

## **Introduction**

According to data released by the Department of Commerce Census Bureau in March of 2001, nearly 20 percent or about 1 in every 5 Americans have some level of disability. Accordingly, students with disabilities are a rapidly growing population at Butler County Community College and other educational institutions throughout the United States.

The obligation to accommodate students with disabilities extends beyond the moral responsibility and beyond our community college's commitment to fulfill the promise of success. On July 26, 1990, President George H.W. Bush signed the Americans with Disabilities Act (ADA). This law enforces the concept of reasonable accommodations in education and mandates greater access to employment, transportation and public accommodations.

Furthermore, in partnership with ADA, Section 504 of the Rehabilitation Act of 1973 and its 1992 Amendments, further mandate that, "No otherwise qualified disabled individual shall, solely by reason of a disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

The ADA affects everything an institution does; the law's scope is not limited to academic programs or structural accessibility. Administrative support services such as registration, financial aid and counseling services must be accessible to students with disabilities. The passage by Congress of the Americans with Disabilities Act sent a loud and clear message that people with disabilities are to be accorded the right to work and participate in education—whether they are funded publicly or privately.

To comply with the above mandates, colleges, such as Butler County Community College, who receive Federal assistance must assure those educational programs and services that are offered to other students be available to students with disabilities.

In order to comply this Federal mandate; the Office of Disability Services, as well as, faculty/ staff of Butler Community College must produce a cohesive effort to accommodate the needs of the disabled population at the college. The purpose of this handbook is not to dictate policy, but to educate the faculty/staff on the population of disabled students at Butler Community College, as well as, the policies, procedures and accommodations process utilized by the Director of Disability Services.

## **Defining Disability**

The Americans with Disabilities Act defines a person with a disability as, "any person who: (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such impairment; or (3) is regarded as having such impairment."

Major life activities include:

- Caring for oneself
- Manual tasks
- Hearing
- Walking
- Speaking
- Seeing
- Breathing
- LEARNING

## **Documentation of Disability**

In order to fully evaluate requests for accommodations and services, Butler's Office of Disability Services will need documentation of the disability that consists of an evaluation by an appropriate professional that describes the current impact of the disability as it relates to the accommodations requested.

*A brief statement written on a prescription pad from your treating professional is **not sufficient** documentation.*

*All contact information received is kept in a separate confidential file within the office of the Director of Disability Services. No information concerning inquiries about documentation will be released without written consent.*

### *Seven Essential Elements of Quality Disability Documentation*

**(As adopted by the Association of Higher Education and Disability)**

The dimensions of good documentation discussed below are suggested as a best practices approach for defining complete documentation that both establishes the individual as a person with a disability and provides a rationale for reasonable accommodations. By identifying the essential dimensions of documentation, institutions allow for flexibility in accepting documentation from the full range of theoretical and clinical perspectives. This approach will enhance consistency and provide stakeholders (students, prospective students, parents and professionals) with the information they need to assist students in establishing eligibility for services and receiving appropriate accommodations.

#### **1. The credentials of the evaluator(s)**

The best quality documentation is provided by a licensed or otherwise properly credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated. A good match between the credentials of the individual making the diagnosis and the condition being reported is expected (e.g., an orthopedic limitation might be documented by a physician, but not a licensed psychologist).

#### **2. A diagnostic statement identifying the disability**

Quality documentation includes a clear diagnostic statement that describes how the condition was diagnosed, provides information on the functional impact, and details the typical progression or prognosis of the condition. While diagnostic codes from the Diagnostic Statistical Manual of the American Psychiatric Association (DSM) or the International Classification of Functioning, Disability and Health (ICF) of the World Health Organization are helpful in providing this information, a full clinical description will also convey the necessary information.

#### **3. A description of the diagnostic methodology used**

Quality documentation includes a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. Where appropriate to the nature of the disability, having both summary data and specific test scores (with the norming population identified) within the report is recommended.

