

**A MANUAL FOR STUDENTS  
AND COORDINATORS OF SERVICES FOR  
STUDENTS WITH DISABILITIES**

**OFFICE OF DISABILITY SERVICES  
FOR STUDENTS ENROLLED AT  
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY  
New Brunswick/Piscataway Campuses**

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## TABLE OF CONTENTS

<b>Introduction &amp; Mission Statement .....</b>	<b>3</b>
<b>Section I: Disability Services – An Overview.....</b>	<b>4</b>
<b>Rutgers Disability Services Staff .....</b>	<b>4</b>
<b>The Role of the Coordinator of Services for Students with Disabilities ...</b>	<b>6</b>
<b>Section II: How Does a Student Obtain Services? .....</b>	<b>7</b>
<b>More Information Regarding Documentation and Accommodations.....</b>	<b>8</b>
<b>Possible Reasons for Denial of an Accommodation.....</b>	<b>9</b>
<b>Section III: General Student Responsibilities .....</b>	<b>10</b>
<b>Responsibilities of a Student Approved for a Notetaker or Tape Recorder...</b>	<b>11</b>
<b>Responsibilities of a Student Approved for Alternate Exam Arrangements...</b>	<b>12</b>
<b>Responsibilities of a Student Approved Books/Text in Alternate Formats.....</b>	<b>13</b>
<b>Responsibilities of a Student Approved for Interpreting/Captioning Services.</b>	<b>14</b>
<b>Responsibilities of a Student Approved for On-Campus Transportation     and Parking Assistance.....</b>	<b>15</b>
<b>Section IV: Documenting a Disability</b>	
<b>General Documentation Guidelines.....</b>	<b>16</b>
<b>Guidelines for Documenting a Learning Disability.....</b>	<b>17</b>
<b>Attention Deficit Disorders Diagnosis Documentation Checklist for     Treating Physician.....</b>	<b>19</b>
<b>Attention Deficit Disorders: Update of Treatment Checklist for Treating     Physician.....</b>	<b>22</b>
<b>Documentation form for Psychological Disabilities.....</b>	<b>23</b>
<b>Documentation form for Traumatic Brain Injury.....</b>	<b>26</b>
<b>Documentation Guidelines for Physical Disability.....</b>	<b>29</b>
<b>Documentation Guidelines for Special On-Campus Housing     Accommodations.....</b>	<b>30</b>
<b>Student Request Form.....</b>	<b>31</b>
<b>Section V: The Grievance Procedure.....</b>	<b>32</b>
<b>Level I Grievance Form.....</b>	<b>34</b>
<b>Level II Grievance Form.....</b>	<b>35</b>
<b>Level III Grievance Form.....</b>	<b>36</b>

## **Introduction & Mission Statement**

The Office of Disability Services is committed to providing equal educational opportunity for persons with disabilities in accordance with the Nondiscrimination Policy of the University and in compliance with Section 504 of the Rehabilitation Act of 1973, Section 508 of the Rehabilitation Act of 1998, and with the Americans with Disabilities Act Amendments of 2008.

This manual is written for students with disabilities and Disability Services staff members. The guide covers both academic and extra-curricular life and provides several contacts for further information on specific topics.

The law states that a person with a “disability” is:

Someone with a physical or mental impairment which substantially limits one or more of the major life activities of such individual; or a person with a record of such impairment; or a person who is regarded as having such an impairment.  
(emphasis added.)

Equal educational opportunity means that a person with a disability who is qualified for admission must have access to the same university programs, services and activities as all other students. If necessary to provide equal opportunity, Rutgers will make reasonable modifications to its policies, practices and procedures, unless doing so would fundamentally alter the nature of the service, program, or activity or pose an undue administrative or financial burden.

In support of its commitment to provide equal educational opportunity, Rutgers provides a variety of services and accommodations to students with documented disabilities. This manual contains the following information:

- 1) An overview of the services available;
- 2) An introduction to the primary offices and staff persons who serve students with disabilities; and
- 3) A description of the procedures that students must follow to receive accommodations and obtain services.

Questions or comments about this manual should be directed to Clarence Shive, the Acting Disability Services Director at ([shive@echo.rutgers.edu](mailto:shive@echo.rutgers.edu)), or by dialing 848-445-6800, or to Ms. Judith E. Ryan, the University ADA/504 Compliance Officer ([ryan@oldqueens.rutgers.edu](mailto:ryan@oldqueens.rutgers.edu)) or by dialing 732-932-8576.

