Charles R. Drew University of Medicine and Science

Administrative Implementation Procedures
for
Policy of Non-Discrimination in Programs and Services on Basis of Disability

These Administrative Implementation Procedures are developed to support the implementation of the Policy of Non-Discrimination in Programs and Services on Basis of Disability, Policy No. 600.01250.

I. General Policy Statement

Charles R. Drew University of Medicine and Science (CDU) provides equal access and opportunity to its students and does not discriminate on the basis of disability in all of its courses, programs and activities. CDU is committed to providing appropriate services and reasonable accommodations for students with disabilities consistent with the requirements of Section 504 of the Rehabilitation Act of 1973, Title III of the Americans with Disabilities Act, and the Americans with Disabilities Amendments Act of 2008.

II. Definitions and Scope of Protection Afforded by Section 504 of the Rehabilitation Act of 1973 (Section 504) and Title III of the Americans with Disabilities Act (ADA)

A. Students Protected by Section 504 and Title III of the ADA

A student is protected by Section 504 and Title III of the ADA with respect to CDU’s educational courses, programs and activities if the student is a qualified individual with a disability. With respect to CDU’s educational courses, programs and activities, this means that the student must be capable of fulfilling the essential functions and requirements of the educational courses, programs and activities, with or without reasonable modifications or accommodations.

B. Individual with a Disability

An “individual with a disability” is someone with a physical or mental impairment that substantially limits one or more “major life activities,” including, but not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing and working. “Major life activities” includes school related tasks such as learning, reading, concentrating, thinking, and communicating and also includes the operation of “major bodily functions,” including, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions, or an impairment that is in remission that, if active, would substantially limit an individual’s major life activity. Physical or mental impairments include, for example, specific learning disabilities, emotional or mental illness, visual
impairments, deafness and hearing impairments, mobility impairments, and some chronic illnesses.

C. Accommodations

An “accommodation” refers to a change in the status quo. A “reasonable accommodation” in the student setting is a modification or adjustment to a course, program, activity or building that allows the person with a disability to participate as fully as possible in the courses, programs and activities offered by CDU.

CDU is required by law to make reasonable accommodations in practices, policies and procedures and to provide auxiliary aids and services for individuals with disabilities unless to do so would fundamentally alter the nature of CDU’s academic courses, educational programs or other activities or services or would result in an undue financial or administrative burden.

Reasonable accommodations (also referred to as modifications) and auxiliary aids and services which might be provided to a student with a disability can take many forms, depending on the individual student’s needs. Accommodations, auxiliary aids or services may include, but are not limited to: advocacy and disability advising; classroom and testing accommodations; sign language interpreting; the provision of taped/scanned books; class materials in alternative formats; and assistive technology training and/or use.

D. Disability Documentation

“Disability documentation” is information, including a written evaluation from a physician, psychologist or other qualified specialist, that provides information establishing the nature and extent of a student’s disability and includes the basis for the diagnosis and the dates of testing. The documentation must establish the current need for an accommodation. The type of documentation will vary according to the disability. Documentation may need to be updated or augmented in order to be reviewed more fully. Students who submit documentation that does not meet the guidelines may be required to provide an updated evaluation before a determination can be made in response to a request for a disability accommodation.

E. Academic Standards

“Academic Standards” refers to the required academic performance and scholarship as described in the syllabus and University Catalog for the program of study.

III. Requesting Accommodations

If a student with a disability desires an accommodation, he or she should contact the Dean’s Office of the school in which he or she is enrolled (i.e., the College of Medicine, the College of Science and Health, or the School of Nursing) and provide documentation of his or
her disability and the nature of the accommodation(s) desired. **Students requesting accommodations must submit current documentation of their disability.** Students must submit a request in writing to their Dean’s Office. A Reasonable Accommodation Request Form should be used by the student to assist him or her in making the request for an accommodation, a copy of which is attached to this Administrative Implementing Procedures as **Attachment A.**

A student’s request for accommodations made to a faculty or staff member should be immediately referred to the Dean’s Office. In such instances, the faculty or staff member should direct the student to the Dean’s Office or appropriate designee.

Requests for services or accommodations should be made by the student to the appropriate Dean’s Office and should be made as early as possible to allow time to review requests and documentation.

