



STUDENT DISABILITY RESOURCE GUIDE

Meharry's goal is to provide and coordinate accommodations, support services and programs that enable students with disabilities to have equal access to all Meharry Medical College programs and activities. Services and accommodations are provided to students with a variety of disabilities including Attention Deficit Hyperactivity Disorders, blindness/low vision, deafness/hard of hearing, learning disabilities, mobility and chronic health, psychological disorders (including Autism Spectrum disorders) and other impairments in compliance with Section 504 of the Federal Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 and the ADA Amendments Act of 2008.

The ADA Coordinator at Meharry, encourages and assists students in understanding the nature of their disability and its impact on their living and learning at Meharry Medical College. Students are provided with opportunities to learn about their rights and responsibilities, procedures for requesting accommodations. This Resource Guide will provide students with procedures and guidelines in requesting accommodations based on a disability.

Background Information on Disability Laws

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against individuals with disabilities by all programs that receive federal funds, and requires the program to make their activities accessible to everyone. As a recipient of federal funds, Meharry is required to meet the disability mandate of Section 504 and all subsequent applicable state and federal disability laws.

The Americans with Disabilities Act of 1990 broadened the scope of Section 504 to include public accommodations, state and local governments, telecommunications, transportation, and employment. The ADA prohibits discrimination in nearly every sector of life. Its purpose was to dispel stereotypes of persons with disabilities, ensure their equal opportunity, and encourage full participation, independent living, and economic self-sufficiency.

The ADA Amendments Act (ADAAA) was signed into law on September 25, 2008 and took effect on January 1, 2009. The major revision of the law was that disability should by definition be constructed in favor of broad coverage of individuals to the maximum extent permitted by the terms of the ADA and generally shall not require extensive analysis.

Both the ADA and Section 504 define a disabled individual as someone who has a mental or physical impairment that substantially limits one or more major life activities; or has a record of such impairment; or is regarded as having such an impairment. The determination that a condition is a disability depends on whether the impairment substantially limits one or more major life activities and must be assessed by examining the extent, duration, and impact of the impairment. In other words, even though a student has a condition that meets the definition of a physical or mental impairment, unless that condition substantially limits a major life activity, the student is not disabled for the purposes of the ADA or Section 504. A major life activity is an everyday activity that an average person can perform with little or no difficulty. Persons who do not have disabilities but who are treated in a discriminatory manner because they are "regarded as" having a disability are also protected by disability laws. Learning impairments can be

considered a disability if the impairment effects the student's learning more so than the average person.¹ A learning impaired student is not considered disabled solely because the student is substantially limited in the attempt to earn a professional degree.

Confidentiality

Disability information provided by a student in order to receive accommodations cannot be used for any reason beyond the scope of this purpose without informing the student of the additional possible use of the information and obtaining their consent.

The Family Educational Privacy Act (FERPA) protects the privacy of and access to student educational records, including disability documentation. Section 504 and the ADA protect the student from discrimination with respect to the handling of medical records and disability documentation.

The information about a student's disability status and use of accommodations remains a confidential matter between the instructor, student, and those assisting the instructor with administering accommodations.

Reasonable Accommodation Request

Meharry does not have an alternate admissions process for students with disabilities. Students with disabilities are admitted under the same criteria as other students. Students with disabilities are not obliged to disclose a disability during the admissions process, nor at any point during their tenure at Meharry. However, in order to qualify for accommodations, it is necessary for students with disabilities to *self-identify* and *submit disability documentation* that meets Meharry's documentation guidelines for eligibility for services.

To request a reasonable accommodation on the basis of any disability, whether physical, psychological or learning, a student must make a request to the ADA Coordinator. Meharry is not legally obligated to provide an academic adjustment until the ADA Coordinator has received all the proper documentation from the student. The ADA Coordinator will assist eligible students with any documentation needed regarding the disability of his or her condition and will work with students to identify and implement reasonable accommodations.

