**OFFICE OF** 

# STUDENT DISABILITY SERVICES HANDBOOK

For Touro University Undergraduate Division

Effective 2019



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### **INTRODUCTION**

The material included in this document is meant to serve as a resource for undergraduate students, faculty, and staff. However, please be aware, that a printed or online text, cannot replace face to face meetings (and telephone, email or Zoom communications) between a disabilities specialist and a student or faculty member. Whether in print or in a personalized meeting, the mission remains the same: to promote equal access to a Touro University education for qualified students with disabilities in an environment that respects and values them.

### GENERAL STATEMENT ON STUDENTS WITH DISABILITIES

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

The University is committed to providing reasonable accommodations to students with documented disabilities who request accommodations in a timely and prescribed manner. The University 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. 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.

Verbal disclosure of a disability and request for accommodation is not sufficient and cannot substitute for required application and documentation. 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 *Guide to Documentation Requirements* (Appendix B).
- 3) Participate in an interactive dialogue with his/her OSDS coordinator. (Appendix C)

The confidential process, as described above, results in the issuance of a *Receipt of Accommodations* form ("Receipt"), either approving all, approving some or denying the request/s. If your request/s is/are approved you will receive a *Letter for Accommodations*. This Letter does not contain any confidential information, only lists approved accommodations. This Letter will be forwarded to your program and is to be shared with your professors to ensure the implementation of the approved accommodations.

### STUDENT RIGHTS AND RESPONSIBILITIES

### **Student Rights**

- Equal access to courses, programs, services, jobs, activities, and facilities available through the University.
- Reasonable and appropriate accommodations and/or academic adjustments as determined by the Director of OSDS.
- Appropriate confidentiality of all information pertaining to a student's disability, except where disclosure is required by law.
- 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 when 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 University 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 University Catalog or Student Handbook. A similar procedure can be followed by a student to appeal the University'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 University's Undergraduate Programs.

### **FAQ: OVERVIEW**

### 1. What is considered by the University to be a disability?

The University 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 hearing impairment, visual impairment, specific learning disabilities, autism, chronic illness, mental health disorder, orthopedic impairment, and addiction.

### 2. Does my disability affect admission to the University and its programs?

No. Additionally, accommodations are available during the admissions process, if necessary.

### 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 access to a qualitatively equivalent educational opportunity as non-disabled students. The law ensures non-discriminatory access to university 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 (OSDS)?

The Office of Student Disability Services is a unit within the Advisement and Counseling Service that 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* (assistance is available from the OSDS)
- (b) Provide required documentation along with the application. (guidance in this step is available from the OSDS)
- (c) Schedule an interactive dialogue with the Coordinator of the Office of Student Disability Services at his/her 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 and well in advance with that entity. Being approved for accommodations with Touro does not guarantee that a student will receive those accommodations on a standardized test.

### **FAQ: NOTIFICATION CONCERNS**

### 7. What about confidentiality?

Students are not identified by OSDS to any outside person or office without the student's permission.

# 8. 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 to ensure that proper procedures are followed when determining and implementing accommodations. You can see an academic adviser/counselor at your location. He/she will put you in touch with the OSDS. Alternatively, you can contact a member of the disability services staff directly.

### 9. How are professors notified of accommodations?

When accommodations are approved you will receive a Letter for Accommodations from the OSDS. You are then to share this letter with your professors. Alternatively, you may request that the OSDS forward your Letter to your professors.

### 10. Can I use approved accommodations in only some of my courses? Yes

# 11. 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 university 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 what reasonable accommodations, if any, are appropriate. Then, lastly, the OSDS needs time to make the necessary logistical arrangements. Please plan ahead.

### 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. **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.

### 14. What guidelines can you offer me in terms of documentation required by Touro?

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

- a) Documentation be issued by a professional with the appropriate credentials, training and experience.
- b) The professional that issues the documentation should not have a personal relationship with the student.
- c) Reports provide clear evidence of a disability.
- d) Reports include the evaluator's recommendations, concerns, accommodation suggestions including how the accommodations are related to functional limitations.
- e) Reports be current and based on evaluations performed within the past three years.

Students must keep copies of all submitted applications and documentation.

