



## LAKEHEAD UNIVERSITY

### ACCOMMODATING STUDENTS WITH DISABILITIES

#### FACULTY GUIDE

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# ACCOMMODATING STUDENTS WITH DISABILITIES

## Faculty Guide

At Lakehead University, students with disabilities are admitted to the University under the same criteria as non disabled students. They are expected to meet the same standards of academic achievements as their peers. The accommodations provided for the students with disabilities enable them to achieve their academic goals without being hindered by factors that are not essential to the learning outcome. These accommodations are made to produce a fair academic environment in which a student with a disability can learn and demonstrate his/her knowledge of a given subject. Lakehead University has a Policy: Accommodations for Students with Disabilities and a Procedures document. <https://www.lakeheadu.ca/faculty-and-staff/policies/student-related/accommodations-for-students-with-disabilities>

Reasonable accommodations can usually be made to course requirements without compromising any of the essential requirements of a course. In order for such accommodations to be made, however, there must be a clear understanding of these key components.

- What specific knowledge, principles or concepts must be mastered?
- What methods of instruction are not negotiable? Why?
- What academic skills must be demonstrated?
- What alternate methods of instruction could be used to present essential program or course components which involve different perceptual or cognitive abilities?
- In what ways might technical aids be used during instruction as an accommodation tool?

Lakehead University is committed to creating a learning environment that is accessible to all students. Lakehead University has a Student Accessibility Services (SAS) office which provides support services and advocacy on behalf of students with disabilities. The SAS office is located in SC0003 (tunnel level of the Student Centre). The following pages outline information on various disabilities and teaching strategies for the classroom. Please contact Student Accessibility Services @ (807) 343-8047 or email [sas@lakeheadu.ca](mailto:sas@lakeheadu.ca) if you have any questions or concerns.

# ATTENTION DEFICIT HYPERACTIVITY DISORDER

## OVERVIEW AND DEFINITION

According to medical research, this disorder is considered neurobiological in origin. Abnormalities of neurochemicals in the brain, as well as a tendency to be transmitted genetically reflects current thinking about this condition. According to the DSM-IV (the diagnostic manual used by physicians), ADHD can occur in three forms: the inattentive type of attention deficit, the hyperactive-impulsive type of attention deficit and the combined type, attention deficit hyperactivity disorder. Between 30 to 70 percent of children diagnosed with these deficits continue to have residual symptoms that persist into adulthood that impacts to a significant degree in social, academic and occupational functioning. As well, with adults, other conditions often co-exist with attention deficits that include learning disabilities as well as mental health issues including anxiety and depression. This condition is not due to poor parenting or diet. It is treatable through a combination of medical intervention, compensatory strategies and accommodations that will manage the symptoms.

## EDUCATIONAL IMPLICATIONS AND INSTRUCTIONAL STRATEGIES

**Inattentive type of Attention Deficit Hyperactivity Disorder:** The manifestations of this type of Attention Deficit Disorder include problems with “tuning out” or “drifting away” in the middle of reading a page in a book, or in conversations with others or in following a lecture in class. The ability to screen out distractions in class and focus on what is said or demonstrated can be a major problem. This can lead to problems with both listening and note-taking.

**Impulsivity:** Characteristics of this type of Attention Deficit Disorder often result in a tendency to say what comes to mind without necessarily considering the timing or appropriateness of the remark. Being impulsive verbally, interrupting or blurting out answers in class is often noted. Other acts of impulse may also be seen behaviourally; e.g. impulsive spending, changing plans, enacting new schemes or career plans.

**Hyperactivity:** This type of Attention Deficit Disorder is often seen with individuals who exhibit excessive restlessness. They have significant problems sitting through long lectures without fidgeting or moving. They may talk excessively, and appear to be always “on the go”. Sustaining attention for long periods of time are problematic. Other difficulties experienced by students with an Attention Deficit Hyperactivity Disorder lie in the area of organization and time management that can affect both academic and social functioning. Getting started on a task, organizing and planning the activity, and persisting with the task to completion is often a challenge. Missing deadlines on assignments, forgetting test schedules, coming to class on the wrong day or missing appointments are quite common.

### **Instructional Strategies:**

- Clear guidelines and expectations about the course, including time-lines
- Some flexibility in terms of when assignments are due (spacing them out)
- encourage the use of student planners so that everything is written down - and the student is not relying on oral instructions
- combine lectures with classroom demonstration, visuals, and videos
- provide reminders about homework, assignment and test dates
- students should be encouraged to sit near the front to maximize attention
- minimize room distractions
- work closely with the disability support office to ensure a successful learning experience for the student

## **ACADEMIC ACCOMMODATIONS**

Students with disabilities are expected to accomplish the “core competencies” of their programs. To achieve this, accommodations are provided to minimize or eliminate any disadvantage their disability presents. Accommodations are unique to each individual. The disability support office in your university makes these recommendations based on confidential documentation that the student provides to the university. Some of the most commonly provided academic accommodations to students with ADHD include:

- reduced course load (encourage taking fewer courses per term to help manage workload)
- provision of a notetaker for lectures (due to problems with listening and note-taking done simultaneously)
- access to a computer to organize and edit assignments
- provision of extended time for tests and exams. The amount of extra time is determined by the disability support office.
- tape recording of lectures
- student to take short breaks to help refocus attention (testing situations included)
- writing exams/tests in a quiet room free from distractions
- time extensions on assignments (to be negotiated ahead of time between student and professor)

# **BLIND AND LOW VISION**

## **OVERVIEW AND DEFINITION**

In Canada the term “visual impairment” is used to describe a variety of problems with eyesight, from total blindness to variations of partial sightedness. Visual acuity is “normal”, or 20/20, when the bottom line of the Snellen wall chart can be read at 20 feet. Visual acuity of 20/200 would indicate that only the top line can be read at 20 feet, whereas an unimpaired individual can read the same line at 200 feet.

Individuals with visual acuity equal to or less than 20/200 are considered to be legally blind. It is impossible to correct their vision by medical or surgical means or corrective glasses. The majority will rely on the use of dog guides or white canes to assist them, as well as on the use of sound and touch. They will use braille, audio tapes, large print or computers with adaptive devices to help them read printed materials.

Partial sight is a category of visual loss that designates individuals with acuity levels between 20/70 and 20/200. Some can distinguish only lightness or darkness, or varying patterns and shapes. Many are able to read with difficulty and may rely on large print materials and optical aids such as magnifying glasses, tactile drawings, and reading machines.

## **EDUCATIONAL IMPLICATIONS AND INSTRUCTIONAL STRATEGIES**

Students with visual limitations must use their other senses in the learning process. To help facilitate their learning, teachers should consider the following:

- Minimize classroom and/or hallway distractions and noise
- Outline lesson at the beginning of class and provide sequential instructions; repeat important information
- Use familiar objects when making comparisons and drawing analogies; use specific descriptions rather than words such as “here, there, it, this”
- Read aloud any print material being presented to the class, such as handouts or blackboard work
- Verbally describe visuals such as slides or overheads
- Respond to non-verbal signs of confusion
- During classroom discussions ensure that only one person speaks at a time
- Encourage teaming with a peer (e.g., during a film) to describe what is happening
- Make reference readings and texts available to the disability support office in your college prior to the commencement of classes, so they can be audio-taped, scanned or brailled (Preparing materials in alternative format may take several months.)
- If in doubt about protocol or issues of etiquette, ask the student. For example, never pet a guide dog without the permission of the owner

Students who are blind or visually impaired may use adaptive equipment. It is not necessary for faculty to have an in depth knowledge of this equipment as the student is the expert. Common pieces of equipment include: portable braille, braille equipment, talking calculators and watches, thermographic pen and paper, screen readers, 4-track portable tape recorder, scanning and text-to-speech devices, large print and braille dictionary and magnifying devices. Work closely with the disability support office to ensure a successful learning experience for the student

## **ACADEMIC ACCOMMODATIONS**

Students with disabilities are expected to accomplish the “core competencies” of their programs. To achieve this, accommodations are provided to minimize or eliminate any disadvantage their disability presents. Accommodations are unique to each individual. The disability support office in your university makes these recommendations based on confidential documentation that the student provides to the university. Some of the most commonly provided academic accommodations to students who are blind or visually impaired include:

- provision of extended time for tests and exams. The amount of extra time is determined by the disability support office.
- provision of a scribe/reader for exams and tests
- provision of a notetaker for lectures
- provision of alternative format materials (AFM), such as braille, large print, audio tapes or electronic files
- preferential seating (to optimize listening and proximity to an electrical outlet)
- tape recording of lectures
- access to assistive/adaptive technology
- alternative evaluation methods such as oral presentations or audio taped assignments in lieu of written papers

# **DEAF, DEAFENED AND HARD OF HEARING**

## **OVERVIEW AND DEFINITIONS**

According to Statistics Canada, 10% of Canadians or almost three million people in Canada, have a hearing loss. According to the Canadian Association of the Deaf, students who are deaf, deafened or hard of hearing are all very distinct groups. Using appropriate terminology shows respect for their differences.

A Deaf person has a profound hearing loss in which there has been damage to the auditory pathway. Most people use some form of sign language to communicate. The earlier the loss, the more serious its implications for a student's education. Students who have acquired American Sign Language (ASL) consider it their first language and it is unlikely that they would have a complete command of the English language, which would be considered their second language. It is important to note that their grasp of the English language is not a reflection of intelligence but is a reflection of their command of their second language due to their inability to hear.

Deafened is both a medical and sociological term referring to persons who have become deaf later in life. Deafened persons cannot hear what you say, but usually respond verbally in a conversation. They sometimes use interpreters, but more often at university, request a notetaker.

Persons who are hard of hearing have hearing losses ranging from mild to profound. These students experience difficulty hearing, and may wear a hearing aid to amplify sound. A hearing aid does not cure the loss, but assists in better communication. Students may request a notetaker in class to ensure vital information is not missed.