The student will be responsible for the following:

1. **Providing disability documentation** with sufficient information that substantiates the limitation on a major life activity as a result of the disability. The student will also be required to fill out an ADA Student Intake Form.
2. **Meeting with the ADA Coordinator** at the beginning of each semester for which they are requesting services. The student may go directly to CEDS, call 615-327-6500, or email vwilson@mmc.edu to request a meeting. A reasonable amount of time is required to evaluate the documentation, review the request and determine the appropriate accommodation. The ADA Coordinator will provide the student with an accommodation letter describing the nature of the accommodation he/she requires as a result of the disability.
3. **Students should meet with his or her professor** at the beginning of each semester. An accommodation letter will be sent electronically from the ADA Coordinator that verifies the student's disability and the recommended accommodation(s) to the

¹ *Price v. National Board of Medical Examiners*, 966 F. Supp 419 (S.D. W. Va. 1997)

faculty or staff member identified by the student. The student should give permission to the ADA Coordinator to send the accommodation letter electronically.

Reasonable accommodation arrangements are not retroactive. The accommodation will not begin until the accommodation letter has been given to the instructor.

Documentation

The ADA Coordinator will review each student's documentation to determine if it meets the criteria to receive reasonable accommodations. To establish that an individual is covered under the ADA, documentation must indicate that the disability substantially limits a major life activity. If academic or classroom-based adjustments and accommodations are requested, learning must be one of the major life activities affected.

Students with a temporary disability may be provided a reasonable accommodation if their temporary disability is documented according to the guidelines set for below. The reasonable accommodation will last only as long as the student has the temporary disability according to the documentation provided. Once the documentation on the temporary disability no longer applies, the reasonable accommodation can no longer be granted unless the student provides additional documentation indicating the student still requires a reasonable accommodation.

To qualify for disability services at Meharry, students are required to provide the ADA Coordinator diagnostic documentation from a licensed clinical professional familiar with the history and functional implications of the impairments. Disability documentation must adequately verify the nature and extent of the disability in accordance with current professional standards and techniques. It must also clearly substantiate the need for each of the student's specific accommodation requests.

All documentation must be submitted on the official letterhead of the professional describing the disability. The report should be dated, signed and include the name, title, and professional credentials of the evaluator, including information about license or certification. Students requesting services for the manifestations of multiple disabilities must provide supporting information of all such conditions. If the documentation is incomplete or inadequate to determine the extent of the disability or reasonable accommodation, the university has the discretion to require additional documentation. In general, it is not acceptable for such documentation to include a diagnosis or testing performed by a member of the student's family. Additionally, a physician's letter or note is not sufficient to document Attention Deficit Disorder (ADD), nor can prescribed medication be used to document a disability.

Simply because a student received an accommodation at an undergraduate institution or elsewhere does not automatically entitle the student to the same reasonable accommodation at Meharry. The ADA Coordinator will carefully review the disability being asserted and determine what accommodations are currently appropriate.

Common reasons for ineligibility for services can result from one or more of the following:

- Out-dated documentation
- Insufficient information
- Documentation developed by a relative
- Inappropriate professional making the diagnosis
- No diagnosis given

- For a Learning Disability or Attention Deficit Disorder, no IQ test data or no achievement test battery (with scores) administered to support the diagnosis
- Average test scores (no scores representing a significant limitation)
- Unsigned report
- Report not written on evaluator's letterhead
- No functional limitations given (for instance, how the diagnosis affects the individual related to the accommodation request)
- Diagnosis based upon one subtest score with no additional support
- In the case of a head injury, no assessment conducted after trauma or the recovery period.

Specific guidelines regarding certain disabilities can be found in Appendix 1. Additionally, a list of local psychiatrist and psychologist can be found in Appendix 2 to aid in obtaining the correct documentation.

Determination of Reasonable Accommodation

Reasonable accommodations are modifications to a course, service, policy, procedure, activity, or facility that provide an individual with a disability an equitable opportunity to obtain the same benefits and privileges available to an individual without a disability.

Meharry is obligated to make reasonable accommodations for known limitations of otherwise qualified individuals with disabilities. We are not obligated to provide accommodations that would alter the essential components of a course of study or accommodations that are unduly burdensome. Providing accommodation to ensure access is never done at the expense of the essential standards applied to all students. Meharry need not create new or different programs or services for students with disabilities. Attendance requirements are considered an essential component to the academic program at Meharry and will still apply to students requesting reasonable accommodations in order to ensure that essential standards are applied to all students.