### 15. How do I get the required documentation?

Students should request documentation directly from the appropriate licensed professional, e.g., a licensed medical healthcare provider. (Please see Appendix B for General Guidelines)

### 16. Can the University perform the necessary evaluation for documentation of learning disabilities?

No. However, Touro University reserves the right to perform an independent evaluation after receipt of a complete application packet, including a student's medical documentation.

### 17. Will accommodations allow me to alter or waive an essential part of any course, program, or degree?

No. The University does not waive essential degree requirements.

### 18. Why would a student with a disability <u>not</u> 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.

### **FAQ: STUDENT CONCERNS**

19. 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.

# 20. If I declare my disability to one program in Touro University, will this information be shared within the Touro system?

No. Touro University 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.

### 21. 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 & SE RVICES

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 documentation is received. 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.

Name:	Title (Mr., Mrs., etc.) _	Date of Birth
Phone Number cp;	hp	Today's Date:
Permanent Address: Street & Apt.# _		
City	State	Zip Code
Local Address: Street & Apt#		
City	State	Zip Code
Γouro University School/Program:		_ Student ID#:
Touro Email Address: Other Email		nail
Anticipated Graduation Date: First Semester at Touro:		r at Touro:
Section II: Disability Related Inform	mation	
Please answer the following questions rego learn, attend, or participate in Universi  1. Please indicate your disability category	ty life.	
□ Specific Learning Disability □ Attention Deficit/Hyperactivity I □ Communication/Speech □ Autism Spectrum Disorder □ Motor: Developmental coordina □ Blindness □ Low Vision □ Deafness □ Hard of Hearing	Disorder (ADHD)	

☐ Temporary Disability(ies)  2. As best you can, specify the diagnosis or type of your disability based on the category above:			
3. Ple	3. Please identify what major life activity(ies) is(are) affected by your condition(s):		
4. What mitigating measures have you used to address your condition(s). Mitigating measures are any device, treatment or medication, assistive technology, reasonable accommodations, and/or compensatory strategy that reduces the impact of disability.			
	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/downstairs. I need to read lips of instructors. I wear a hearing aid.		
Please	describe any other mobility or disability related difficulties you are currently experiencing:		
	Yes No If yes, please list all the medications you are taking:		
-	please also list any side-effects of the medications that you are taking and their positive and ve impact on your academic/cognitive abilities and/or other activities:		
7. Ple:	ase check all the reasonable accommodations that you are requesting:  Testing Accommodations: Please specify		
_	Classroom Accommodations: Please specify		
	Communication Accommodations: Please specify:		
П	Other Accommodations: Please specify:		

8. Briefly describe why you are requesting the above accommodations:		
- Streny describe why you are requesting the above	accommodations.	
current program, the information is helpful to give or related needs.) Institution:	e such services do not necessarily carry over to your OSDS background information on your disability-  Years Attended:	
Accommodation(s) Received:		
	Years Attended:	
Accommodation(s) Received		
Section III: Agency Information		
Do you receive services from any of the following  ☐ Vocational Rehabilitation Services		
Specify State and Agency:		
□ Veterans Administration (VA)		
□ Other:		
If yes, please provide the following information:		
Counselor's name:		
Office Address or Location:		
Services currently receiving from Agency:		
I,, considerate and true to the best of my knowledge.	ertify that the foregoing statements are complete,	
I understand that Touro University requires supapplication. General Guidelines for Document guidelines are available from the OSDS.	oporting documentation to accompany this ation may be found in Appendix B and additional	
Signature of Student	 Date	

# AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION TO TOURO UNIVERSITY

l,	(student), give I ouro	University permis	ssion to contact
	(health care provider) as	nd have executed	a NYS HIPAA
form.			
I understand the reason for this cor and functional abilities and limit understand that the University wil with specific information about requirements. All information obta educational-related necessity. All in with the Americans with Disabili applicable State and Federal laws.	ations in relation to my ed l provide the program, including the ined from student medical en formation obtained will be a	ducational goals a (healt essential function examinations and maintained and us	and functions. I th care provider) ons and specific inquiries will be ed in accordance
Student Signature	Date		





# AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO IMPAA [This form has been approved by the New York State Department of Health]

