and University System endeavors to provide ongoing and uninterrupted educational experiences in a safe and effective environment for our students, staff and faculty. Given the dynamic circumstances surrounding COVID-19 and any other future unknown or unforeseen events and the uncertainties that may be attendant thereto, Touro may be obligated or otherwise compelled to change the method of course delivery and other relevant policies at any time. Any changes will be communicated in a timely manner and can be found on Touro's website.

## **COVID-19**

The COVID-19 global pandemic, which has caused a disruption to all higher education institutions and has forced Touro to move temporarily to an online modality, has affected some of our policies and procedures. While we will continue to operate with the same policies that we had prior to the pandemic, slight procedural modifications may be needed. We ask that you please stay in contact with your Program administration, faculty and student services staff and remain current with any guidance issued in response to the COVID-19 pandemic.

## **COVID-19 RELATED CLINICAL PROCEDURES**

Certain Touro College programs have clinical/course requirements and sequencing. While each such Program strives to adhere to its established timing of courses and clinical experiences, unforeseen events may hamper their availability. When such situations occur, it is possible that the completion of the Program may be delayed and the time in the program extended to meet accreditation requirements. Furthermore, once appropriate clinical experiences have been arranged, it is up to the student, not the Program, to decide whether to attend the clinical site. Should a student decline to participate, the student understands that their progression in the Program may be delayed. Students declining to participate in clinical or other experiential components of their program should contact their clinical coordinator to ensure graduation requirements are met as well as financial aid and other rules and regulations are satisfied.

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## **INTRODUCTION**

### **GENERAL STATEMENT ON STUDENTS WITH DISABILITIES**

Touro College (“Touro” or the “College”) complies with Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990, which protects persons from discrimination on the basis of physical or mental impairments for all educational and employment purposes. Reasonable accommodations may be available for students who qualify.

The College is committed to providing reasonable accommodations to students with documented disabilities who request accommodations. The College has a centralized Office of Student Disability Services headed by an Executive Director who oversees Student Disability Services operations in the Undergraduate, Graduate, and Professional Divisions. The Executive Director is supported by the Student Disability Services Director for the Graduate Division. Students with disabilities seeking reasonable accommodations should do so through the coordinators of the Office of Student Disability Services (OSDS) in their respective schools. (See Appendix C). This Handbook may also be available in hard copy at each school’s OSDS.

Students may apply for reasonable accommodations at any time. Students seeking reasonable accommodations must:

- 1) Complete the *Application for Accommodations & Services* (Appendix A).
- 2) Provide documentation as described in the General Guidelines for Disability Documentation (Appendix B).
- 3) Participate in an interactive dialogue with their OSDS coordinator. (Appendix C)

The confidential process, as described above, results in the issuance of a *Receipt of Accommodations* form (“Receipt”), either approving or denying the request. (Appendix D)

This Receipt does not contain any confidential information, and only lists approved accommodations. The Receipt is shared with the program in which the student is registered to ensure that the approved accommodations are implemented.

Accommodations, if granted, are only implemented on a prospective basis (never retroactively). Verbal disclosure of a disability and request for accommodation is not sufficient and cannot substitute for required documentation.

For an overview of the reasonable accommodations process, see Appendix E.

## **STUDENT RIGHTS AND RESPONSIBILITIES**

### **STUDENT RIGHTS**

- Confidentiality of all information pertaining to a student’s disability, except where disclosure is required by law.
- Equal access to courses, programs, services, jobs, activities, and facilities available through the College.

- Reasonable and appropriate accommodations, and/or academic adjustments determined by the coordinators of OSDS.
- Access to all services and support available to all Touro students with reasonable accommodations where necessary and appropriate.