The determination of reasonable accommodations is made on an individual basis and involves all relevant faculty and/or staff to ensure an understanding of the essential components of the activity and the individual needs of the student. The individual with a disability should be actively involved in the process and may be provided with his or her first choice of accommodation or an alternative effective accommodation determined by the ADA Coordinator. Meharry will bear the cost of any reasonable accommodation. Reasonable accommodations are determined by examining:

- the physical and/or programmatic barriers for the student with a disability in regards to the program requirements or the campus environment;
- the possible accommodations that might remove the barriers;
- whether or not the student has equal access without accommodations;
- whether or not essential elements of the course, program of study, job, or activity will be fundamentally altered by the accommodations;
- whether the accommodations will be unduly burdensome for Meharry.

Types of reasonable accommodations may include:

- Note takers or access to class notes
- Readers and scribes
- Access to recorded textbooks and materials

- Exam accommodations such as a distraction free testing room or extended time
- Sign language interpreter
- Communication Access Realtime Translation (CART)
- Priority scheduling
- Access to adaptive technology computer equipment and software
- Phonic Ear FM systems (assisted amplification device) available for loan
- Guidance, counseling, referral, and advocacy services to students

It is important for students to understand that even though Meharry has provided the student a reasonable accommodation, the student may not receive an accommodation for Third Party Exam Agencies and Boards. It is the student's responsibility to request for accommodations on these exams and should be made by the student directly to the agency that administers the exam. The student will have to follow the guidelines set forth by the Boards in order to request a reasonable accommodation.

Declining a Reasonable Accommodation

If the ADA Coordinator grants a reasonable accommodation by providing a reasonable accommodation letter and the student wishes to decline the reasonable accommodation, the student must provide the ADA Coordinator with a written statement expressing their desire to decline the reasonable accommodation.

Appealing Eligibility Decisions

Students who have any concerns regarding the determination of appropriate accommodations may request an appeal of the decision by sending written notice ADA Coordinator within 5 days. If further action is required, the Office of Compliance and Risk Management should be notified.

Rights and Responsibilities

Responsibilities of Students with Disabilities

- Meet qualifications of having a disability under the ADA and Section 504
- Self-identify to the ADA Coordinator
- Provide documentation following the guidelines set forth in this Resource Guide
- Follow established institutional procedures (see steps for requesting accommodations)
- Request accommodations in a timely manner each semester by meeting with the ADA Coordinator
- Notify the ADA Coordinator if there are difficulties securing accommodations or with the quality of the accommodations
- Participate fully in the interactive accommodation process

Rights of Students with Disabilities

- Equal access to courses, programs, services and activities
- Reasonable accommodations not unduly burdensome to Meharry
- Right to File a Grievance/Complaint

Responsibilities of Meharry Medical College

- Give notice of available services
- Ensure that programs, services, and activities when viewed in their entirety are accessible
- Explore and provide appropriate reasonable accommodations
- Ensure that all information will be maintained and used in accordance with applicable confidentiality requirements

Rights of Meharry Medical College

- Identify and establish core competencies and technical standards
- Request and receive current documentation
- Determine reasonable accommodations
- Deny a request for accommodations or modify an accommodation when an accommodation would change the fundamental nature of the program and/or pose an undue burden.

Appendix 1

Criteria for Documentation of Specific Disabilities

Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder

Students requesting accommodations on the basis of attention deficit/hyperactivity disorder (ADD/ADHD) must provide documentation performed and signed by a professional who has undergone comprehensive training and has relevant experience in differential diagnosis and the full range of psychiatric disorders (e.g., licensed clinical psychologist, neuropsychologist, psychiatrist and other relevantly trained medical doctors). The documentation should include, but is not restricted to the following:

- *An Assessment:* A neuropsychological or a psychoeducational evaluation administered within the last five years is required. The evaluation must provide clear and specific evidence that a disability exists and that alternative explanations for lower than expected performance have been ruled out. The assessment, and any resulting diagnosis, must consist of and be based on multiple forms of evidence (i.e., standardized test results, informal assessment results, observational and historical data). For the evaluation to illustrate a substantial limitation to learning, the comprehensive assessment battery must assess aptitude/cognitive ability, academic achievement and information processing
- *A diagnostic interview:* The interview must contain a self-report and third-party information pertaining to developmental history, family history of ADHD or other learning or psychological difficulties, relevant medical and medication history, a thorough academic history, and/or a review of prior psychoeducational test reports to determine whether a pattern of strengths or weaknesses is supportive of attention or learning problems.
- *Evidence of current impairment:* An assessment of the presenting attentional symptoms and evidence of current impulsive/hyperactive or inattentive behaviors that significantly impair functioning in two or more settings.
- *Evidence of alternative diagnoses or explanations being ruled out:* The documentation must investigate and discuss the possibility of dual diagnoses and alternative or coexisting mood, behavioral, neurological and/or personality disorders that may confound the ADHD diagnosis.
- *A specific psychological diagnosis as per the Diagnostic and Statistical Manual - IV (DSM-IV):* Symptoms of hyperactivity/impulsivity that were present in childhood, and the current symptoms which have been present for at least the past six months and which impair functioning in two or more settings must also be identified.
- *Effects of Medication:* An indication of whether or not the student was evaluated while on medication and the degree to which the prescribed treatment reduces the level or degree of impairment.
- *A clinical summary:* Details indicating the substantial limitations of the major life activities posed by the disability, describing the extent to which these limitations would impact the academic context for which accommodations are being requested, suggests how the specific effects of the disability may be accommodated, and states how the effects of ADHD are mediated by the recommended accommodations.

Hearing Loss

Students requesting accommodations on the basis of deafness or hearing loss must provide documentation performed and signed by a qualified evaluator. The documentation should include, but is not restricted to, the following:

- An audiological evaluation and/or audiogram, no older than three years if loss is progressive,
- An assessment of the functional limitations of the hearing loss for which accommodations are being requested, and whether the degree of limitation is mild, moderate or substantial,
- Recommendations as to how the functional limitations of the hearing loss may be appropriately accommodated, and
- A list of the assistive technology or adaptive technology equipment currently being used, including a description of the equipment, brand name and model information.

Learning Disability

Students requesting accommodation on the basis of a specific learning disability must provide documentation performed and signed by a professional who has undergone comprehensive training and has relevant experience in differential diagnosis of a full range of cognitive and psychiatric disabilities (e.g., licensed clinical psychologists, educational psychologists and neuropsychologists). This documentation should include, but is not restricted to, the following:

- *A Diagnostic Interview*: A diagnostic interview including a description of the presenting problem; relevant developmental, medical, psycho-social and employment histories; family history (including primary language of the home and the student's current level of English fluency); and a discussion of co-morbidity where indicated.
- *An Assessment*: A neuropsychological or a psychoeducational evaluation administered in the last five years is required. It must include the current impact of the disorder on the individual's ability to function in an academic setting. Such data should include subtest and standard scores. Identifying a discrepancy between or among test scores is not sufficient to warrant the diagnosis of a learning disability or establish eligibility for accommodation. For the evaluation to illustrate a substantial limitation to learning, the comprehensive assessment battery must assess the following domains: aptitude/cognitive ability; academic achievement; and information processing
- *Clinical Summary*: The clinical summary must indicate a specific Learning Disability diagnosis per the Diagnostic and Statistical Manual IV (DSM-IV), the substantial limitations to major life activities posed by the specified learning disability, description of the extent to which these limitations impact the academic context for which accommodations are being requested, suggestions how the specific effects of the learning disability may be accommodated, and a clear statement of how the effects of the learning disability can be mediated by the recommended accommodations.

Low Vision/Blindness

Students requesting accommodations on the basis of low vision or blindness disability must provide an ocular assessment performed and signed by a professional who has undergone comprehensive training and has relevant experience in the field, such as an ophthalmologist or an optometrist. Documentation should include, but is not restricted to, the following:

- Specific Clinical diagnosis: (blind, partial vision, low vision) and level of visual loss (moderate, severe, profound),
- Date of onset of the visual impairment and whether it is progressive or non-progressive or any secondary complications,
- Snellen Chart (visual acuity measurements),
- Visual field (central loss and peripheral loss measurements),
- Color measurement (ability to discriminate colors, as well as, light and dark),
- Recommendations for prescriptive treatments,
- List of medications prescribed, if any, and potential impact on learning,
- Suggestions as to how the functionally limiting manifestations of the visual condition(s) may be reasonably accommodated, and/or
- A summary of the medical condition and evidence of a substantial limitation to learning or other major life activity. It must include the degree to which the limitation impacts the individual in the learning context for which accommodations are being requested.