	Date of Birth	Social Security Number
Patient Address		
or my authorized representative, request that health informat	ion regarding my care and treatme	nt be released as set forth on this form:
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 D	RUG ABUSE, MENTAL HEALTH
REATMENT, except psychotherapy notes, and CONFIDEN	TIAL HIV* RELATED INFOR	MATION only if I place my initials on
ne appropriate line in Item 9(a). In the event the health infor	mation described below includes a	iny of these types of information, and t
sitial the line on the box in Item 9(a). I specifically authorize i	release of such information to the p	nerson(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
robibited from redisclosing such information without my	authorization unless permitted to	do so under federal or state law.
nderstand that I have the right to request a list of people who	may receive or use my HIV-relate	d information without authorization. II
experience discrimination because of the release or disclosur	e of HIV-related information, I ma	ay contact the New York State Division
I Human Rights at (212) 480-2493 or the New York City	Commission of Human Rights a	(212) 300-7430. These agencies are
esponsible for protecting my rights. . I have the right to revoke this authorization at any time by	writing to the health care provide	er listed below. I understand that I may
evoke this authorization except to the extent that action has all	ready been taken based on this aut	thorization.
. I understand that signing this authorization is voluntary	. My treatment, payment, enrolln	nent in a health plan, or eligibility for
enefits will not be conditioned upon my authorization of this.	disclosure.	
i. Information disclosed under this authorization might be i	redisclosed by the recipient (exce	pt as noted above in Item 2), and thi
edisclosure may no longer be protected by federal or state law	2	
5. THIS AUTHORIZATION DOES NOT AUTHORIZE	YOU TO DISCUSS MY HEAD	TH INFORMATION OR MEDICAL
CARE WITH ANYONE OTHER THAN THE ATTORNE	Y OR GOVERNMENTAL AGE	NCY SPECIFIED IN TIEM 9 (b).
7. Name and address of health provider or entity to release thi	s information:	
3. Name and address of person(s) or category of person to who	- this is formation will be cent:	
	OUR CHIE IMMORTHATION WITH DE SEILL.	
	om this information will be sent.	
O(a). Specific information to be released:		
P(a). Specific information to be released:	to (insert date)	ares) test results radiology studies. Film
P(a). Specific information to be released:    Medical Record from (insert date)   Entire Medical Record, including patient histories, off	to (insert date)	otes), test results, radiology studies, film
O(a). Specific information to be released:  ☐ Medical Record from (insert date) ☐ Entire Medical Record, including patient histories, off referrals, consults, billing records, insurance records,	to (insert date) Tice notes (except psychotherapy no and records sent to you by other h	ealth care providers.
P(a). Specific information to be released:    Medical Record from (insert date)   Entire Medical Record, including patient histories, off	to (insert date) Tice notes (except psychotherapy no and records sent to you by other h	ealth care providers. (Indicate by Initialing)
O(a). Specific information to be released:  ☐ Medical Record from (insert date) ☐ Entire Medical Record, including patient histories, off referrals, consults, billing records, insurance records,	to (insert date) Tice notes (except psychotherapy not and records sent to you by other h	ealth care providers. ( <i>Indicate by Initialing</i> ) Alcohol/Drug Treatment
O(a). Specific information to be released:  Medical Record from (insert date) Entire Medical Record, including patient histories, off referrals, consults, billing records, insurance records,  Other:	to (insert date) Tice notes (except psychotherapy not and records sent to you by other h Include:	ealth care providers. (Indicate by Initialing) Alcohol/Drug Treatment Mental Health Information
O(a). Specific information to be released:    Medical Record from (insert date)   Entire Medical Record, including patient histories, off referrals, consults, billing records, insurance records,   Other:	to (insert date) Tice notes (except psychotherapy not and records sent to you by other h Include:	ealth care providers. ( <i>Indicate by Initialing</i> ) Alcohol/Drug Treatment
O(a). Specific information to be released:    Medical Record from (insert date)   Entire Medical Record, including patient histories, off referrals, consults, billing records, insurance records,   Other:	to (insert date)  ice notes (except psychotherapy no and records sent to you by other h  Include:	ealth care providers. (Indicate by Initialing)  Alcohol/Drug Treatment  Mental Health Information  HIV-Related Information
O(a). Specific information to be released:    Medical Record from (insert date)   Entire Medical Record, including patient histories, off referrals, consults, billing records, insurance records,   Other:	to (insert date) ice notes (except psychotherapy noted and records sent to you by other handlese.  Name of individual heal	ealth care providers. (Indicate by Initialing)  Alcohol/Drug Treatment  Mental Health Information  HIV-Related Information
