

Adult & Community Education, Columbus City Schools

Disability Services Policy

2024 - 2025

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Adult & Community Education, Columbus City Schools

Disability Services Policy

In accordance with Title VI of the Americans with Disabilities Act (ADA), Title IX of the Education Amendments, and Section 504 of the Rehabilitation Act of 1973, Adult & Community Education (ACE), Columbus City Schools prohibits discrimination on the basis of race, color, sex (including sexual orientation and gender identify), national origin, religion, veteran status, disability, ancestry, economic status, military status, or age in its education programs, activities, services, or employment policies.

To that end, an ACE applicant/student with a diagnosed disability from a disability category as determined by the ADA may be granted reasonable accommodations upon verification of the disability. In accordance with the Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973, ACE will make every effort to provide supportive services to applicants/students with disabilities.

Definitions of Federal Legislative Acts

The Americans with Disabilities Act (ADA) ensures that people with disabilities have equal access to public services and programs.

The Rehabilitation Act of 1973 is considered the first civil rights legislation for people with disabilities. Section 504 of the Act refers to program access, as it prohibits discrimination on the basis of disability in any program or activity offered by an entity or institution receiving federal funding.

Definition of Disability

A disability is defined as:

- Having a mental or physical condition;
- Having a substantial limitation: Significantly restricted as to the condition manner, or duration compared to the condition, manner, or duration under which the average person in the general population can perform the same major life activity;
- Having a major life activity which is impaired. A major life activity includes but is not limited to everyday types of activities, such as walking, sitting, standing, seeing, hearing, eating and sleeping. It also includes difficulties in major body systems, such as neurological impairment, problems with circulatory, respiratory, immune, and digestive functions; and
- A documented impairment in any of these activities can qualify an individual for services under the ADA.

Disability Services Advocacy

Adult & Community Education staff and faculty are advocates for students who have been diagnosed with a disability. The Health Occupations Administrator, Resilience Coach, and program instructors are available to speak with students regarding questions about the delivery of services and accommodations. Students can make appointments during regular school/office hours to learn about eligibility, available resources, and the process for requesting services.

Local Resources

The organizations below provide services and resources for adults with disabilities.

Deaf Services Center, Community Center for the Deaf (<https://www.dsc.org/locations/columbus/>)

OCALI – Alex Corwin, OCALI Program Director (alex_corwin@ocali.org)

Ohio Department of Education Lau Resource Center (<https://education.ohio.gov/Topics/Student-Supports/English-Learners/Lau-Resource-Center>)

Ohio State University Speech and Hearing Clinic (<https://sphs.osu.edu/clinic/location-information>)

Opportunities for Ohioans with Disabilities (<https://ood.ohio.gov/>)

Process for Requesting Disability Services

While a student with a disability is not required to disclose his/her disability to anyone, it is the responsibility of the student to disclose the nature of the disability and to submit the required documentation of the disability if the student wishes to receive services and/or accommodations. The student may ask that the request be kept confidential except for notification of the person(s) who is responsible for providing the services and/or accommodations. The process to request services is provided below.

Before the program begins, or as soon as the student suspects or becomes aware of a disability, several procedural steps must be taken:

Meeting

- 1) The student makes his/her instructor(s) aware of the disability.
- 2) The student submits the **Disability Services Request and Verification Form** proved by ACE to the Health Occupations Administrator or Program Coordinator. Alternatively, if the student has a disability that has been documented by a licensed provider (e.g., physician, psychologist, etc.) **within the past three years**, he/she may instead submit alternative documentation to the Health Occupations Administrator or Program Coordinator, which may be considered sufficient. Please note: An Individualized Education Program (IEP) is not automatically accepted as documentation. If the assessment was conducted **more than three years prior** to the request for services, a student may request a waiver of this requirement by providing a statement from a licensed provider that re-testing is not medically necessary to document the existence of a current disability.
- 3) The Health Occupations Administrator or Program Coordinator reviews the **Disability Services Request and Verification Form** (or alternative documentation) submitted by the student.
- 4) The student meets with the Health Occupations Administrator or Program Coordinator for an intake appointment to discuss the **Disability Services Request and Verification Form** (or alternative documentation). The student may also request that the Resilience Coach attend this appointment.

Documentation

- 5) Following the intake meeting, the student submits the **Disability Services Request and Verification Form** to the licensed provider. If the student does not have access to a licensed provider, he/she shall notify the Health Occupations Administrator or Program Coordinator at the initial meeting.
- 6) Upon receiving the completed **Disability Services Request and Verification Form** from the licensed provider or the alternative documentation, the Health Occupations

Administrator or Program Coordinator documents the recommendations, registers and approves the student for services and/or accommodations made by the licensed provider and informs the instructor(s) of the services and/or accommodations. *It may take up to 30 days for the service/accommodations to be implemented.*

Implementation

- 7) The instructor(s) provides the services and/or accommodations to the student.
- 8) At the student's discretion, the Resilience Coach follows up with the student to conduct a progress check.

Please note:

Any accommodations the student is approved for shall be justified by the information presented in the disability documentation received from the licensed provider.

Students with a disability must be able to perform and meet the career-technical standards/skills of the program with reasonable supportive service.

Implications for Notifying Organizations and Boards

Other testing and assessment organizations/boards may have additional procedures for responding to the special needs of applicants with disabilities who are eligible for admission to take certification or licensure examinations. Disabilities which should be brought to their attention include but are not limited to the following: physical, mental, hearing or visual impairments, reading or learning disabilities. Examples of accommodations are the use of medication or snacks, extra time, and/or the use of any kind of special equipment or aids. To allow sufficient time to secure the required documentation of a disability, it is recommended that the applicant notify the organization/board, in writing, six months prior to the date the applicant wishes to test, but no later than concurrently with the submission of the certification/licensure application.