Diagnostic methods that are congruent with the particular disability and current professional practices in the field are recommended. Methods may include formal instruments, medical examinations, structured interview protocols, performance observations and unstructured interviews. If results from informal, non-

standardized or less common methods of evaluation are reported, an explanation of their role and significance in the diagnostic process will strengthen their value in providing useful information.

#### **4. A description of the current functional limitations**

Information on how the disabling condition(s) currently impacts the individual provides useful information for both establishing a disability and identifying possible accommodations. A combination of the results of formal evaluation procedures, clinical narrative, and the individual's self report is the most comprehensive approach to fully documenting impact. The best quality documentation is thorough enough to demonstrate whether and how a major life activity is substantially limited by providing a clear sense of the severity, frequency and pervasiveness of the condition(s).

While relatively recent documentation is recommended in most circumstances, common sense and discretion in accepting older documentation of conditions that are permanent or non-varying is recommended. Likewise, changing conditions and/or changes in how the condition impacts the individual brought on by growth and development may warrant more frequent updates in order to provide an accurate picture. It is important to remember that documentation is not time-bound; the need for recent documentation depends on the facts and circumstances of the individual's condition.

#### **5. A description of the expected progression or stability of the disability**

It is helpful when documentation provides information on expected changes in the functional impact of the disability over time and context. Information on the cyclical or episodic nature of the disability and known or suspected environmental triggers to episodes provides opportunities to anticipate and plan for varying functional impacts. If the condition is not stable, information on interventions (including the individual's own strategies) for exacerbations and recommended timelines for re-evaluation are most helpful.

#### **6. A description of current and past accommodations, services and/or medications**

The most comprehensive documentation will include a description of both current and past medications, auxiliary aids, assistive devices, support services, and accommodations, including their effectiveness in ameliorating functional impacts of the disability. A discussion of any significant side effects from current medications or services that may impact physical, perceptual, behavioral or cognitive performance is helpful when included in the report. While accommodations provided in another setting are not binding on the current institution, they may provide insight in making current decisions.

#### **7. Recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services**

Recommendations from professionals with a history of working with the individual provide valuable information for review and the planning process. It is most helpful when recommended accommodations and strategies are logically related to functional limitations; if connections are not obvious, a clear explanation of their relationship can be useful in decision-making. While the post-secondary institution has no obligation to provide or adopt recommendations made by outside entities, those that are congruent with the programs, services, and benefits offered by the college or program may be appropriate. When recommendations go beyond equitable and inclusive services and benefits, they may still be useful in suggesting alternative accommodations and/or services.

***The Director of Disability Services reserves the right to determine the adequacy of submitted documentation.***

## **Identifying Disabilities**

Some students with disabilities may identify themselves by contacting the Director of Disability Services and their instructors before or early in the semester. Others, especially those with “hidden” disabilities, may not identify themselves because of their fear of others’ disbelief either about the legitimacy of their problem or the need for accommodation. Such students, in the absence of accommodations, may run into trouble in their college work. In a panic, they may identify themselves as disabled just before an examination and expect instant attention to their needs. In that case, the faculty/staff member **MUST** contact the Director of Disability Services for assistance in dealing with the unanticipated accommodations. With proper documentation, accommodations may be placed for the student from this point on, but not retroactively.

To facilitate the identification of disabled students, **faculty members should make an announcement at the beginning of the term or put a statement in the syllabus inviting students with disabilities to schedule appointments to *privately* discuss the needs of the student** (see reference section). The faculty member should contact the Director of Disability Services to discuss verification and accommodation of the disability. If you suspect a student has a disability, *privately* discuss your concern with the student. You may find an approach awkward, at least initially, but the end result will be extremely beneficial if the student’s circumstances are made known.

## **The Accommodation Process**

Accommodations necessary for ensuring complete access to and full participation in the educational process do not require the instructor to adjust evaluations of academic performance. Rather, the accommodations make it possible for a student with a disability to truly learn the material presented and for an instructor to fairly evaluate the student’s understanding of the material. The intent of the accommodation process is to provide a “level playing field” for the students and ***NOT*** to give the disabled student an advantage over his peers. Modifications CANNOT be made based on generalizations regarding categories of disability but MUST be made on a case-by-case basis and with regard to the student’s documentation.