### STUDENT RESPONSIBILITIES

- Identify himself or herself as an individual with a disability seeking reasonable accommodations.
- Request reasonable accommodations as necessary and appropriate. (Please note that the approval process takes some time, and as such, students are urged to file their paperwork as soon as possible.)
- Meet College and programmatic qualifications, technical, academic, and institutional standards set for all students.
- Provide documentation (i.e. diagnosis, diagnostic exam results, etc.) from an appropriate professional source(s) to verify the nature of the disability and functional limitations as related to the requested accommodation(s).
- Respond in a timely fashion to the Office of Student Disability Services' requests for additional information.
- Follow specific procedures for obtaining reasonable accommodations.
- Attend all classes for enrolled courses, unless otherwise medically excused.
- Immediately report to the OSDS coordinator if previously approved accommodations are not being made.
- Report to the OSDS coordinator if previously approved accommodations require modification, which will result in an interactive dialogue and may result in modifications to reasonable accommodations.
- Understand that accommodations are never provided on a retroactive basis.
- Understand that receiving reasonable accommodations is not a guarantee of academic success.
- Keep a copy of submitted documentation. Touro is not the custodian of the student's application or medical records.

### GRIEVANCE POLICY

If a student feels that he/she has been discriminated against on the basis of their disability or disability status, he/she has the right to file a complaint through the grievance or student complaint mechanisms as stated in the College Catalog or Student Handbook. A similar procedure can be followed by a student to appeal the College's response to a request for reasonable accommodations.

## **FREQUENTLY ASKED QUESTIONS**

**What follows are a series of questions frequently asked by students, parents, faculty, and staff along with the relevant answers for Touro College's Graduate and Professional Programs.**

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### **FAQ: OVERVIEW**

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1. **What is considered by the College to be a disability?**

The College follows relevant legislation, which defines a disability as something that is categorized as a physiological or mental disorder that substantially limits an individual in a major life activity. Disabilities include but are not limited to: cancer, epilepsy, hearing impairment, visual impairment, learning disabilities, mental illness, muscular dystrophy, orthopedic impairment, perceptual impairment, and addiction.

2. **Does my disability affect admission to the College and its programs?**

No. Further, accommodations are available for the admissions process, if required.

3. **What are "reasonable accommodations?"**

Reasonable accommodations are meant to "level the playing field." Accommodations do not suggest that academic programs or procedures be fundamentally changed or waived, as that would be unfair discrimination against other students. Rather, accommodations are intended to allow disabled students to have a qualitatively equivalent educational opportunity as non-disabled students. The law ensures non-discriminatory access to college admission, specific courses, living arrangements, or employment opportunities.

Academic requirements must be adhered to with or without accommodations.

4. **What is the Office of Student Disability Services?**

The Office of Student Disability Services ensures equal opportunity for students with disabilities by providing reasonable accommodations and support.

5. **What must a student do to request services?**

A student must:

- (a) Complete and submit an *Application for Accommodations & Services*.
- (b) Provide required documentation along with the application.
- (c) Schedule an interactive dialogue with the Coordinator of the Office of Student Disability Services at their particular school.
- (d) Read and sign all required forms.
- (e) Keep copies of all submitted applications and documentation.

6. **What about standardized tests that are required for program progression or upon completing the program?**

Accommodations for standardized tests (for example, NCLEX; certification exams, licensure exams, etc.) are arranged by individual licensing bodies or test administrators. Each student is encouraged to apply directly, well in advance, to that entity and well in

advance. Being approved for accommodations with Touro does not guarantee that a student will receive reasonable accommodations on a standardized test.

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## **FAQ: NOTIFICATION CONCERNS**

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7. **What about confidentiality?**  
Students are not identified by OSDS to any outside person or office without the student's permission.
8. **How are professors notified of accommodations?**  
The signed *Receipt of Accommodations* is distributed to the relevant professors.
9. **Can I use approved accommodations in only some of my courses?**  
Yes.
10. **I just learned that I have an examination tomorrow. I have a disability. Can I see an advisor today and receive extra time for tomorrow's examination?**  
No. You need to provide the college with timely notification. OSDS must be provided with an adequate amount of time to process your request (i.e. up to 21 days), review the necessary documentation, conduct an interactive dialogue, and ultimately determine which reasonable accommodations are appropriate. Then, lastly, the OSDS needs time to make the necessary logistical arrangements. Please plan ahead.
11. **Can I arrange with my instructor to provide extra time or other accommodations without contacting the OSDS?**  
No. Individual professors are not allowed to nor are they in a position to review documentation or provide independent accommodations. All reasonable accommodations requests must be reviewed by OSDS. This is done in order to ensure that all students are treated in the same manner.
12. **Is there a deadline for requesting accommodations?**  
No. However, please be advised that it may take up to 21 days for the process to be completed. Accommodations *are never provided retroactively*.
13. **Why would a student with a disability not contact OSDS for reasonable accommodations?**  
Some students may have developed sufficient coping strategies that their disability no longer impacts their ability to learn. Students are not required to disclose a disability or to request reasonable accommodations for that disability.
14. **How do I get the required documentation?**  
Students should request documentation directly from their licensed medical healthcare providers. (Please see Appendix B for guidelines.)