An FM system may be used by students who are hard of hearing, to more clearly hear the teacher's voice. A small microphone is worn on the teacher's lapel. The teacher's voice is directly transmitted to the student's ears, combating the effects of distance and background noise.

## **EDUCATIONAL IMPLICATIONS AND INSTRUCTIONAL STRATEGIES**

Some students who are deaf or hard of hearing feel socially isolated from others. It has been found that even a mild hearing loss may result in a profound communication barrier (50% to 60% of communication can be lost). The emphasis should be on visual learning strategies for students who are hard of hearing or deaf. To enhance the learning environment consider the following:

- outline lesson at beginning of class and provide a list of content specific or technical terms to the student and interpreter before each class
- reinforce verbal presentations with written text (overheads allow you to face the front)
- eliminate background noise and other distractions
- use captioned films and videos where available

- if the student relies on lip-reading, repeat comments made by the other students in a discussion to ensure the student understands
- introduce interpreters and computerized notetakers to the class and give them the opportunity to explain their role
- be prepared for interruptions by notetakers and interpreters for clarification, should someone speak inaudibly, several people speak at one time, or a concept not be clear
- do not say anything to the interpreter or computerized notetaker during class that you do not want communicated to the student typing and interpreting take intense concentration and physical stamina, thereby
- requiring at least one 10 minute break for every 50 minutes of class time depending on the course content
- avoid movements which will distract or block the student's view of the interpreter or the computer screen
- when speaking, face the students, try to avoid backlighting and remain in one place
- speak at a reasonable pace, clearly and in a normal tone but be aware that interpreting and computerized notetaking requires a few seconds delay
- restate or paraphrase if the student does not seem to understand
- if a class is cancelled or relocated ensure that all parties (student, interpreter and/or notetaker) are notified
- communicating with deaf students at their homes can be done through email, TTY, or Bell Relay. The disability support office in your university can be contacted for more information on these methods of communication.
- be prepared to meet with interpreters and notetakers for consultation and planning
- work closely with the disability support office to ensure a successful learning experience for the student

Specific tips if you have an interpreter in your class:

The interpreter is not a tutor or a teacher. The interpreter is there to facilitate communication between the instructor and the student and is part of the educational team. Interpreters belong to a professional group, bound by a Code of Ethics that stresses confidentiality, impartiality and integrity.

- situate yourself and the interpreter along one sight line so that deaf students can follow any action
- speak directly to the deaf student, not the interpreter
- look at the student not the interpreter when responses are being interpreted
- the interpreter (or student) will be happy to teach you a few ASL signs of greeting and instructions if you are interested



## ACADEMIC ACCOMMODATIONS

Students with disabilities are expected to accomplish the “core competencies” of their programs. To achieve this, accommodations are provided to minimize or eliminate any disadvantage their disability presents. Accommodations are unique to each individual. The disability support office in your university makes these recommendations based on confidential documentation that the student provides to the university. Some of the most commonly provided academic accommodations to students who are deaf or hard of hearing include:

- priority seating for the students and their computerized notetakers and their interpreters
- access to computerized notetaker or an interpreter and manual notetaker
- provision of extended time for tests and exams. The amount of extra time is determined by the disability support office.
- access to an interpreter during tests and exams, to interpret questions
- provide clarification on tests, exams and assignments. If interpreter is not available, ensure the conversation is written down.
- ensure that any last minute changes or errors on tests and exams are provided to the student in writing
- use of sign/oral language interpreters for oral assignments
- access to assistive devices such as captioning devices, FM systems, TTY
- use of computer for completion of test/assignments
- extended time to complete the program and/or reduced course load
- adapted methods of evaluation such as marking on content rather than writing style
- advanced provision of reading lists, texts and content specific vocabulary
- provide computerized notetakers and interpreters with copies of reading material and videos at least one week in advance of when it is being taught

# LEARNING DISABILITIES

## OVERVIEW AND DEFINITION

Learning disabilities, while “invisible”, are nevertheless real. Scientific evidence has shown that this type of disability is neurologically-based, permanent in nature and exists across the life span. Various types of learning disorders have been identified, the impact of which varies from mild or moderate to severe. You may observe, in the classroom, individuals who demonstrate academic difficulties that are unexpected and puzzling in light of demonstrating at least average intelligence.

Psychologists and learning disability specialists define learning disabilities as specific impairments in one or more of the following psychological processes related to learning:

- acquiring, using and understanding verbal and non-verbal symbols of communication
- language processing (receptive, expressive and pragmatic)
- memory
- processing speed
- visual-spatial processing
- perceptual-motor integration
- executive functions (such as self-monitoring and organizational skills)

These types of disabilities can run in families and are not due to lack of motivation, poor teaching or second-language or cultural differences. Academic skills that can be affected include reading (decoding and comprehension), written language (both conceptual and the mechanics of writing), oral language (listening, speaking and understanding instructions), math (concepts and computation) and organization/planning skills. Other types of learning disabilities may affect spatial, mechanical abilities, as well as socially-based non-verbal deficits (missing social cues).