It may be necessary for the Dean’s Office to clarify the nature of a student’s accommodation’s request. A form letter which may be used to seek clarification with respect to a student’s accommodation request is attached hereto as **Attachment B.**

**IV. Consideration of a Student’s Request for an Accommodation and Determining Accommodations**

Accommodations are determined on a case-by-case basis, taking into account the learning needs of the student, the requirements of the learning task, the course standards and essential requirements, and the educational environment. At CDU, the determination of an appropriate and reasonable accommodation is based on current documentation and through interaction with the student. Specifically, the determination is made through an interactive process with the student and facilitated by the Dean’s Office. This process may involve input from the faculty and staff, as appropriate and as needed. If further physician, psychologist or other qualified specialist documentation is needed, the Dean’s Office will notify the student of such and the timeframes by which the necessary supporting documentation should be provided.

In reviewing the specific accommodation requested by the student or recommended by the physician/evaluator, the Dean’s Office may find that, while an accommodation requested or a physician’s recommendation is clinically supported, it may be unduly burdensome to CDU or is otherwise inappropriate. In such instances, the Dean’s Office may suggest alternative reasonable accommodations or may ask the student to propose other accommodation methods which might meet his or her needs.

If it is determined that a student should receive certain accommodations, auxiliary aids or services, the Dean’s Office will prepare a letter setting out the approved accommodations, auxiliary aids, or services to be provided to the student for specific academic courses, educational programs or other activities. A form letter which may be used to notify a student of approved accommodations is attached hereto as **Attachment C.** It is the student’s responsibility to present a copy of the Dean’s letter of approved accommodations to his or her instructors and cooperate in making the necessary arrangements to receive the approved accommodations, auxiliary aids, or services. The Dean’s Office should also meet with any involved instructors if necessary to discuss the method of accommodation(s) and should make arrangements for
necessary auxiliary aids and services to be provided by CDU. Despite the involvement of the
Dean’s Office, it is ultimately the student’s responsibility to request the approved
accommodation from the instructor in each class in which the accommodation will apply.

The Dean’s Office may follow-up with a student to inquire about the implementation of
any approved accommodation(s). A form letter which may be used to follow up with a student is
attached hereto as Attachment D.

If a disabled student’s request for accommodations is denied, the Dean’s Office should
notify the student in writing of the denial and the reason for the denial. A form letter which may
be used to notify a student of the denial of his or her accommodation request is attached hereto as
Attachment E. The Student may informally resolve the denial by meeting with the Dean within
fourteen (14) calendar days of the denial of the requested accommodation, or the student may file
a formal grievance with the Assistant Provost for Student Services as described in Section VIII
below.

V. Implementing Accommodations

A. Student Guidelines

A student who wishes an accommodation is responsible for providing supportive
documentation and making the request. After an individualized assessment
through the interactive process, a determination will be made, and the student will
be provided with written communication. If accommodations are determined
appropriate for a student, written confirmation will be provided to the student.
This written confirmation also advises the faculty or staff member of the action
required to provide an accommodation for the student, as appropriate. Students
are not required to divulge the nature of their disabilities or provide copies of their
disability documentation to faculty or staff. Students are encouraged to notify
their instructors of the approved accommodations well in advance of the start of
the term. Contact should be maintained throughout the term. Questions about the
provision of reasonable accommodations should be directed to the Dean’s Office.

B. Faculty and Staff Guidelines

Faculty and staff are expected to, and must, support approved accommodations,
auxiliary aids, and/or services. Faculty members are expected to include a notice
on the course syllabus which refers students to the Dean’s Office if they wish to
request an accommodation related to a disability.

C. Denial of Accommodation

If it is determined that the documentation provided by a student does not support
the existence of a disability or the need for an accommodation, the student will be
so advised. The University is not required to provide an accommodation that
compromises the essential requirements of a course or program, imposes an undue
financial burden based on the University’s overall institutional budget, or poses a
threat to the health or safety of the student or others.
VI. Documentation of Student Requests, the Interactive Process, and CDU Responses

The Dean’s Office in each respective school of CDU (i.e., the College of Medicine, the College of Science and Health, or the School of Nursing) shall maintain documentation of all student requests for accommodations brought to their attention. A Reasonable Accommodation Log substantially in the form of Attachment F should be maintained in each Dean’s Office. Interactive Process Notes may be maintained by the Dean or designee on the form attached hereto as Attachment G. All such information shall be confidentially maintained as described below.

VII. Confidentiality

The University recognizes that student disability records contain confidential information and are to be treated as such. Therefore, documentation of a student’s disability is maintained in a confidential file in the Dean’s Office. This information is considered part of the student’s education record. This information may be disclosed only with the permission of the student or as permitted by the University’s student records policy and federal law.