15. **I had accommodations in high school; do I automatically get accommodations in college?**  
No. The law treats high school and college students differently. Both legislation and the application of reasonable accommodations differ on the college level.
16. **I had accommodations in undergraduate school. Do I automatically get accommodations in graduate school?**  
No. There is no “automatic” distribution of accommodations. Students must still fill in forms, meet with an OSDS coordinator, and provide recent documentation, even if you were a Touro undergraduate student.
17. **What guidelines can you offer me in terms of documentation required by Touro?**  
Please see Appendix B for more information.

While each case is independently evaluated, Touro’s guidelines require that:

- a) Documentation be issued by a professional with the appropriate credentials, training and experience.
- b) Reports provide clear evidence of a disability.
- c) Reports include the evaluator’s recommendations, concerns, accommodation suggestions including how the accommodations are related to functional limitations.
- d) Reports be current and based on evaluations performed within the past three years.
- e) Students who received accommodations during the didactic portion of their education must submit a new request for accommodations should they require them for a clinical component of a program.
- f) The professional that issues the documentation should not have a personal relationship with the student.

Students must keep copies of all submitted applications and documentation.

18. **Are there any additional evaluations required?**  
No.
19. **Can the College perform the necessary evaluation for documentation of learning disabilities?**  
No. However, Touro College reserves the right to perform an independent evaluation after receipt of a complete application packet, including a student’s medical documentation.
20. **Will accommodations allow me to alter or waive an essential part of any course, program, or degree?**  
No. The College does not waive essential degree requirements.



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**FAQ: STUDENT CONCERNS**

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21. **What should I do if I believe my approved accommodation needs are not being met?**  
Immediately report the issue to your school's OSDS Coordinator.
  
22. **If I declare my disability to one program in Touro College, will this information be shared within the Touro system?**  
No. Touro College cannot release information about your disability without your written permission. If a student enrolls in another program in Touro, they must reapply for reasonable accommodations in that program.
  
23. **What is FERPA?**  
The Family Educational Rights and Privacy Act of 1974 (FERPA) is a federal law that regulates disclosure of student records without prior written consent by the student. Under FERPA, certain information can only be shared with school officials who have "legitimate education interest" in viewing such information. FERPA also allows students to view and review their files maintained by the Office of Services for Students with Disabilities.

**APPENDIX A**

**APPLICATION FOR ACCOMMODATIONS & SERVICES**

*Please allow **up to 21-days** for the Office of Student Disability Services (OSDS) to review your application and supporting documentation. **Please note that your application cannot be reviewed until all documentation is received.** General Documentation Guidelines are outlined below. After OSDS has reviewed your application, you will be contacted via e-mail or by phone so that we may engage you in an interactive dialogue relative to your application. Please [contact OSDS](#) if you have questions regarding the OSDS application process.*

**Section I: Student Information**

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Preferred Title (Mr., Ms., etc.):** \_\_\_\_\_

**Permanent Address:**

\_\_\_\_\_

(Street & Apt. #) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Local Address:**

\_\_\_\_\_

(Street & Apt #) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Touro E-mail Address:** \_\_\_\_\_

**Other E-mail Address:** \_\_\_\_\_

**Touro College School:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Campus:** \_\_\_\_\_

**Anticipated Graduation Date:** \_\_\_\_\_

## Section II: Disability Related Information

Please answer the following questions regarding your disability and how it impacts your ability to learn, attend, or participate in College life.