Accommodations requested by the student will be reviewed by the Director of Disability Services with regard to substantiation in documentation and reasonableness of request.

Accommodations are provided at all Butler Community College locations and are coordinated through the Office of Disability Services at Butler of El Dorado and/or Butler of Andover. These accommodations include but are not limited to:

- Alternate Format of text
- Notetakers
- Extended Time for Exams
- Extended Time for Assignments (with instructor approval)
- Reader
- Calculator
- Interpreter
- Tutor
- Scribe
- Change of Classroom
- Priority Seating in Classroom
- Enlargement of Exams, Worksheets or Classroom Notes
- Tape Recording of Exam Questions/Answers
- Leniency with regards to spelling

## **Student Responsibility Regarding Accommodations**

Students with disabilities are responsible for ensuring that Butler Community College's Office of Disability Services, as well as, faculty/staff are aware of disabilities that require accommodations in the educational process. Students are also responsible for requesting accommodations in a timely manner so that plans for those accommodations may be made.

Students with disabilities **MUST** maintain the same responsibility for their education as students that are non-disabled. *This includes maintaining the same academic levels, attending class, maintaining appropriate behavior and timely notification of any special needs.*

If there are ever any questions as to the recommended accommodations, please contact the Director of Disability Services, Room 603, Academic Achievement Center, 322-3321 or 733-3321

## **Faculty/Staff Responsibility Regarding Accommodations**

Faculty will be notified of the accommodations required by the students through a memo that will be sent from the Director of Disability Services at the beginning of each semester (see reference section). The faculty member is **RESPONSIBLE** for making the instructor facilitated accommodations.

## **Office of Disability Services at Butler Community College**

The Office of Disability Services at the El Dorado campus is located near the Academic Achievement Center in the 600 building. The office is staffed by the Director of Disability Services, one 30-hour paraprofessional and two student/peer tutors. . The office is open normal business hours. Any inquiries may be made by calling (316) 322 3166 or (316) 733-3166 from the Wichita Metro area.

To further serve our student population, a second Office of Disability Services/Lab is located at Butler of Andover. The office serves students at the Andover, McConnell and Rose Hill sites and is staffed by a 30-hour paraprofessional. Any inquiries may be made by calling (316) 218-6214.

## **Disabled Population Served at Butler Community College**

- ◆ Learning Disabled
- ◆ Hearing Impaired
- ◆ Visual Impaired
- ◆ Dyslexia/Dyscalculia
- ◆ Seizure
- ◆ Mental/Physical Impaired
- ◆ Drug and Alcohol
- ◆ ADD/ADHD
- ◆ Diabetics
- ◆ Sleeping Disorders
- ◆ Fibromyalgia

## Procedures of the Office of Disability Services

### *Instructor notification*

At the beginning of each semester, instructors will receive a memo from the Director of Disability Services denoting the names of documented special needs students and the accommodations that **must** be implemented for the student (see reference section). Instructors are encouraged to contact the Director with any questions regarding student accommodations.

### *Note taker accommodations*

Note takers are a vital accommodation for some students with disabilities. A note taker is employed by the Disability Services Department to provide better study tools for the students that are unable to take adequate notes for themselves. The Office of Disability Services relies on the assistance of the faculty to choose students who have a good-student academic record and is responsible enough to record notes for studying. It is recommended to announce the need for a note taker for **several class periods**. If a note taker *cannot* be found, it is **VITAL** for the instructor to contact the Director of Disability Services so other arrangements for accommodations can be made. A letter explaining how to choose a note taker will be included with the instructor notification memo at the beginning of the semester, as well as included in the reference section.

### *Test taking accommodations*

Accommodations for testing encompass, but are not limited to, four primary areas:

- ◆ Oral reading of tests
- ◆ Extended time for testing (time and one-half)
- ◆ Non –distractive environment for testing
- ◆ Alternative testing

All testing accommodations **must be** approved by the Director of Disability Services. Improper implementation of an accommodation could result in legal action against *anyone* who performs the accommodation (i.e. faculty).