VIII. Student Grievance and Complaint Rights

A. Informal Resolution Procedures

Any student who has a grievance or complaint with respect to CDU’s implementation of the “policy of non-discrimination in programs and services on basis of disability” or who feels that he or she has been discriminated against, treated differently, harassed or subject to a hostile learning environment based on the student’s disability, is encouraged to meet with the Dean of his or her applicable school informally to resolve the matter or concern. If a satisfactory solution cannot be reached or the student wishes to initiate a formal grievance, the student may do so by submitting a written complaint to the Assistant Provost for Student Services.

B. Formal Resolution Procedures

A written complaint must be received by the Assistant Provost for Student Services within sixty (60) calendar days from the date the student knew or could reasonably be expected to know of the action that is the subject of the written complaint. Within fourteen (14) calendar days of receiving the student’s written complaint or grievance, the Assistant Provost for Student Services will initiate the resolution process by assigning someone to investigate the complaint or appoint a Grievance Committee to resolve the matter. At a minimum, the investigation should include an interview with the complainant, a review of any relevant written materials, and an effort to obtain information from relevant individuals (i.e., interviews or written statements or documents). The investigator or the Grievance Committee will report its finding and recommendations to the Assistant Provost for Student Services within sixty (60) days from the day of their assignment or appointment. The Assistant Provost for Student Services shall
notify the student in writing of the outcome. The decision of the Assistant Provost for Student Services shall be final.

C. Other Available Resource for Resolution

Any student who believes that he or she has been discriminated against by the University based on his or her disability or denied his or her right to reasonable accommodations may also contact:

Office for Civil Rights
United States Department of Education
50 Beale Street, Suite 7200
San Francisco, CA 94105
(415) 486-5555
www.ed.gov
Reasonable Accommodation Request Form

**Instructions for Student:** Please take some time to complete this form so that Charles R. Drew University of Medicine and Science can best service your needs. You should return this completed, signed form, along with medical documentation, to the Dean’s Office of your respective program (COSH, SON or COM).

**I. Provide Personal Information**

Name (Please print): _______________________________________________________________

Contact Information:

Email: __________________________ Phone: _______________________

**II. Identify the essential requirements of the academic courses, educational programs, clinical requirements or other activities which you are unable to perform without a reasonable accommodation, an auxiliary aid or service.**  
(attach additional sheets as necessary)

___________________________________________________________________________

___________________________________________________________________________

**III. Describe the limitations or restrictions related to your condition that will prevent you from performing the essential requirements of academic courses, educational programs or other activities and meeting the academic standards of the program.**  
(attach additional sheets as necessary)

___________________________________________________________________________

___________________________________________________________________________

**IV. Describe the specific reasonable accommodation(s) you think are required.**  
(attach additional sheets as necessary)

___________________________________________________________________________

___________________________________________________________________________

**V. In the event medical support for this request is needed, my health care provider(s) with relevant information are:**  
(provide name, practice, and telephone number)

___________________________________________________________________________

I hereby certify that I have read and understand the foregoing statements and that each of my responses thereto are true and correct. I authorize Charles R. Drew University of Medicine and Science to request, obtain and review medical or other information from my health care providers relating to this request for accommodation, including information related to my condition and related limitations, and release any privacy or similar claims relating to review of my records. I understand I may be required by my health care providers to complete release and authorization agreements to submit medical information to Charles R. Drew University of Medicine and Science.

_____________________________ ________________________________
Signature Date
[DATE]

_________________________ [STUDENT NAME]
_________________________ [STUDENT ADDRESS]

Dear [STUDENT]:

This letter is to follow-up to your [VOICEMAIL/EMAIL] of __________ [DATE], OR to a request made on your behalf regarding the potential need for an accommodation. If it was your intention to request an accommodation, we would appreciate if you would complete the attached form so that we may understand and consider your request.

If you decide to submit an accommodation request, we may wish to follow-up with you or your health care provider(s) to respond to specific questions regarding your condition and any restrictions you might have, so that we may understand better your need for an accommodation and what options may be available to allow you to participate in the academic courses, educational programs, clinical requirements or other activities of the __________________________ Program at Charles R. Drew University of Medicine and Science.

Please call me or ________________ [INSERT CONTACT INFORMATION] with any questions or concerns.

Sincerely,

_______________________________ [NAME OF DEAN]
Dean

Enclosure: Reasonable Accommodation Request Form
[DATE]

_________________________ [STUDENT NAME]
_________________________ [STUDENT ADDRESS]

Dear [STUDENT]:

On [DATE], you requested an accommodation to support you to perform the essential requirements of the academic courses, educational programs, clinical requirements and/or other activities of ______________ [COM/COSH/SON] at Charles R. Drew University of Medicine and Science and meet the academic standards of the program within which you are enrolled. Specifically, you requested [DESCRIPTION OF REQUEST]. We are pleased to inform you that your request has been approved.