Documentation must reflect the current impact of the visual disability. The diagnostic report is recommended to have been performed within the last six months.

Mobility, Systemic or Other Health-Related Disabilities

Students requesting accommodations on the basis of mobility, systemic or other health-related disabilities must provide documentation assessed and signed by a licensed physician preferably within the past six months. The documentation must include, but is not restricted to, the following:

- An identification of the person's disabling condition(s),
- An assessment of the functional limitations pertaining to the medical condition(s) for which accommodations are being requested, and whether the degree of limitation is considered mild, moderate or substantial,
- A list of prescribed medications indicating when the dosage and/or schedule may influence the types of accommodations requested,
- Suggestions as to how the person's functional limitations may be appropriately accommodated within Meharry's academic program, and
- A list of the assistive technology or adaptive technology equipment currently being used by the person, including a description of the equipment, brand name and model information.

Psychiatric Disability

Students requesting accommodations on the basis of a psychiatric disability must provide current documentation administered and signed by a licensed psychologist, psychiatrist, or licensed clinical social worker. The documentation should include, but is not restricted to, the following:

- *Evidence of current impairment:* An assessment of the presenting symptoms and evidence of current behaviors that significantly impair functioning. Evidence is needed to determine the current impact of the disorder on the ability to function in an academic setting and to establish eligibility for classroom accommodations such as alternative testing arrangements, note-takers, and/or reduced course load.

- *A list of prescribed medication:* An indication of whether the dosage and schedule may affect the types of accommodations requested.
- *A clinical summary:* The clinical summary must provide details indicating the substantial limitations to major life activities posed by the psychiatric disability, a description of the extent to which these limitations would impact the academic context for which accommodations are being requested, suggestions on how the specific effects of the psychiatric disability may be accommodated, and a statement on how the effects of the psychiatric disability are mediated by the recommended accommodations.
- *Specific and current psychiatric diagnosis as per the Diagnostic and Statistical Manual IV (DSM-IV)* indicating the nature, frequency and severity of the symptoms upon which the diagnosis was predicated. A diagnosis without an explicit listing of current symptoms is not sufficient. Primary and secondary Axis I and Axis II diagnoses are required.

Brain Injury

Students requesting accommodations on the basis of a traumatic brain injury/acquired brain injury must provide current documentation administered and signed by a qualified professional who has completed comprehensive training specific to brain injuries. This would include a neurologist, physician, licensed psychologist, neuropsychologist and/or psychiatrist. The documentation should include, but is not restricted to, the following:

- *An Assessment:* A neuropsychological or a psychoeducational evaluation is required. The assessment must include an evaluation of the areas of attention, visual reasoning, language, academic skills, memory/learning, executive function, sensory, motor, and emotional status. Evidence of a substantial limitation to learning or other major life activity must be provided. Both aptitude and academic achievement must be evaluated and included in the report.
- *Evidence of current impairment.* A history of the presenting symptoms and evidence of behaviors that significantly impair functioning.
- *A diagnostic interview:* The interview must contain a self-report and third-party information pertaining to developmental history, family history, learning or psychological difficulties, relevant medical history, and a thorough academic history.
- *Evidence of alternative diagnoses or explanations ruled out:* The documentation must investigate and discuss the possibility of dual diagnoses and alternative or coexisting mood, learning, behavioral, and/or personality disorders that may confound the diagnosis.
- *A Clinical Summary:* The clinical summary is to include the substantial limitations to major life activities posed by the disability, describe the extent to which these limitations would impact the academic context for which accommodations are being requested, suggest how the specific effects of the disability may be accommodated, and state how the effects of the disability are mediated by the recommended accommodations. If applicable, include the specific psychological diagnosis as per the Diagnostic and Statistical Manual - IV (DSM-IV).

Appendix 2 Local Psychiatrist and Psychologist

Psychiatrists

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