### **1. Please indicate your disability category(ies). Check all that apply:**

#### **A. Neurodevelopmental**

- ADHD
- Autism Spectrum Disorder (including Asperger's Syndrome)
- Communication/Speech: communication disorders, including apraxia of speech; articulation disorder; phonemic disorder; stuttering; voice disorder
- Learning Disability: includes central auditory processing disorder; disorder of written expression; dysgraphia; dyscalculia; dyslexia; learning disorder NOS; mathematics disorder; mixed receptive-expressive language disorder; nonverbal learning disorder (if student has not been diagnosed on the autism spectrum); processing speed disorder; reading disorder; visual processing disorder
- Motor: developmental coordination disorder; stereotypical movement disorders; tic disorders; tremors

#### **B. Sensory**

- Blind: visual acuity of 20/200 or worse in the better or stronger eye with the best correction; totally blind; or a person with 20 degree or less field of vision (pinhole vision).
- Low Vision: visual acuity of 20/70 or worse in the better eye with best correction; a total field loss of 140 degrees or more in the field of vision; difficulty in reading regular newsprint even with vision corrected by glasses or contact lenses; loss of vision in one eye
- Deaf: not able to discern spoken communication by sound alone; a hearing loss that prevents one from totally receiving sounds through the ear, whether permanent or fluctuating
- Hard of Hearing: partial hearing loss; may be conductive, sensorineural, or both

#### **C. Mental Health**

- Generally, disorders characterized by dysregulation of mood, thought, and/or behavior. These include anxiety disorders, eating disorders, mood disorders and psychotic disorders.

#### **D. Physical**

- Basic Chronic Medical Condition: a medical condition resulting in limited strength, vitality or alertness due to chronic or acute health problems. This would not include those with temporary disabilities.
- Mobility: indicates a student who, typically, must use a standard manual or electric wheelchair or other assistive device (walker, crutches, braces, prosthesis, etc.) to move from place to place.
- Orthopedic: a physical disability caused by congenital anomaly, diseases of the bones and muscles, connective tissue disorders, or other causes. This would not include those with temporary disabilities.

**E. Intersystem** (existing between two or more systems)

- Alcohol/substance addiction and recovery: students who are recovering from drug or alcohol or substance abuse or who are in substance abuse treatment programs
- Complex Chronic Medical Condition: a medical condition that significantly affects multiple systems of the body. This would not include those with temporary disabilities.
- Traumatic brain injury: an injury caused by an external physical force (concussion) or from certain medical conditions (aneurysm, anoxia brain tumors, encephalitis, stroke) with resulting mild, moderate or severe disabilities in one or more areas (abstract thinking, attention, cognition, information processing, judgment, language, memory, motor abilities, perceptual, physical functions, problem solving, psychosocial behavior, reasoning, sensory, speech). The term does not include injuries that are congenital or birth-related.

**F. Temporary Disabilities**

- A transitory impairment with an actual or expected duration of six months or less. Examples include bone fractures, sprains, torn ligaments, post-surgical recoveries, significant illness, etc.
- Pregnancy-related condition.

**G. Multiple Disabilities**

- A student with two or more disabilities.

**H. Other**

- Please specify: \_\_\_\_\_

**2. Specify the diagnosis or type of disability based on the category above:**

\_\_\_\_\_

**3. Please check all that apply:**

- I use a wheelchair.
- I use assistive mobility devices (braces, crutches, cane, or prosthesis).
- I wear a hearing aid.
- I need to read lips of instructors.
- I have difficulty reading the blackboard/whiteboard.
- I have difficulty taking notes in class.
- I have difficulty writing.
- I have difficulty standing for long periods of time.
- I tire easily when I walk distances.
- I have difficulty walking up/down stairs.
- Please describe any other mobility or disability related difficulties you are currently experiencing:

\_\_\_\_\_  
\_\_\_\_\_

Other

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**4. Are you currently taking any medication related to your disability or medical condition?**

Yes  No (check only one)

If yes, list all of the medications you are taking:

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If yes, please also list any side effects of the medications that you are taking and their positive and negative impact on your academic/cognitive abilities and/or other activities:

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**5. Please check all of the reasonable accommodations that you are requesting:**

Testing Accommodations

• Please specify \_\_\_\_\_

Classroom Accommodations

• Please specify: \_\_\_\_\_

Communication Accommodations

• Please specify: \_\_\_\_\_

Other Accommodations

• Please specify: \_\_\_\_\_

**6. Please list any services/accommodations you received throughout your education** (Please note that while such services do not necessarily carry over to your current program, the information is helpful to give OSDS background information on your disability-related needs.)