## Section I: Disability Services – An Overview

### Rutgers Disability Services Staff

- 1) **Mr. Clarence Shive**--Acting Director & Coordinator. Serving all students on the New Brunswick/Piscataway campus, *except students in Engineering & Pharmacy*. Email: [shive@echo.rutgers.edu](mailto:shive@echo.rutgers.edu) Phone: 848-445-4420. Lucy Stone Hall, Livingston Campus, 54 Joyce Kilmer Ave., Suite A145, Piscataway, NJ 08854-8045.
- 2) **Ms. Kathy Loder-Murphy**--Coordinator. Serving all students on the New Brunswick/Piscataway campus, *except students in Engineering & Pharmacy*. Email: [lodmurph@echo.rutgers.edu](mailto:lodmurph@echo.rutgers.edu) Phone: 848-445-4428. Lucy Stone Hall, Livingston Campus, 54 Joyce Kilmer Ave., Suite A145, Piscataway, NJ 08854-8045.
- 3) **Ms. Margee Greenberg**--Coordinator. Serving all students on the New Brunswick/Piscataway campus, *except students in Engineering & Pharmacy*. Email: [margee@echo.rutgers.edu](mailto:margee@echo.rutgers.edu) Phone: 848-445-4427. Lucy Stone Hall, Livingston Campus, 54 Joyce Kilmer Ave., Suite A145, Piscataway, NJ 08854-8045.
- 4) **Dr. Ilene Rosen**--Coordinator for students in the School of Engineering in New Brunswick/Piscataway. Email: [ilrosen@echo.rutgers.edu](mailto:ilrosen@echo.rutgers.edu) Phone: 732-445-2687 ext. 14. Engineering Building, Room B110, Busch Campus, Piscataway, NJ.
- 5) **Ms. Nancy Cintron-Budet**--Coordinator for students in the School of Pharmacy in New Brunswick/Piscataway. Email: [ncb@echo.rutgers.edu](mailto:ncb@echo.rutgers.edu) Phone: 732-445-2678 Ext. 629.113B William Levine Hall, Pharmacy Building, Busch Campus, Piscataway, NJ.

In addition, **Pam Lubbers with the Douglass Developmental Disabilities Center** is available to work with students with Asperger's Syndrome who may need assistance beyond that provided by the Office of Disability Services. For more information on the services provided by Ms. Lubbers, please contact her at 732-932-2791 or [plubbers@rci.rutgers.edu](mailto:plubbers@rci.rutgers.edu).

The Coordinator is responsible for working with students to obtain the determination of eligibility and appropriate accommodations, and further to assist students in assuring that accommodations are implemented.

The Director of Disability Services oversees the delivery of services to students who qualify for services and accommodations. The Director works in collaboration with the Coordinators to insure the timely and effective delivery of services.

The ADA / 504 Compliance Officer provides policy guidance to the Director of Disability Services and Coordinators, conducts compliance reviews of university programs and services, and responds to grievances concerning services to students with disabilities.

Any student wishing to apply for services should see Section II of this manual.

Persons who use a TTY are encouraged to contact any Coordinator by utilizing the New Jersey Relay Service, which can be reached at the following numbers:

1-800-852-7899 (TTY only), 1-800-852-7897 (voice only)

## **The Role of the Coordinator of Services for Students with Disabilities**

The Coordinator's responsibilities include the following:

- Serve as a primary source of information to students and university community regarding access to disability services at the university.
- Collect documentation and paperwork from students to be forwarded to the Director of Disability Services for distribution to the appropriate committee to determine eligibility for services.
- Prepare and make available to approved students the Letter of Accommodation (LOA) for students to give to their faculty members and to assist, where appropriate, in arranging accommodations.
- When appropriate, communicate with faculty regarding the implementation and use of accommodations for approved students.
- When appropriate, provide support for students in accessing university programs and services, e.g. Libraries, Housing, Residence Life, Dining, Scheduling, Emergency Services, Career Services, Student Activities, Psychological Services, Financial Aid, Academic Affairs, Recreation Services, Health Services, and Information Services.
- Interact with relevant external agencies, departments, vendors, and groups providing services and information to people with disabilities. These include: the Division of Vocational Rehabilitation, the Commission for the Blind and Visually Impaired, the Division for the Deaf, organizations for particular constituencies, support groups for people with specific disabilities, vendors with product lines that may assist in accommodations, firms offering such services as wheelchair repair and parts and community-based agencies providing services, support, and information.
- Encourage and assist students to develop self-advocacy skills.
- When necessary, serve as a liaison between students and faculty members, administrators, the Director of Disability Services and the ADA/Section 504 Compliance Officer
- Work with the Director of Disability Services and the university's compliance office to ensure that services are being provided consistent with university, state, and federal guidelines.
- For approved students, assist in arranging transportation and accessible parking.

## Section II: How Does a Student Obtain Services?

**Step 1:** The student must contact the Office of Disability Services to determine his/her Coordinator (848-445-6800 or dsoffice@echo.rutgers.edu).

**Step 2:** The student must contact his/her Coordinator to provide documentation of the disability and to complete the appropriate paperwork.