Starting on the date of your request, the Dean’s Office of CDU’s ______________ [COM/COSH/SON] engaged in a dialogue with you in order to determine how best to assist you in performing the essential requirements of CDU’s courses, programs, clinical requirements and/or activities to meet the academic standards of the ______________ program. Through that collaborative process, we have determined that you should be provided the following accommodation(s):

[DESCRIBE APPROVED ACCOMMODATION(S) WITH SPECIFICITY]

The accommodation(s) will [begin OR be put in place] [immediately OR on or about DATE] and will remain in effect through _____________ [DATE].

It is your responsibility to present a copy of this letter to your instructors and to take appropriate responsibility for and/or to cooperate in making any necessary arrangements to receive the approved accommodations, auxiliary aids, or services described above.

Please contact me at [INSERT CONTACT INFORMATION] should you have any questions or concerns.

Sincerely,

_______________________________[NAME OF DEAN]
Dean
[DATE]

_________________________ [STUDENT NAME]
_________________________ [STUDENT ADDRESS]

Dear [STUDENT]:

Consistent with our letter to you dated [DATE], you have recently been provided a reasonable accommodation to support you to perform the essential requirements of the courses, programs, clinical requirements and/or activities of ____________________ [COM/COSH/SON] at Charles R. Drew University of Medicine and Science and meet the academic standards of the program within which you are enrolled. We wanted to follow up and make sure that accommodation is working and that you are satisfied with the assistance you received.

If that is not the case, or if you have questions or need further assistance, please contact me at [INSERT CONTACT INFORMATION].

Sincerely,

________________________________________________________________________ [NAME OF DEAN]
Dean
[DATE]

_________________________ [STUDENT NAME]
_________________________ [STUDENT ADDRESS]
_________________________

Dear [STUDENT]:

On [DATE], you requested an accommodation to support you to perform the essential requirements of the courses, programs, clinical requirements and/or activities of ____________________ [COM/COSH/SON] at Charles R. Drew University of Medicine and Science and to meet the academic standards of the program within which you are enrolled. Your request has been reviewed promptly in accordance with our policy. We regret to inform you that your accommodation request has been denied. As you may know, Charles R. Drew University of Medicine and Science is committed to providing reasonable accommodations to help otherwise qualified students with disabilities perform the essential requirements of its courses, programs, clinical requirements and/or activities and to meet the academic standards of the program to which you are enrolled.

Your request does not meet those requirements because [SPECIFY REASON].

Should your circumstances change, please feel free to contact me at [INSERT CONTACT INFORMATION].

Sincerely,

_______________________________[NAME OF DEAN]
Dean
**REASONABLE ACCOMMODATION LOG**

Dean's Office: ____________________________ [COM/COSH/SON]

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<tr>
<th>Student</th>
<th>Program**</th>
<th>Condition</th>
<th>Date of Accommodation Request</th>
<th>Accommodation Requested</th>
<th>Dean or Designee Involved</th>
<th>Action Taken (Approved Requested Accommodation, Approved Alternative Accommodation, or Denied)</th>
<th>Description of Action Taken</th>
<th>Date Action Taken</th>
<th>Follow-Up (if Applicable) and Date</th>
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* Nothing in this log is intended to show that any student listed is actually disabled, has a record of disability, or has been regarded as disabled. Rather, this log is to help ensure that CDU manages medical restrictions and accommodations appropriately (whether or not a student is disabled) and to ensure that those at CDU with a need to know the information listed have ready access to that information.

** RAD (Radiologic Technology), LSCI (Life Sciences), PBAC (Post-Baccalaureate Certificate), MPH (Master of Public Health), MSN (Master of Science in Nursing), PMC (Post Master Certificate)
ATTACHMENT G

INTERACTIVE PROCESS NOTES *

Student Name: ______________________________________________________________________________________________
Dean’s Office: ___________________ [COM/COSH/SON]
Date Accommodation Requested: ___________________
Accommodation(s) Requested: ______________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
Date Description of Conversation or Action  Dean or Designee  Written Communication and Date Sent

________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________

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________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________

* These interactive process notes serve as documentation of CDU’s efforts to address a student’s request for an accommodation. The notes should record in detail all steps taken during the interactive process. For example, the notes should record the information communicated to and from the student and the date of the communication, and actions taken with respect to any third party contacts and the date of the communication. In addition, when communicating with a student or a third party in writing, the notes should indicate the date of the written communication, how the written communication was transmitted (letter or email), and the subject of the written communication. All written communication to and from the student and any third party (the complete copies, if not the originals) should be maintained at CDU.