To ensure integrity in testing, the following steps must be adhered to:

1. The student is responsible for reminding the instructor the testing accommodations **and** scheduling and appointment with the Office of Disability Services to take the test. All tests must be scheduled to ensure adequate staff to monitor the testing process.
2. All tests must be received **directly from the instructor** either via campus mail or in person. Tests delivered by students during class time will not be accepted. Once received by the Office of Disability Services, tests are stored in a locked area. At the end of the week, all uncompleted tests will be returned to the instructor. It is the responsibility of the student to make arrangements with the instructor to take the test. Completed tests will be returned promptly to the instructor via campus mail unless other arrangements are made. **Students are not allowed to leave the Disability Service Office with completed tests!** A test accommodation form will be attached to the completed test.

To ensure integrity of testing the following information must be included with the test:

- ❑ Each test must be labeled with the name of the student.
- ❑ Time allowed for class to take test.
- ❑ Instructions on the use of notes, calculators, book, etc. (Unless specified, students will not be allowed to use aides).
- ❑ Preferred method to return test.
- ❑ Contact number for instructor.

## **Guidelines for Working with Students with Disabilities**

### *Disability Etiquette*

People who encounter disabled students often feel apprehensive about discussing a disability in fear of offending the student. The best advice in working with a disabled student is ***TO TREAT THEM THE SAME AS NON-DISABLED STUDENTS***. Do not feel awkward about approaching a student with questions about accommodations for their disability. Often students are the best resource for how their disabilities have been accommodated in the past!

Working with a person with a disability requires *sensitivity* and *basic common sense*. By using words with dignity, we encourage equality for everyone.

| <b>Words with Dignity</b>  | <b>Avoid these words</b>  |
|--|---|
| Person with a disability/disabled  | Cripple/handicapped/handicap/those people/invalid (literally invalid means “not valid”)                       |
| Person who has/person with   | Victim/afflicted with   |
| Uses a wheelchair  | Restricted, confined to a wheelchair/wheelchair bound   |
| Epilepsy/seizures  | Fits  |
| Learning disability/mental retardation/developmental delay/ADD/ADHD          | Slow/retard/lazy/stupid/underachiever   |
| Psychiatric history/psychiatric disability/emotional disorder/mental illness | Crazy/insane/lunatic/mental patient/wacko   |
| Disabled since birth/born with   | birth defect  |
| Deaf/does not voice for themselves/nonvocal                                  | Deaf mute/ deaf and dumb  |
| Non-disabled   | Normal (referring to non-disabled persons as “normal” insinuates that people with disabilities are abnormal.) |

Other terms which should be avoided because of negative connotations and tend to evoke *pity and fear* include:

|                   |               |                       |               |
|-------------------|---------------|-----------------------|---------------|
| abnormal          | handi-capable | moron                 | spastic       |
| burden            | incapacitated | palsied               | stricken with |
| condition         | imbecile      | pathetic              | suffer        |
| deformed          | maniac        | physically challenged | tragedy       |
| differently abled | maimed        | pitiful               | unfortunate   |
| disfigured        | madman        | poor                  | victim        |

*Preferred terminology* in working with persons with disabilities include:

|                              |   |
|------------------------------|---|
| blind                        | No visual capability                    |
| legally blind/low vision     | Some visual capability                  |
| hearing loss/hard of hearing | Some hearing capability                 |
| residual limb                | Post-amputation of a limb               |
| quadriplegia                 | Paralysis of both arms and legs         |
| paraplegia                   | Loss of function of the lower body only |
| hemiplegia                   | Paralysis of one side of the body       |

### Common Courtesies

- ❖ Don't feel obligated to act as a caregiver to people with disabilities. Offer assistance, but **wait** until your offer is accepted **before** you help. Listen to any instructions the person may give.
- ❖ Leaning on a person's wheelchair is similar to leaning or hanging on a person. It is considered annoying and rude. The chair is a part of one's personal body space. Don't hang on it!
- ❖ Share the same social courtesies with people with disabilities that would share with someone else. If you shake hands with people you meet, offer your hand to everyone you meet, regardless of disability. If the person is unable to shake your hand, he or she will tell you.
- ❖ When offering assistance to a person with a visual impairment, allow the person to take your arm. This will enable you to guide, rather than propel or lead the person. Use specific directions, such as "left one-hundred feet" or "right two yards" when directing a person with a visual impairment.
- ❖ When planning events that involve persons with disabilities, consider their needs before choosing a location. **Even with people with disabilities will not attend, select an accessible spot.** You wouldn't think of holding an event where other minorities could not attend, so don't exclude people with disabilities.