Institution: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Accommodation(s) Received:

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Institution: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Accommodation(s) Received:

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**Section III: Agency Information**

**Do you receive services from any of the following agencies?**

Vocational Rehabilitation Services

• Specify State and Agency:

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Veterans Administration (VA)

Other:

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**Section IV: Application Certification**

I, \_\_\_\_\_, certify that the foregoing statements are complete, accurate, and true to the best of my knowledge, and I understand that Touro College requires supporting documentation.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**AUTHORIZATION FOR USE OR DISCLOSURE  
OF HEALTH INFORMATION TO TOURO COLLEGE**

I, \_\_\_\_\_ (student), give Touro College permission to contact  
\_\_\_\_\_ (health care provider) and have executed a NYS HIPAA  
form.

I understand the reason for this contact is to advise Touro College about my educational needs and functional abilities and limitations in relation to my educational goals and functions. I understand that the College will provide \_\_\_\_\_(health care provider) with specific information about the program, including the essential functions and specific requirements. All information obtained from student medical examinations and inquiries will be educational-related necessity. All information obtained will be maintained and used in accordance with the Americans with Disabilities Act of 1990 confidentiality requirements, and all other applicable State and Federal laws.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA**

[This form has been approved by the New York State Department of Health]

|                 |               |                        |
|-----------------|---------------|------------------------|
| Patient Name    | Date of Birth | Social Security Number |
| Patient Address |               |                        |

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

- This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV\* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
- If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:

8. Name and address of person(s) or category of person to whom this information will be sent:

9(a). Specific information to be released:

Medical Record from (insert date) \_\_\_\_\_ to (insert date) \_\_\_\_\_

Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

Other: \_\_\_\_\_ Include: *(Indicate by Initialing)*

\_\_\_\_\_ **Alcohol/Drug Treatment**

\_\_\_\_\_ **Mental Health Information**

\_\_\_\_\_ **HIV-Related Information**

**Authorization to Discuss Health Information**

(b)  By initialing here \_\_\_\_\_ I authorize \_\_\_\_\_

Initials Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

\_\_\_\_\_

(Attorney/Firm Name or Governmental Agency Name)

|  |  |
|--|--|
| 10. Reason for release of information:<br><input type="checkbox"/> At request of individual<br><input type="checkbox"/> Other: | 11. Date or event on which this authorization will expire: |
|--|--|

|  |   |
|--|---|
| 12. If not the patient, name of person signing form: | 13. Authority to sign on behalf of patient: |
|--|---|

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

\_\_\_\_\_  
Signature of patient or representative authorized by law. Date: \_\_\_\_\_

\* **Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.**



## APPENDIX B GENERAL GUIDELINES FOR DISABILITY DOCUMENTATION

We have established the following disability documentation guidelines. If the original documentation is incomplete or inadequate to determine the extent of the disability or reasonable accommodation(s), OSDS has the discretion to require additional documentation.

Documentation must:

1. Be recent, within three years of request, in order to assess the current impact on learning or a major life activity. Please note that students requesting accommodations due to a chronic medical condition must submit documentation dated within 6 months and must update documentation annually. **In no case will documentation over three years old be considered.**
2. Be sufficient to establish a direct link between the disability and the requested accommodations.
3. Be issued by a medical or other qualified, licensed professional and printed on letterhead (including the professional's licensing information), dated, signed. The medical or other qualified licensed professional cannot be related to the student by marriage or affinity. The College reserves the right to require that a certified copy of the report be transmitted directly from the evaluator to the College.
4. Specific recommendations for accommodations as well as an explanation as to why each is recommended as necessary.

Copies of the submitted application and documentation must be retained by the student. Touro is not the custodian of the student's medical records.

## **SPECIFIC GUIDELINES FOR DOCUMENTATION OF NEURODEVELOPMENTAL DISABILITIES**

*Including ADHD, Autism Spectrum Disorder,  
Communication Disorder and/or Learning Disabilities*

Please refer to General Guidelines for Disability Documentation in addition to these specific guidelines for learning disabilities.

The following guidelines describe the necessary components of acceptable documentation for students with learning disabilities. Students are encouraged to provide their clinicians with a copy of these guidelines.

Relevant Testing:

- Actual scores from all instruments must be provided with standard scores and percentile rank scores.
- The most recent edition of each assessment instrument must be administered.