Health Occupations Administrator Responsibilities

Listed below are the responsibilities of the Health Occupations Administrator or Program Coordinator to ensure that a student who requests disability services or accommodations receives them. To ensure the Health Occupations Administrator or Program Coordinator is aware of all requirements, he/she should review the entire process found on pages 4-5.

1. Review the **Disability Services Request and Verification Form** (or alternative documentation) upon the student's submission of the form.
2. Schedule an intake meeting appointment with the student (and the Resilience Coach if requested by the student) to discuss the **Disability Services Request and Verification Form** (or alternative documentation).
3. After reviewing the alternative documentation or upon receiving the completed **Disability Services Request and Verification Form**, document the recommendations, register, and approve the student for services and/or accommodations made by the licensed provider. Place information in the student's file.
4. Meet with the instructor(s) to determine how the services and/or accommodations will be implemented.

Student Responsibilities

Listed below are the responsibilities of a student who wishes to request disability services and/or accommodations. To ensure the student is aware of all requirements, he/she should review the entire process found on pages 4-5.

1. Notify the instructor(s) before the course begins or as soon as the student suspects or becomes aware of a disability.
2. Notify the Resilience Coach before the course begins or as soon as the student suspects or becomes aware of a disability (optional).
3. Submit the **Disability Services Request and Verification Form** (or alternative documentation) to the Health Occupations Administrator or Program Coordinator
4. Attend an intake appointment meeting with the Health Occupations Administrator or Program Coordinator to discuss the **Disability Services Request and Verification Form** (or alternative documentation).
5. Submit the **Disability Services Request and Verification Form** to the licensed provider.
6. Meet with the Resilience Coach to report on the progress of the intervention (optional).

Instructor Responsibilities

Listed below are the responsibilities of an instructor to support the needs of students who wish to request disability services and/or accommodations. To ensure the instructor is aware of all requirements, he/she should review the entire process found on pages 4-5.

1. Ensure the current ADA policy statement is provided on the course syllabus and reviewed with all students on the first day of class.
2. Upon notification from a student of a disability, ensure the student understands the process to request services and/or accommodations.
3. Meet with the Health Occupations Administrator upon the student's submission of the alternative form or after the **Disability Services Request and Verification Form** is received from the licensed provider to determine how the services and/or accommodations will be implemented.
4. Implement the services and/or accommodations within 30 days of the meeting.
5. Document the services and/or accommodations provided to the student.

Resilience Coach

Listed below are the responsibilities of the Resilience Coach to support the needs of students who wish to request disability services and/or accommodations. To ensure the Resilience Coach is aware of all requirements, he/she should review the entire process found on pages 3-4.

1. If requested by the student, meet with the Health Occupations Administrator or Program Coordinator and student at the intake meeting to discuss the **Disability Services Request and Verification Form** (or alternative documentation) submitted by the student.
2. If requested by the student, meet with the student regularly during the trimester to conduct a progress check.

Adult & Community Education, Columbus City Schools Disability Services Request and Verification Form

Directions: *Part I (p. 8)* of this form is completed and submitted by the student requesting services to the Health Occupations Administrator before or after admission to the program, but at least 30 days prior to the implementation of the service. Please note: Submitting this request form does not automatically approve the request.

Part II (p. 9-10) of this form is submitted by the student to a licensed provider who returns it to Adult & Community Education, Columbus City Schools.

Part I: To be completed and signed by the student and submitted to the ACE Health Occupations Administrator or Program Coordinator.

Name _____ Date _____

Street Address _____ City _____

State _____ Zip Code _____

Phone _____ Email _____

How do you believe this disability will affect you in the program/course?

I give the individual named below permission to release medical/confidential information to Adult & Community Education, Columbus City Schools (ACE, CCS) as it relates to my request for support services and/or accommodations. I understand that it is my responsibility to make ACE, CCS aware of any changes to be made to this consent. My signature below certifies that the information provided is accurate and I am fully aware that I must provide documentation from an appropriately licensed professional in order for this request to be considered.

Name of Licensed Provider

Student Signature

Date

Part II: Purpose of Disability Verification – To be completed by the licensed provider and returned to ACE, CCS.

Adult & Community Education, Columbus City Schools provides support services and accommodations for students with documented diagnosed disabilities. This form should provide enough information to verify the student has a disability as defined in Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).

1. Please provide the current diagnosis of the student’s disability.

2. Please identify and briefly describe how the students’ disability substantially limits any of the student’s major life activities listed below.

| Activity | Impact |
|--------------------------|--------|
| Concentrating | |
| Reading | |
| Written expression | |
| Math | |
| Stress management | |
| Regular class attendance | |
| Time management | |
| Managing distractions | |
| Organization | |
| Social interactions | |
| Self-care | |
| Sleeping | |
| Manual Dexterity | |
| Vision | |
| Hearing | |

3. Please describe the impact of the student’s disability in the educational environment.

4. Please list the student's current medication(s) and side effect(s).

5. Please provide recommendations for supportive services and/or accommodations.

6. Provider Credentials

| Name of Provider | License # | License Expiration Date |
|------------------|-----------|-------------------------|
|------------------|-----------|-------------------------|

| |
|---------------------------------|
| Medical Practice or Agency Name |
|---------------------------------|

| |
|---------|
| Address |
|---------|

| |
|-----------------------|
| City, State, Zip Code |
|-----------------------|

| |
|--------------|
| Phone Number |
|--------------|

| |
|-----------|
| Signature |
|-----------|

**The provider submits this completed form to:
Adult & Community Education, Columbus City Schools
2323 Lexington Avenue
Columbus, OH 43211**