Learning disabilities are permanent and affect all aspects of life. Other conditions can co-exist with learning disabilities, for example, an Attention Deficit Disorder, as well as anxiety or depression. As individuals with learning disabilities have generally well-developed intellectual abilities, success at college and/or university is possible if compensatory strategies are learned, self-advocacy skills are developed and used and appropriate accommodations and services are put in place for and used by the student.

## EDUCATIONAL IMPLICATIONS AND INSTRUCTIONAL STRATEGIES

There are many educational implications for students with learning disabilities. Students may demonstrate a significant discrepancy between theoretical understanding and their practical achievements in areas such as labs and field placements. They may have well-developed skills but demonstrate significant deficits

in written expression. Speed of processing may be slow, so that students can not keep up to the pace of the class. Lecture material may not be retained, and in testing situations, remembering formulas to solve application questions may be a significant challenge.

Students may listen to content presented through lectures, understand and retain it, yet reading skills may be deficient. Deficits in word recognition, reading speed and vocabulary can, in turn, affect reading comprehension and the ability to deal with large amounts of reading.

For some students, application courses where spatial reasoning, organization and following a sequence of steps in completing a “hands-on” project may be a challenge, while another student may misunderstand social cues and find it difficult to communicate their needs with professors and peers.

The following instructional strategies are recommended:

- introduce a variety of study strategies that will reinforce important concepts
- provide feedback such as error analysis of tests
- use visuals, demonstrations and practical examples to reinforce theoretical concepts
- introduce key concepts and vocabulary at the beginning of new units of study
- provide structures such as outlines and advance organizers to lectures
- provide reading lists ahead of time
- allow time to review and clarify concepts presented in class as well as to answer questions prior to the student starting an assignment or task
- give several short assignments rather than one long one
- work closely with the disability support office to ensure a successful learning experience for the student

## **ACADEMIC ACCOMMODATIONS**

Students with disabilities are expected to accomplish the “core competencies” of their programs. To achieve this, accommodations are provided to minimize or eliminate any disadvantage their disability presents. Accommodations are unique to each individual. The disability support office in your university makes these recommendations based on confidential documentation that the student provides to the university. Some of the most commonly provided academic accommodations to students with learning disabilities include:

- a reduced course load
- provision of a notetaker for lectures
- tape recording of lectures
- access to alternative format materials such as books on tape
- access to a word processor with spell check, thesaurus, grammar check for completion of final copy of written work
- clarification of information on overheads, charts and lecture material
- alternative methods of evaluation, such as point form responses rather than full

- sentences, in content courses
- provision of extended time for tests and exams. The amount of extra time is determined by the disability support office
- use of memory aids or formula cards (preapproved and signed by professor)
- supplementary oral exams
- exams may need to be written on a computer with editing functions and/or adaptive software
- use of writing tools (e.g. spelling dictionary)
- exams/tests may need to be scribed and written in a quiet writing room
- clarification of questions by professor on tests/exams (rewording of question)
- use of a calculator on tests/exams (type of calculator to be specified by professor e.g. non-programmable)

# **MEDICAL DISABILITIES**

## **OVERVIEW AND DEFINITION**

Medical disabilities may be acute or chronic, visible or invisible, and the type of support needed is as diverse as the individuals seeking assistance.

### **Chronic Illnesses**

Types of medical conditions having educational implications include chronic health problems such as fibromyalgia, chronic fatigue syndrome, arthritis, kidney disease, allergies, cardiovascular problems, cancer, diabetes, and HIV infections, as well as respiratory and gastro-intestinal disorders. Many of the university students who suffer from these conditions have frequent absences due to the effect of medication, fatigue and pain. Medical conditions can have an impact on an individual's ability to meet both the cognitive and physical demands of a college program.

Two examples of these chronic illnesses are described below.

Fibromyalgia (FM) is a chronic pain disorder with a broad spectrum of psychological and physical symptoms. It is a condition of widespread musculoskeletal pain usually affecting the arms, legs, back, chest, hands, feet and often the jaw. It is typically associated with chronic fatigue, sleep disturbance and generalized stiffness. Many FM patients also experience depression and anxiety as well as concentration and memory problems.

Chronic Fatigue Syndrome (CFS) is a debilitating disorder characterized by profound tiredness or fatigue. This condition is primarily characterized by extreme fatigue, muscle pain, depression, problems with concentration and memory and extreme flu-like symptoms. Individuals with CFS may become exhausted with only light physical exertion. Anxiety, irritability and problems with concentration and memory are common with this condition.

### **Other Medical Conditions**

Tourette syndrome is a neurologically based disorder with a strong genetic component. It is commonly diagnosed by a physician specializing in this disorder. Other conditions that can co-exist with this condition include obsessive-compulsive disorder and mood disorders, Attention Deficit Hyperactivity Disorder and learning disabilities. Uncontrollable motor and vocal tics characterize this disorder, including eye blinking, head jerking, shoulder shrugging and facial grimacing, or simple vocal tics such as throat clearing and tongue clicking. Echolalic speech can occur (repeating words or phrases just heard) and in rare cases, coprolalia can occur (vocalizing socially unacceptable words).