**The following areas must be addressed using standardized instruments:**

**Aptitude:** The *Weschler Adult Intelligence Scale IV (WAIS-IV)* with subtest scores is the preferred instrument. The *Woodcock-Johnson Psychoeducational Battery III: Tests of Cognitive Ability* or the *Stanford-Binet Intelligence Scale-IV* are acceptable. Brief versions or screening measures are not comprehensive, including: the Kaufman Brief Intelligence Test, and the Slosson Intelligence Test-Revised, and are not accepted.

**Achievement:** Assessment of comprehensive academic achievement in the areas of reading (decoding and comprehension), mathematics (calculation and problem solving), oral language, and written expression (spelling, punctuation, capitalization, writing samples) is required. The *Woodcock-Johnson Psycho-educational Battery III: Tests of Achievement* is the preferred instrument. The *Scholastic Abilities Test for Adults (SATA)* and the *Stanford Test of Academic Skills (TASK, Wechsler Individual Achievement Test - II (WIAT-II) or specific achievement tests* are acceptable.

**Cognitive and Information Processing:** Specific areas of cognitive and information processing must be assessed. These domains include, but are not limited to:

- o memory (i.e., visual and verbal acquisition, retrieval, retention, and recognition)
- o processing speed and cognitive fluency (e.g., timed psychomotor or graphomotor tasks, decision and naming fluency)
- o attention (e.g., visual and auditory spans of attention, scanning tasks, and vigilance assessment, including continuous performance tasks)
- o sensory-perceptual functioning (e.g., high-level visual, auditory, and tactile tasks)
- o executive functioning (e.g., planning, organization, prioritization, sequencing, self-monitoring)
- o motor functioning (e.g., tests of dexterity and handedness)
- o visual acuity and possible need for prescription eye glasses.

A diagnosis as per the American Psychiatric Association's *Diagnostic and Statistical Manual – V (DSM-V)* is required. Terms such as “learning problems,” “learning differences,” “weaknesses,” etc., are not the equivalent of learning disability.

Documentation must include all of the following elements:

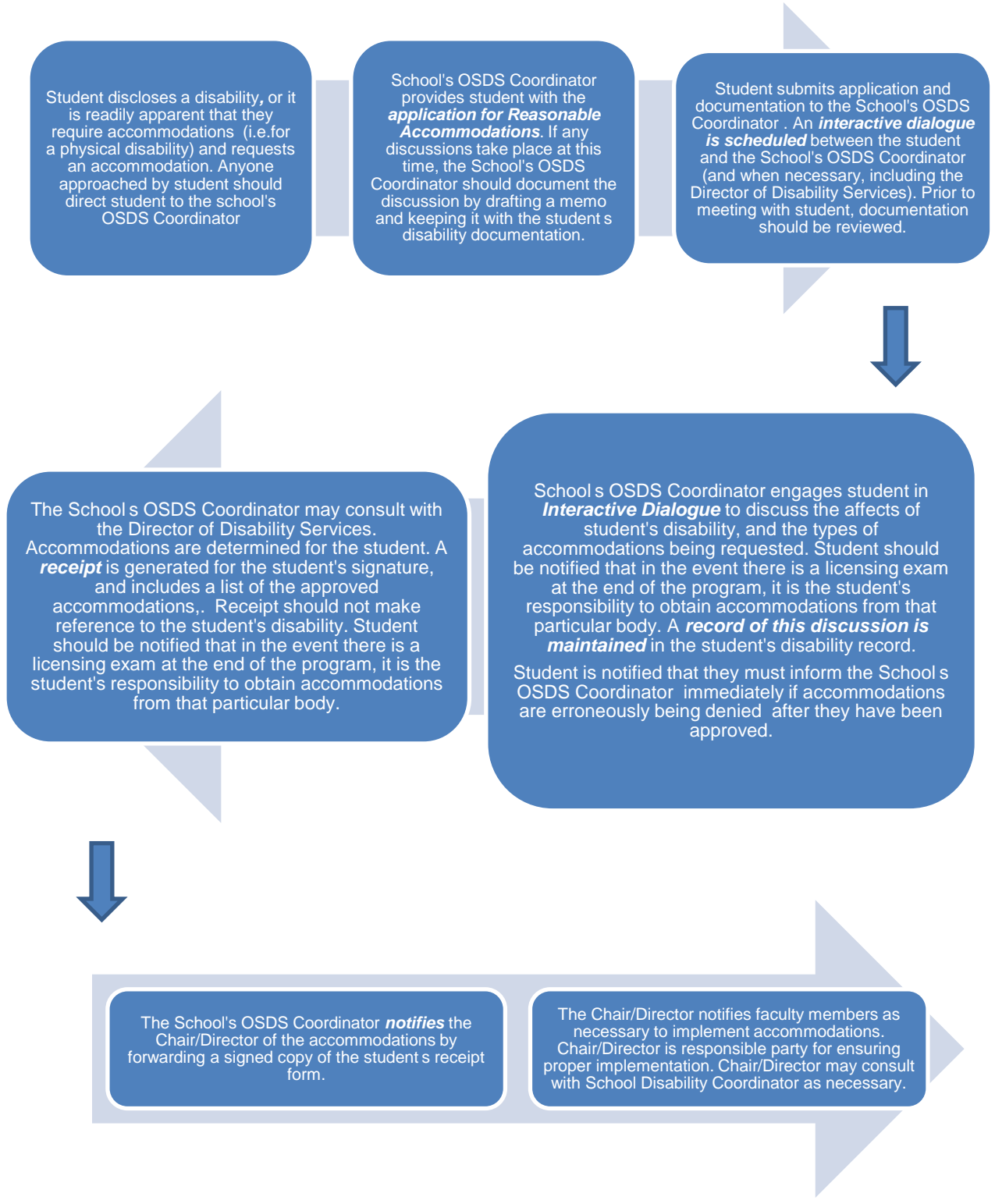
1. **The evaluation must be performed by a qualified individual:** The assessment must be provided by a licensed psychologist, psychiatrist, psychiatric nurse practitioner, or clinical social worker unrelated to the student by birth, marriage or affinity. An assessment from a general physician typically will not suffice. The College reserves the right to require that a certified copy of the report be transmitted directly from the evaluator to the College.
2. **Currency of documentation:** Evaluations should be dated within 6 months of the date of the request for accommodation. Older evaluations will be considered if submitted with more recent supplemental documentation. In addition, documentation will need to be updated at the beginning of each academic year in order to assess up to-date accommodation needs. The Office for Student Disability Services reserves the right to adjust these timelines based on the nature of the student's disorder and request for accommodation.
3. **Current treatment and medications:** Documentation should include any counseling, specific therapies, current prescribed medications and any side-effects that would compromise academic functioning as well as the ameliorative effects of such treatments/medication.
4. **Specific diagnosis:** This should not merely refer to symptoms and should correspond to a specific diagnosis as per the American Psychiatric Association's *Diagnostic and Statistical Manual – V (DSM-V)*. Please note that a diagnosis in and of itself does not automatically warrant approval of requested accommodations.
5. **Clinical Summary:** A narrative clinical summary must include the following:
  - A history of presenting symptoms, the current severity and expected duration of symptoms, a description of functional limitations and the impact of the disability on the student's current participation in courses, programs, services, or any other activities of the College and a basis for the opinion.
  - A detailed statement and explanation as to what major life activity(ies) is/are substantially limited by the student's condition(s) and a rating of the limitation, such as mild, moderate, substantial, or severe of each affected major life activity, both with and without the use of mitigating measures, such as treatment and medication.
  - Recommendations for academic or other accommodations, including a rationale for each.

**APPENDIX C**  
**OFFICE OF STUDENT DISABILITY SERVICES**  
**COORDINATOR CONTACT LIST**

|                                   |                    |                           |
|-----------------------------------|--------------------|---------------------------|
| Executive Director                | Nicole Barnett     | Nicole.barnett@touro.edu  |
| Graduate Division Director        | Donne G. Kampel    | Donne.Kampel@touro.edu    |
| Graduate School of Business       | Celina Dark        | Celina.Dark@touro.edu     |
| Graduate School of Education      | Maria P. Heim      | Maria.Heim@touro.edu      |
| School of Health Sciences         | Rivka Molinsky     | Rivka.Molinsky@touro.edu  |
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**APPENDIX E**  
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