## Conversation Courtesies

- When speaking about people with disabilities, emphasize achievements, abilities and individual qualities. Portray them as they are in real life: as parents, employees, business owners, students, etc.
- When talking to a person, who has a physical disability, speak directly to that person, not through a companion. For people who communicate through sign language, speak to them, not to the interpreter.
- Relax! Don't be embarrassed if you use common expressions such as "See you later" or "Gotta run."
- To get the attention of a person, who has a hearing loss, tap them on the shoulder or wave. Look directly at the person and speak clearly, slowly and expressively to establish if they read lips. Not all people with hearing loss can read lips. Those who do, rely on facial expressions and body language for understanding. Stay in the light and keep food, hands and other objects away from your mouth. Shouting won't help. Written notes will. Use an interpreter if possible.
- When talking to a person in a wheelchair for more than a few minutes, place yourself at eye level with that person. This will spare both of you a sore neck!
- When greeting a person with severe loss of vision, always identify yourself and others. For example say, "On my right is John Smith." Remember to identify persons to whom you are speaking. Speak in a normal tone of voice and indicate when the conversation is over. Let them know when you move from one place to another."

## Guidance in Working with Specific Disabilities

### ***Physical Impairments***

A wide range of conditions may limit mobility and/or hand-function. Among the most common permanent disorders are musculoskeletal disabilities as partial or total paralysis, amputation or severe injury, arthritis, active sickle cell disease, muscular dystrophy, multiple sclerosis and cerebral palsy. Additionally, health impairments such as cancer, HIV/AIDS, cystic fibrosis, or respiratory and cardiac diseases, may be debilitating and consequently, affect mobility.

These conditions may also impair the strength, speed, endurance, coordination and dexterity necessary for proper hand function. Conditions such as cerebral palsy often involve sensory and/or speech dysfunction. While the degree of disability varies, students may have difficulty getting to or from class, and managing out-of-class tests and assignments.

### ***Going to and from Classes***

Physical access to classrooms is a major concern of students who are physically disabled. Those who use wheelchairs, braces, crutches, canes or prostheses, or who fatigue easily, find it difficult to move about; especially within the time constraints imposed by class schedules. Occasional lateness may be unavoidable.

- Consider whether physical access to a classroom is a problem before or early in the semester. Discuss it with the student and, if necessary, the Director of Disability Services.
- Be prepared to arrange for a change of classroom or building of the classroom or building is not accessible to students with mobility impairments.

- Familiarize yourself with the building's emergency evacuation plan and assure that it is manageable for students who have mobility impairments.

### ***In-Class***

Some courses and classrooms present obstacles to the full participation of students who have physical disabilities. In seating such students, every effort ought to be made to integrate them into class.

Laboratory stations may be too high for wheelchair users to reach or may have insufficient under-counter knee clearance. Stations may need to be modified or they may have to be replaced by portable stations. Students with hand-function limitations may have difficulties in both the laboratory and the classroom, taking in-class writing assignments and taking written tests. The instructor should be prepared to use the following accommodations:

- Permit the use of a note-taker or tape recorder
- Team the student with a laboratory partner or assistant
- Allow in-class written assignments to be completed out of class with the use of a scribe or other appropriate aid.

The Director of Disability Services will administer oral or taped tests or will provide space and supervision for extended testing time. The Director of Disability Services is also available for alternative testing arrangements.