Asthma is an obstruction of the airways, characterized by narrowing of the bronchial tubes, tissue swelling and clogging mucus. Males are twice as likely as females to have it. Many people with asthma improve during adolescence.

Epilepsy is a disorder of the central nervous system which results in a seizure. For many adults, epileptic seizures are largely controlled by anti-convulsant medication. There are four major kinds of seizures, distinguished by the degree of convulsion and the extent to which the person is conscious. Grand mal epilepsy involves sudden and violent convulsions and loss of consciousness, whereas Petit mal epilepsy is milder and involves little or no loss of consciousness. The person may stop what he/she is doing and stare momentarily.

## **EDUCATIONAL IMPLICATIONS AND INSTRUCTIONAL STRATEGIES**

Some specific, medically oriented knowledge can be very helpful in understanding a student's needs and learning patterns. It is important, however, that faculty approach medical information about a student from an educational, and not from a diagnostic point of view.

A common problem to students with medical disabilities is fatigue and pain. They may have to expend more energy for the routines of daily living and so consideration should be given to their expenditure of energy in the classroom and surrounding environment. Pain and the adverse side effects of medication can be significant detractors to learning. Some generalized instructional strategies include:

- locate equipment and supplies in close proximity to the student
- pre-arrange a cue to refocus attention
- if the classroom is in a remote location request a change
- be aware of procedures if there is a medical emergency
- be prepared to meet with student and disability support office for contingency planning
- work closely with the disability support office to ensure a successful learning experience for the student

## **ACADEMIC ACCOMMODATIONS**

Students with disabilities are expected to accomplish the “core competencies” of their programs. To achieve this, accommodations are provided to minimize or eliminate any disadvantage their disability presents. Accommodations are unique to each individual. The disability support office in your university makes these recommendations based on confidential documentation that the student provides to the university. Some of the most commonly provided academic accommodations to students with medical disabilities include:

- access to notetaker and/or scribe
- use of memory aids such as formula cards during tests (preapproved and signed by professor)
- student to take break periods as needed for rest and taking medication
- ergonomically designed seating/furnishings
- adjusted course grades for medical reasons (ie. no penalty for late withdrawals)
- alternative methods of evaluation
- extended time for tests and exams. The amount of extra time is determined by the disability support office.
- allowances for their absences for medical reasons (ie. rescheduling of tests or exams)

# MENTAL HEALTH DISABILITIES

## OVERVIEW AND DEFINITION

While a single symptom or isolated event is rarely a sign of mental illness, a symptom that occurs frequently, lasts for several weeks or becomes a general pattern of an individual's behavior may indicate the onset of a more serious mental health problem that requires treatment. Some of the more significant indicators of a possible mental illness include:

- marked personality change over time
- confused thinking, grandiose ideas
- prolonged feelings of depression or apathy
- feelings of extreme highs or lows
- heightened anxieties, fears of anger or suspicion; blaming others
- social withdrawal, increased self-centeredness
- denial of obvious problems and strong resistance to offers of help
- substance abuse
- thinking or talking about suicide

Students who request accommodations because of a mental health disability are participating in some form of treatment intervention, either medication therapy or psychotherapy, or a combination. As faculty, providing a supportive learning environment and working closely with the disability support services your university will be key factors to the success of students with mental health disabilities.

## EDUCATIONAL IMPLICATIONS AND INSTRUCTIONAL STRATEGIES

Disorder	Educational Implications
Adjustment disorders: develop in response to a particular stressor and complete recovery is anticipated to within a 6 month period.	Loss of initiative to attend class, complete homework assignments; when accompanied with depression or anxiety may impact learning temporarily in ways similar to anxiety and depressive disorders (see below); inappropriate interactions with others (e.g. may be belligerent)
<b>Anxiety disorders:</b> disorders in which the major feature is anxiety. Types include panic disorders, agoraphobia, specific phobias, obsessive-compulsive disorder, posttraumatic stress disorder, highly generalized anxiety disorder.	Student may be afraid/anxious of school related activities such that he/she fails to attend class, or keep scheduled appointments; high anxiety can paralyze the ability to think and act; student may respond physically such as becoming ill or agitated; high anxiety can cause physical responses that inhibit learning -



Disorder	Educational Implications
	the material is not absorbed and/or the material is not recalled; when anxiety is high, the student is more likely to respond with anger and aggressiveness or to withdraw; the student with high anxiety is more susceptible to the consequences of fatigue than the average student.
<b>Mood disorders:</b> can be acute, severe, and relatively short duration, or chronic conditions	Lack of energy or desire to perform; not able to think or act quickly; sadness or mania makes others uncomfortable; many symptoms cause physical discomfort, such as lack of appetite leading to poor eating/self care; lowered self esteem, resulting in negativism; side affects of medication can include blurred vision, concentration difficulties, drowsiness and restlessness.
<b>Personality disorders:</b> are characterized by a pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, starts in adolescence or early childhood, is stable over time and leads to distress or impairment. Types include paranoid, schizoid, schizotypal, antisocial, borderline, narcissistic, avoidant, dependent & obsessive-compulsive personality disorders.(All of this makes it difficult to accept help that is available to them through modifications/ accommodations.)	Difficulties with relationships; others become frustrated with them; often "punished" without knowing why; difficulty trusting others, seem to be trying to retreat; a crisis is often occurring in the life of an individual with a personality disorder.
<b>Eating Disorders:</b> characterized by anxieties about weight gain. There can be long-term, irreversible consequences which can affect one's physical and emotional health. Types include anorexia nervosa and bulimia	Absences from school for treatment of health problems because of eating habits; side effects of malnutrition such as lethargy, forgetfulness, poor judgment.