O(a). Specific information to be released:    Medical Record from (insert date)   Entire Medical Record, including patient histories, off referrals, consults, billing records, insurance records,   Other:	to (insert date) ice notes (except psychotherapy noted and records sent to you by other handlese.  Name of individual heal	ealth care providers. (Indicate by Initialing)  Alcohol/Drug Treatment  Mental Health Information  HIV-Related Information
O(a). Specific information to be released:    Medical Record from (insert date)   Entire Medical Record, including patient histories, off referrals, consults, billing records, insurance records,   Other:	to (insert date) ice notes (except psychotherapy not and records sent to you by other h Include:  Name of individual heal governmental agency, listed here:	ealth care providers.  (Indicate by Initialing)  Alcohol/Drug Treatment  Mental Health Information  HIV-Related Information
O(a). Specific information to be released:    Medical Record from (insert date)   Entire Medical Record, including patient histories, off referrals, consults, billing records, insurance records,   Other:    Other:	to (insert date) ice notes (except psychotherapy not and records sent to you by other h Include:  Name of individual heal governmental agency, listed here:	ealth care providers. (Indicate by Initialing)  Alcohol/Drug Treatment  Mental Health Information  HIV-Related Information
D(a). Specific information to be released:    Medical Record from (insert date)   Entire Medical Record, including patient histories, off referrals, consults, billing records, insurance records,   Other:	to (insert date) ice notes (except psychotherapy not and records sent to you by other h Include:  Name of individual heal governmental agency, listed here:	ealth care providers. (Indicate by Initialing)  Alcohol/Drug Treatment  Mental Health Information  HIV-Related Information
O(a). Specific information to be released:    Medical Record from (insert date)   Entire Medical Record, including patient histories, off referrals, consults, billing records, insurance records,   Other:	to (insert date)  ice notes (except psychotherapy no and records sent to you by other h Include:  Name of individual heal governmental agency, listed here:  or Governmental Agency Name)	ealth care providers.  (Indicate by Initialing)  Alcohol/Drug Treatment  Mental Health Information  HIV-Related Information    th care provider    the this authorization will expire:
D(a). Specific information to be released:    Medical Record from (insert date)   Entire Medical Record, including patient histories, off referrals, consults, billing records, insurance records,   Other:	to (insert date) ice notes (except psychotherapy not and records sent to you by other h Include:  Name of individual heal governmental agency, listed here:	ealth care providers.  (Indicate by Initialing)  Alcohol/Drug Treatment  Mental Health Information  HIV-Related Information    th care provider    the this authorization will expire:
D(a). Specific information to be released:    Medical Record from (insert date)   Entire Medical Record, including patient histories, off referrals, consults, billing records, insurance records,   Other:	to (insert date)  ice notes (except psychotherapy no and records sent to you by other h Include:  Name of individual heat governmental agency, listed here:  or Governmental Agency Name)  11. Date or event on which is a contract of the second service of the second seco	ealth care providers.  (Indicate by Initialing)  Alcohol/Drug Treatment  Mental Health Information  HIV-Related Information    th care provider    the this authorization will expire:
D(a). Specific information to be released:    Medical Record from (insert date)   Entire Medical Record, including patient histories, off referrals, consults, billing records, insurance records,   Other:	to (insert date)  ice notes (except psychotherapy no and records sent to you by other h Include:  Name of individual heat governmental agency, listed here:  or Governmental Agency Name)  11. Date or event on which is a contract of the second service of the second seco	ealth care providers.  (Indicate by Initialing)  _ Alcohol/Drug Treatment  _ Mental Health Information  _ HIV-Related Information    th care provider    the this authorization will expire:
D(a). Specific information to be released:    Medical Record from (insert date)   Entire Medical Record, including patient histories, off referrals, consults, billing records, insurance records,   Other:	to (insert date)  ice notes (except psychotherapy no and records sent to you by other h Include:  Name of individual heat governmental agency, listed here:  or Governmental Agency Name)  11. Date or event on which is a contract of the second service of the second seco	ealth care providers.  (Indicate by Initialing)  Alcohol/Drug Treatment  Mental Health Information  HIV-Related Information    th care provider    the this authorization will expire:

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

Students diagnosed with physical and/or mental impairments qualify as persons with disabilities when their conditions are documented to substantially limit them in one or more life activities. Touro University provides reasonable accommodations to students with disabilities with consultation from their academic programs. In order to ensure that students' needs are directly linked to these accommodations, Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA) allow higher education institutions to require disability documentation to verify disability status and the need for reasonable accommodations. The Office of Student Disability Services (OSDS) has established the following disability documentation guidelines: Documentation must:

- I. Be recent enough in order to assess the current impact on learning or a major life activity. Please see disability-specific guidelines for more information. Please note that students requesting accommodations due to a chronic medical condition, psychological and/or psychiatric disorders must submit documentation dated within 6 months, and annually updated documentation may be required as well.
- 2. Be sufficient to establish a direct link between the underlying impairment and the requested accommodations.
- 3. Include a description of what mitigating measures the student has used and if, with such use, the student may still require accommodation to access university programs, activities and services.
- 5.Be issued by a medical or other qualified, licensed professional, unrelated to the student by marriage or affinity, printed on letterhead, dated, signed, and including the professional's licensing information. The University reserves the right to require that a certified copy of the report be transmitted directly from the evaluator to the University.

### Documentation also must include:

- 1. The student's history of receiving reasonable accommodations and academic adjustments, if such history exists.
- 2. Specific recommendations for accommodations as well as an explanation as to why each is recommended as necessary.

### Please also note:

The student must bear any cost incurred in obtaining additional information. A limited list of possible testing sites/centers for psychoeducational evaluations is available from OSDS. Please refer to specific documentation guidelines for each type of disability (Available from the OSDS). 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.

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

### APPENDIX C

# OFFICE OF STUDENT DISABILITY SERVICES (OSDS) COORDINATOR CONTACT LIST

Executive Director, OSDS	Nicole Barnett	Nicole.barnett@touro.edu
Dean of Undergraduate Advisement and Counseling	Avery Horowitz	Avery.Horowitz@touro.edu
Director, Undergraduate OSDS	Joel Dickstein	Joel.Dickstein@touro.edu
Coordinator, NYSCAS OSDS	Rachel Baror	Rachel.Baror@touro.edu
Coordinator, LCW OSDS	Ditza Berger	Ditza.Berger2@touro.edu
Coordinator, SLE OSDS	Joel Dickstein	Joel.Dickstein@touro.edu
Coordinator, LAS OSDS	Joel Dickstein	Joel.Dickstein@touro.edu
Coordinator, LCM	Aryeh Manheim	Aryeh.Manheim@touro.edu
Coordinator, IPS OSDS	Joseph Shimonov	Joseph.Shimonov@touro.edu

#### APPENDIX D

# OFFICE OF STUDENT DISABILITY SERVICES FLOW CHART

Student *requests accomodations*, discloses a disability, or it is readily apparent that they require accommodations (i.e.for a physical disability)--anyone approached by student should direct student to the school's OSDS Coordinator

School's OSDS Coordinator provides student with the application for Reasonable Accommodations. If any discussions take place at this time, the School's OSDS Coordinator will document the discussion by drafting a memo and keeping it with the student's disability documentation.

Student submits application and documentation to the School's OSDS Coordinator or the Director of the Undergraduate OSDS . An *interactive dialogue is then scheduled* between the student and the School's OSDS Coordinator and/or the Undergraduate OSDS Director.



Upon review of the student's application and documentation, a determination is made by the undergraduate director regarding requested accommodations. The decision, or a request for further documentation, is discussed with student through the OSDS.

The School's OSDS Coordinator engages student in *Interactive Dialogue* to discuss the affects of student's disability, and the types of accommodations being requested. Student should be notified that in the event there is a licensing exam at the end of the program, it is the student's responsibility to obtain accommodations from that particular body. A *record of this discussion is maintained* in the student's disability record.

If a decision is made to provide the student with an immodations, a *Letter of Accommodations* with de lated accommodations is then forwarded to the students. No reference is made of the nature of the students of the students of the students of the students.

A *Receipt of Accommodations is* generated for the student's signature, and includes a list of approved accommodations. Student is notified that they must inform the School's OSDS Coordinator immediately if accommodations are not being provided as indicated in the Letter and Receipt of Accommodations.

The student is then to share the Letter of Accommodations with his/her professors, or may request of the OSDS to forward the Letter. Accommodations are then implemented by the course professor in consultation and cooperation with the OSDS Coordinator and/or Director. The Coordinator and Director are responsible for clarifying and coordinating proper implementation of accommodations with the student and his/her professors...