### ***Out- of-Class Assignments***

For students who have mobility impairments or hand-function impairments, the use of the library for reading or research assignments may present obstacles. The students may have to arrange with library personnel for access to card catalogues, bookshelves, microfiche, and other equipment, or for manipulating the pages of publications. Because of the completion of required work may thus be delayed, the extension of deadlines and the use of "Incomplete" grades may be appropriate.

## ***Visual Impairments***

Disorders in the structure of and function of the eye are manifested by at least one of the following: (1) visual acuity of 20/70 or less in the better eye after the best possible correction, (2) a peripheral field so constricted that it affects one's ability to function in an educational setting, (3) a progressive loss of vision which may affect one's ability to function in an educational setting. Examples include, but are not limited to cataracts, glaucoma, nystagmus, retinal detachment, retinitis pigmentosa, and strabismus.

### ***Early in the Semester***

- ◆ Provide reading lists or syllabi in advance to allow time for arrangements to be made such as taping or brailleing of materials.
- ◆ In cooperation with the Director of Disability Services, assist the student in finding notetakers, as necessary, or team the student with a sighted classmate or laboratory assistant.

- ◆ Reserve front seats for low vision-students. Make sure seats are not near windows; glare from the light can make it hard for a student to see the instructor or the board.
- ◆ If a service animal is used, remind the class that the animal is *working* and is *not* a pet. The service animal will be highly disciplined and require little space.
- ◆ Verbalize the content of printed transparencies or board notation.

### ***During the Semester***

- ◆ Face the class when speaking
- ◆ Convey in spoken words whatever you put on the board and whatever other visual cues or graphic materials you use. Provide copies of all materials or request another student to write down everything for later transfer to tape or braille.
- ◆ Permit lectures to be taped and/or provide copies of lecture notes, when appropriate.
- ◆ Provide large print copies of materials by enlarging them on a photocopier, or print in at least 18 point using high contrast non-encumbered fonts.
- ◆ Be flexible with assignment deadlines.
- ◆ Plan field trips and special projects well in advance and alert field supervisors to whatever adaptations may be needed.
- ◆ If a specific task is impossible for the student to carry out, consider an alternative assignment.

### ***Exams and Evaluations***

Students should not be exempt from examinations or be expected to master less content or achieve a lower level of scholastic skills because of a visual impairment. The most expedient devices are alternative examinations (oral, large print, braille, or taped), time extensions for exams, and using such aids as print enlargers, specialized computer programs or taped recorders. The Director of Disability Services is available to assist with the administration of classroom exams.

### ***Hearing Impairments***

Hearing impairments are considered to be a loss of 30 decibels or greater, pure tone average of 500, 1000, 200 Hz, or unaided in the better ear. Examples include but are not limited to, conductive hearing impairment or deafness, sensorineural hearing impairment or deafness, high or low tone hearing loss or deafness, and acoustic trauma hearing loss or deafness.

Students who are deaf or hard of hearing may use varying services depending on their personal language or communication system.

Some students who are deaf are members of a distinct linguistic and cultural group. They may use American Sign Language as their first language. Therefore, members of this group are bilingual and English is their second language. Because of this faculty should be sensitive and attentive to cross cultural

information in the classroom setting. Some students, who are hearing impaired, may use American Sign Language interpreters in the classroom setting.

Hard of hearing refers to those individuals who may use speech reading and other hearing aids to enhance oral communication. Hearing aids or amplification systems may include public address systems and transmitter/receiver systems with a clip on microphone for the instructor (FM Loop). For those who use speech reading, only 30-40 percent of spoken English is comprehensible even for those who are highly skilled.