## **INSTRUCTIONAL STRATEGIES**

In addition to the following general instructional strategies it is prudent for faculty to watch for any significant change in a student's work habits, behaviours, performance and attendance such as: frequent absences; low morale; disorganization in completing school work; lack of cooperation or a general inability to communicate with others; frequent complaints or evidence of fatigue; problems concentrating, or making decisions, or remembering things; missed deadlines, poor exam grades; decreased interest or involvement in class topics or academics in general.

People who experience problems such as those above may simply be having a bad day or week, or may be working through a difficult time in their lives. A pattern that continues for a long period may, however, indicate an underlying mental health problem and they should be referred to the disability support office or counselling services.

Aggressive, hostile behaviour is NOT acceptable and should be dealt with in the same manner with which faculty deal with other students (ie. ask the person to leave or apply the rules of conduct code).

\* Note that non-threatening delusional behaviour should not be confronted by faculty. Acknowledgement is advised, using words such as, "I hear what you say, but that is not my view".

The following instructional strategies are recommended:

- provide explicit guidelines for assignments
- minimize distractions in the learning environment
- pre-arrange a cue to refocus attention
- deal immediately with any negative behaviour by peers towards the student
- permit students to leave the classroom if anxiety becomes unmanageable
- provide copies of your notes to cover emergency absences
- be prepared to meet with student and disability support office for contingency planning
- identify any changes in routine well ahead of time
- recognize small achievements
- refer students to counselling or disability support services if you are concerned about their mental health

## **ACADEMIC ACCOMMODATIONS**

Students with disabilities are expected to accomplish the "core competencies" of their programs. To achieve this, accommodations are provided to minimize or eliminate any disadvantage their disability presents. Accommodations are unique to each individual. The disability support office in your university makes these recommendations based on confidential documentation that the student provides to the university. Some of the most commonly provided academic accommodations to students with mental health disabilities include:

- adjusted course grades for medical reasons (ie. no penalty for late withdrawals)
- separate testing room
- provision of extended time for tests and exams. The amount of extra time is determined by the disability support office.
- use of memory aids such as formula cards during tests (preapproved and signed by professor)
- alternative evaluation procedures
- priority scheduling of classes (ie. time of day and sequence of courses in a program)
- provision of a notetaker for lectures
- reduced course load
- student to take break periods as needed for rest and taking medication
- access to onsite emergency psychological support and referral service

# MILD ACQUIRED BRAIN INJURY(ABI)

## OVERVIEW AND DEFINITION

According to Statistics Canada, of the 10,094 people admitted to Ontario hospitals with brain injuries in 1996, 81% were diagnosed as having a “mild” acquired brain injury (ABI). Young adults (i.e., ages 15 - 35 years) are at the greatest risk for acquiring a brain injury.

Mild ABI is characterized by moderate changes in one, or all, of an individual’s level of cognitive, emotional, behavioural, or physiological functioning. These changes can take a number of forms, but will most likely include a combination of:

- impaired memory
- difficulty solving problems
- trouble expressing thought
- increased fatigue
- a decreased tolerance for frustration
- poor coordination of movements
- a lack of emotion
- dizziness and loss of balance
- the tendency to overreact
- frequent headaches or nausea
- depression
- an inaccurate assessment of ability
- impulsivity
- poor judgment

A mild ABI can be the result of a number of causes. For example, a brain tumor, a stroke or aneurism, seizure activity, infectious disease, a loss of oxygen to the brain, or substance abuse. However, the most common cause of ABI is a traumatic injury to the brain as a result of either a blow to the head or a violent whipping action of the neck. There is no such thing as a “typical” ABI; similar injuries may produce different effects in different people.

## EDUCATIONAL IMPLICATIONS AND INSTRUCTIONAL STRATEGIES

Exactly which of the brain’s functions will be affected by an ABI depends on the location and extent of the injury. Changes that are frequently experienced following a mild ABI are described below:

Cognitive Functions	Educational Implications
Memory	Difficulty committing information to memory; following a conversation; processing ideas through a specific modality (e.g., speaking but not writing); recalling appointments; recalling facts, such as definitions or technical terms.
Organizational skills	Those students with frontal lobe injuries may have difficulty organizing their time,

Cognitive Functions	Educational Implications
	<p>breaking large tasks down into smaller parts, and deciding where to start when tackling large tasks. These students may also have difficulty if information is presented in an unstructured manner (e.g., without the use of a clear outline). These students may have difficulty following the train of thought of an instructor, completing assignments on time, or preparing for exams.</p>
Attention/concentration	<p>Learning, particularly in an academic setting, requires a certain amount of attention and concentration. Individuals with difficulties maintaining attention may find it difficult to learn new material and complete exams or assignments, particularly when faced with competing stimuli, such as a noisy class or exam room.</p>
Other cognitive functions	<p><b>Visual processing:</b> These students may have difficulty recognizing objects (even close friends and family), picking out details, or completing tasks requiring visual-spatial abilities. A decrease in executive functions: With frontal lobe damage, it is common that higher order cognitive functions, such as reasoning and judgement are affected.</p> <p>Communication difficulties: If the motor functions of the brain are injured, then clear speech can be difficult to generate. However, the brain may also have difficulty transferring thoughts into speech or interpreting incoming speech, a phenomenon known as aphasia.</p>

<b>Emotional functions</b>	<b>Educational Implications</b>
<p>Following an ABI, emotional functioning is dependent on three things; how the individual functioned prior to the brain injury, the location and extent of the injury, the nature of the environment in which the individual is trying to function.</p>	<p>Individuals with an ABI may find it difficult to deal with the pressure and stress inherent to academics. This is coupled with the fact that ABI students may still be adjusting to any cognitive and physiological changes that they may have incurred. As a result, and frustration, depression, and social withdrawal may compromise an individual's ability to function as a student. There are several changes that frequently occur as a result of an ABI, including:</p> <ul style="list-style-type: none"> <li>• an increase in irritability and a decrease in tolerance for frustration;</li> <li>• symptoms of depression, social withdrawal, and learned helplessness;</li> <li>• the tendency to display excessive or inaccurate emotional responses to events.</li> </ul>

<b>Behavioural Functions</b>	<b>Educational Implications</b>
<p>Following an ABI, individuals may exhibit a change in behavior patterns.</p>	<p>Individuals with an ABI may not only lack the work habits and social skills to function effectively as a student, but they may not realize when they are behaving inappropriately. They may exhibit impulsive or obsessive behaviours; make inappropriate social comments or be unable to pick up on social cues; lack initiative or have difficulty following through on tasks; or demonstrate excessively self-serving behaviour.</p>

<b>Physical Functions</b>	<b>Educational Implications</b>
<p>Fatigue</p>	<p>Students with an ABI may find that they run out of energy part way through a long class or later in the day. Fatigue may be particularly evident when high</p>

	levels of concentration are needed, such as during an exam.
Chronic pain	This may take the form of headaches, neck or back pain, or another type of physical discomfort (e.g., nausea, ringing in the ears, dry eyes, etc...). Students may find it difficult to complete long lectures or exams. Additionally, medication given to reduce pain or prevent seizures can cloud thinking.
Poor motor control	Occasionally, the areas of the brain responsible for the initiation, coordination, and feedback of the body's movements are affected by a brain injury. These changes can occur in a number of forms, including reduced motor speed, spastic or rigid movements, body tremors, reduced hand-eye coordination, or poor balance. Individuals may also experience periodic seizures that involve temporary loss of consciousness and/or muscular convulsions.

### **Instructional strategies**

In many cases these young adults are in the process of regaining some direction and purpose in their life. The following strategies will help them succeed academically.

- summarize information as it is being taught
- use a multi-sensory approach and provide demonstrations, whenever possible
- repetition and rehearsal strategies will help students learn material to develop task mastery
- encourage the use of daily planners to record important information such as appointments, assignment due dates and homework
- use time lines, flow-charts, graphs and mapping as well as webbing techniques
- identify important information from notes and textbooks and provide a written study guide in preparation for tests and exams
- redirect student to the task when necessary
- periodic student/instructor meetings to review progress and discuss problems
- work closely with the disability support office to ensure a successful learning experience for the student

## **ACADEMIC ACCOMMODATIONS**

Students with disabilities are expected to accomplish the “core competencies” of their programs. To achieve this, accommodations are provided to minimize or eliminate any disadvantage their disability presents. Accommodations are unique to each individual. The disability support office in your university makes these recommendations based on confidential documentation that the student provides to the university.

Some of the most commonly provided academic accommodations to students with ABI include:

- use of memory aids such as formula cards during tests (preapproved and signed by professor)
- provision of a notetaker for lectures
- tape recording of lectures
- provision of written, step by step instructions when assigning work
- time extensions for in-class assignments
- separate room for writing exams
- priority seating to facilitate attention
- student to take break periods as needed for rest and taking medication
- provision of extended time for tests and exams. The amount of extra time is determined by the disability support office.
- allowing point form responses to essay questions
- the use of oral exams in place of, or as a supplement to, written exams
- a modified exam schedule to spread out the work-load (Longer exams may even need to be broken down into sections that can be completed separately.)



# **MOBILITY IMPAIRMENTS**

## **OVERVIEW AND DEFINITIONS**

Generally, there are two types of physical disabilities which affect mobility: Orthopedic and Neurological. Some of the more representative disabilities will be discussed.

Orthopedic disabilities involve a deformity of the skeletal system. The impairment can be the result of a congenital anomaly (ie. Club foot, Spina Bifida), the result of disease (ie. Muscular Dystrophy, Arthritis), or the result of trauma or accident (ie. amputation).