### ***Things to Remember***

- ❑ Students who are deaf or hard of hearing will benefit from front-row seating. An unobstructed line of vision is necessary for students with interpreters and for those who rely on speech reading and visual cues. If an interpreter is used, the student's view should include the interpreter and the instructor. If the speaker is in a shadow or standing by a window with movement outside of it, the person who is speech reading may have difficulty seeing or attending to the speaker's mouth.
- ❑ Keep your face within view of the student and speak in a natural tone.
- ❑ When using an interpreter, speak directly to and maintain eye contact with the student, not the interpreter.
- ❑ Recognize the processing time the interpreter takes to translate a message from its original language into another language (whether English to American Sign Language or vice versa) because this may cause short delays in the student's receiving information, asking questions and/or offering comments.
- ❑ Repeat questions and remarks of other people in the room.
- ❑ Use visual aids and board to reinforce spoken presentations.
- ❑ If requested, assist the student with identifying a note-taker.
- ❑ Provide the student with class outlines, lecture notes, lists of new technical terms and printed transcripts of audio and audio-visual material.
- ❑ Don't hesitate to communicate in writing when conveying important information, assignments, scheduling, deadlines, etc.
- ❑ Do not obstruct the student's view of the interpreter by walking between them.
- ❑ If the speaker has a beard or mustache that covers part or all of the lips, remember that a student who speech reads will have a hard time following the lecture or class discussion
- ❑ Use audio-visual equipment that provides good audio clarity.
- ❑ Try to reduce the amount of surrounding noise, such as fans or background noise.

### ***How to Work with an Interpreter***

Interpreters can be described as a communication link. A telephone, for example, is a communication; it does not add information or alter the content of the message. The interpreter makes communication

possible between persons separated by different language modes. Listed below are some tips on how to work with an interpreter.

- First remember the interpreter's role is to facilitate communication. It is inappropriate for you to address him/her directly.
- Maintain eye contact with the deaf person, not the interpreter.
- Allow the interpreters to position themselves near you. This will allow the deaf person to watch the interpreter and your expressions, as he/she needs to.
- Address the deaf person directly, avoid phrases such as, "ask her this...." or "tell him to...."
- The interpreter is bound by a Code of Ethics, which requires him/her to interpret everything communicated, whether it is signed or spoken. This includes any phone calls or comments you make in a deaf person's presence. It is **inappropriate** for you to request the interpreter to keep anything from the deaf person.
- Lighting is very important. The room should be well lit; however, no source of light should be situated behind anyone. This may require closing the drapes, changing the seating arrangement or possibly changing rooms altogether.
- In situations of a serious nature the use of a deaf person's close friend or family member as an interpreter is **inappropriate**.

#### **The Function of an Interpreter is to:**

- Allow more direct communication.
- Improve communication accuracy and avoid misunderstandings.
- Decrease frustrations.
- Raise the "comfort level" of students and teachers.
- Facilitate more complete communication, so that both individuals feel free to ask questions and offer fuller explanations.
- Save time
- Make clear any non-verbal communication.

### ***Emotional/Social Impairments***

Students with emotional and social disabilities present some of the most difficult challenges to an instructor. Impairments may be hidden or latent, with little or no effect on learning. Emotional disabilities may manifest themselves in behavior ranging from indifference to disruptiveness. Such conduct may make it difficult to remember that students with emotional and social impairments have little control over their disabilities.

One of the most common psychological impairments among students is depression. The condition may be temporary; a response to inordinate pressures at school, on the job, at home or in one's social life. It may appear as apathy, disinterest, inattention, impaired concentration, irritability, fatigue or other physical symptoms resulting from changes in eating, sleeping or other living patterns. Anxiety is also prevalent among students and may be a reaction to stress. Mild anxiety, in fact, may promote learning and improve function. Severe anxiety, however, may reduce concentration, distort perception and weaken the learning process. Anxiety may manifest itself as withdrawal, constant talking, complaining, joking, crying, or extreme fear, sometimes to the point of panic.

Some troubled students who are undergoing treatment take prescription medication to help control disturbing feelings, ideas and behavior. This medication might cause undesirable side effects such as drowsiness or disorientation.

In dealing with psychological conditions that impair the functioning of the affected student, follow the principles outlined for working with students with any disabilities. If the behavior begins to affect others in your classroom, consider the suggestions below:

- ✓ Discuss inappropriate behavior with the student privately and forthrightly, delineating the limits of acceptable conduct. It is strongly suggested that you have a witness (Dean, Counselor or Director of Disability Services) to your conversation.
- ✓ In your discussions with the student, do not attempt to diagnose or treat the psychological disorder, but only the student's behavior in the course.
- ✓ If you sense that the discussion would not be effective, or if the student approaches you for therapeutic help, refer the student to the Counseling Center or the Director of Disability Services.
- ✓ If abusive or threatening behavior occurs, ***immediately*** refer the matter to the Director of Disability Services ***and*** the Dean of Students.