Neurological disabilities involve the nervous system affecting the ability to move, use or control certain parts of the body. Such impairments can be the result of a congenital anomaly (ie. Cerebral Palsy), the result of disease (ie. Poliomyelitis), or the result of an accident (ie. spinal cord injury, head trauma).

Multiple Sclerosis is the most common neurological disease affecting young Canadian adults. It is not a contagious or hereditary disease but one thought to be caused by a virus or an immune reaction, or a combination of both. Symptoms vary, but may include visual disturbances, slurred speech, fatigue, paralysis, muscle tremors, impaired gait, personality changes, respiratory infections, loss of coordination, loss of balance, numbness or prickling feelings in extremities and general malaise.

Cerebral Palsy is a condition caused by damage to the brain before, during or after birth. It is chiefly characterized by motor disorder. It is not progressive nor is it considered curable, although physical therapy can be helpful in improving comfort and mobility.

Spina Bifida is one of the most prevalent birth defects causing physical disability. It occurs in the spinal column when one or more vertebrae do not close during prenatal development. The condition varies, displaying few to many consequences, ranging from mild to serious in nature.

Spinal Cord injuries are most commonly the result of trauma from sports related injuries and accidents. The spinal cord can be partially severed or permanently damaged by severe scarring. The degree of impairment depends on the extent and level of the damaged vertebra(e) in the spinal cord. Terms used to describe the amount of physical functioning that an individual may retain include, paraplegia, or paralysis of both legs, and quadriplegia, or partial or complete paralysis of all four limbs.

## **EDUCATIONAL IMPLICATIONS AND INSTRUCTIONAL STRATEGIES**

Some specific, medically oriented knowledge can be very helpful in understanding a student's needs and learning patterns. It is important, however, that faculty approach medical information about a student from an educational, and not from a diagnostic point of view.

A common problem to students with mobility impairments is fatigue and pain. They may have to expend more energy for the routines of daily living and so consideration should be given to their expenditure of energy in the classroom and surrounding environment. Pain and the adverse side effects of medication can be significant detractors to learning.

University staff can assist in ensuring that the physical environment is barrier-free. This means that a person can move around an environment without assistance. An example of a barrier free door opener would be one that opens with an electronic sensor, not a push-plate. Removing environmental barriers, clearing aisles, lowering work surfaces and providing convenient locations can be very helpful to the student with a mobility impairment.

There are no instructional strategies that are specific to persons with mobility impairments. The following suggestions will enhance the learning experience for the student:

- locate equipment and supplies in close proximity to the student
- if the classroom is inaccessible or in a remote location request a change
- if the student uses an attendant, speak to the student, not the attendant
- choose field trips and activities that are accessible to the student with a mobility impairment
- be aware of the fire evacuation procedures for students with mobility impairments
- students may use adaptive equipment. It is not necessary for faculty to have an in depth knowledge of this equipment as the student is the expert.
- Common pieces of equipment include: computers with speech synthesizers, adapted keyboards and keyboard guards, tape recorders, specialized software.
- work closely with the disability support office to understand the educational implications of the student's disability

### **Points of Etiquette**

- Always ask a wheelchair user if he or she would like assistance before you help.
- Check desk height to make sure the wheelchair fits comfortably underneath.
- If conversation lasts more than a few minutes, consider sitting down or kneeling to get yourself on the same level as the wheelchair user.
- Be aware of a wheelchair user's capabilities. Some users can walk with aid and use wheelchairs to save energy and move quickly.
- Don't hang or lean on a person's wheelchair because it is part of the wheelchair user's personal body space.
- Do not move the wheelchair without the user's consent.
- Give clear directions, including distance, weather conditions and physical obstacles that may hinder the wheelchair user's travel when conducting field trips.

## **ACADEMIC ACCOMMODATIONS**

Students with disabilities are expected to accomplish the “core competencies” of their programs. To achieve this, accommodations are provided to minimize or eliminate any disadvantage their disability presents. Accommodations are unique to each individual. The disability support office in your university makes these recommendations based on confidential documentation that the student provides to the university. Some of the most commonly provided academic accommodations to students with mobility impairments include:

- access to adaptive technology, assistive devices and/or a scribe or notetaker
- student to take break periods as needed for rest, taking medication and toileting
- ergonomically designed seating/furnishings
- advance book/reading lists
- preferential seating
- access to all learning activities and services
- provision of extended time for tests and exams. The amount of extra time is determined by the disability support office.
- reduced course load
- early access to timetable for transportation purposes
- unpunctuality should not be penalized where mobility is a factor
- attendant services (funded through Ministry Of Health)

## **ADDITIONAL INFORMATION**

For more information, please visit the [Council of Ontario Universities \(COU\): Resources for Educators, Teaching Tips](#). This website provides a number of resources for educators. The COU has developed resources and links to assist Ontario Universities in meeting their obligations under Section 16 of the Integrated Accessibility Standards Regulation of the Accessibility for Ontarians with Disabilities Act (AODA).