## ***Speech Impairments***

Speech impairments range from problems with articulation or voice strength to complete loss of voice. They include difficulties in projection, as in chronic hoarseness and esophageal speech; fluency problems, as in stuttering; and normal aphasia that alters the articulation of particular words or terms.

***Patience is the most effective strategy in teaching students with speech impairments.***

### **Teaching Strategies**

- Give the students the opportunity, but do not compel them, to speak in class.
- Permit students the time they require to express themselves, without unsolicited aid in filling in gaps in their speech; don't be reluctant to ask the student to repeat a statement. While waiting for a student to find a word or to complete an expression, maintain comfortable eye contact and posture with the student.
- Address students naturally and in your regular speaking voice. Don't assume the "spread phenomenon"—they cannot hear or comprehend.
- Consider course modification, such as one-to-one presentation and the use of a computer with a voice synthesizer.

## ***Seizure Disorders***

Students with epilepsy and other seizure disorders are sometimes reluctant to divulge their conditions because they fear being misunderstood or stigmatized. Misconceptions about these disorders, that they are forms of mental illness, contagious and untreatable, for example, have arisen because their ultimate causes remain uncertain. Evidence suggests hereditary factors may be involved and that brain injuries and tumors, occurring at any age, may give rise to seizures. What is known is that seizures result from imbalances in the electrical activity of the brain.

### **In the Event of a Seizure**

- ❖ Keep Calm
- ❖ Remove nearby objects that may injure the student during the seizure
- ❖ Help lower the person to the floor and place cushioning under his/her head.
- ❖ Turn head to the side so breathing is not obstructed.
- ❖ **Call 911.** The individual may refuse transport; however, it is the policy of Butler Community College to call for medical assistance.
- ❖ Contact the Director of Disability Services and the Vice-President of Student Services.
- ❖ Loosen tight clothing.
- ❖ Do not force anything between the teeth.
- ❖ Do not try to restrain body movement.

### ***Attention Deficit Disorders (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)***

#### **Definition**

Attention Deficit Disorder (ADD) is a syndrome, which is characterized by serious and persistent difficulties in three specific areas:

- Attention span
- Impulse control
- Hyperactivity (sometimes)

Once thought to only manifest itself during childhood, ADD and ADHD is now being diagnosed in adults. It is a negative impact on the individual life at home, school, and within his/her community.

#### ***Signs of ADHD***

- Fidgets, squirms, or seems restless
- Has difficulty remaining seated
- Is easily distracted
- Has difficulty awaiting turn
- Blurts out answers
- Has difficulty following instructions
- Has difficulty sustaining attention
- Shifts from one uncompleted task to another
- Has difficulty playing quietly
- Talks excessively
- Interrupts or intrudes on others
- Does not seem to listen

- Often loses things necessary for tasks
- Frequently engages in dangerous actions

### ***Recommendations for Giving Instruction to Students***

- Maintain eye contact with the ADD student during verbal instruction.
- Make directions clear and concise. Be consistent with daily instructions.
- Simplify complex directions. Avoid multiple commands.
- Make sure ADD student comprehends before beginning task
- Repeat in a calm, positive manner, if needed
- Help ADD student to feel comfortable with seeking assistance (most ADD students will not).
- These students need more help for a longer period of time than other students. Gradually reduce assistance
- Make sure the student correctly writes down all assignments each day. If a student is not capable of this, then the teacher should help the student.

### **Conclusion**

The preceding information is by no means a solution to all situations involving Disability Services students. It takes a collaborative effort between administration, instructors, staff **and** the students themselves, to create a dynamic environment in which to learn. For any assistance in this process, please contact the Director of Disability Services at 322-3321 or 733-3321.