**Step 3:** The student's documentation is forwarded to his/her Coordinator, who forwards it onto the appropriate Disability Documentation Review Committee. The process of review depends in part on the nature of the student's disability. Several Disability Documentation Review committees exist at Rutgers to facilitate this process. They include: the Learning Disabilities, Attention Deficit Disorder and Traumatic Brain Injury committee, the Psychiatric Disabilities committee, the Physical Disabilities committee, and the Housing Accommodations committee. Each committee will make a determination of eligibility. If the student is found to be eligible for services, the committee will decide which, if any, of the student's requests will be granted. Decisions regarding accommodations are made on a case-by case basis. There is no standard accommodation for any particular disability.

Click on the following links to find documentation guidelines and forms for each category of need:

Learning Disabilities

Attention Deficit Disorder

Traumatic Brain Injury

Psychiatric Disabilities

Physical Disabilities

On-Campus Parking & Transportation

**Step 4:** If the requests for accommodations are APPROVED, the Coordinator generates a Letter of Accommodation (LOA) which documents what accommodations have been granted. The student is responsible for promptly collecting this letter and presenting it to the instructor. The LOA must be presented to the instructor at the beginning of the term (NOTE; STEPS 1-4 MAY TAKE UP TO 30 BUSINESS DAYS. BUSINESS DAYS DO NOT INCLUDE SATURDAYS, SUNDAYS, OR HOLIDAYS STUDENTS ARE ENCOURAGED TO INITIATE THIS PROCESS WELL BEFORE THE START OF THE TERM.)

Any student who is approved for accommodations after the semester has begun is strongly encouraged to obtain the LOA as soon as it is ready and immediately deliver it to his/her instructor(s).

Any student who has been approved for accommodations must request an LOA from his/her Coordinator **each** term that s/he wishes to receive accommodations.

Any student whose requested accommodations are not approved is encouraged to meet with the Coordinator to discuss the reasons for the denial. The Coordinator may discuss the grievance procedure with the student at this time.

**Step 5:** In the event a student's condition changes, requiring additional or a change to existing accommodations, the student will again need to follow Steps 2-4.

### **More Information Regarding Documentation and Accommodations**

For any student who has been deemed eligible for special services, Rutgers provides accommodations and/or modifications to policies and practices in order to ensure that all students have an equal opportunity to participate in all Rutgers programs, services, and activities. The purpose of accommodations is not to ensure success, but rather to provide access and equal educational opportunity.

**Accommodations will not be provided retroactively.** Any student who is approved by the review committee process is entitled to services and accommodations only from that approval date forward. Even if the student can establish that he or she had a disability at the time of the course in question, Rutgers will generally not expunge or re-examine coursework completed before the student was reviewed and approved for accommodation.

No student is required to disclose his or her disability to the university. However, as discussed above, any student who discloses and is approved for accommodations after he or she has begun study at Rutgers will not receive any retroactive accommodations on work completed before the approval for accommodations was made.

Documentation of a student's disability will only be shared with relevant Rutgers faculty, staff or administration on a need-to-know basis.

Standard services for students approved by the appropriate review committee include:

1. Accessible classrooms
2. Course aids (such as tape recorders and notetakers)
3. On-campus housing accommodations
4. On-campus transportation service & on-campus parking

**Reasons for Denial of an Accommodation May Include the Following:**

- The documentation does not meet the university's guidelines.
- The requested accommodation is in conflict with the academic policies of the student's college or school
- Providing the accommodations would fundamentally alter the program, course, or activity
- The accommodation being requested is not supported by the documentation
- Providing the accommodation would pose a direct threat to the student or to others
- Providing the accommodation would constitute an undue administrative or financial burden pursuant to the criteria established under the ADA and/or Section 504
- The accommodation is in opposition to the educational philosophy of the university

Please refer to Section IV of this manual for details regarding documentation for various specific disabilities.

### **Section III: General Student Responsibilities**

1. Identify him/herself to the Disability Services office to begin the process of requesting accommodations. **The university is not responsible for identifying students with disabilities or for contacting such students to begin the accommodation request process.**
2. Provide documentation, which conforms to the university's guidelines. If the review committee declares the student's documentation insufficient for any reason, the student is responsible for pursuing whatever additional documentation is required and to pay any costs thereof. Rutgers reserves the right not to provide services or accommodations until all of the documentation specified in the guidelines is provided.
3. Once approved for accommodations, the student must provide the Coordinator with a list of instructors for each term that accommodations are desired. The Coordinator will produce LOAs for the student.
4. The student is responsible for obtaining the LOA and presenting it to his/her instructors during the first week of class or as soon as possible. The student should understand that it is his/her responsibility to discuss with the instructor the accommodations listed in the LOA. Instructors may contact the Office of Disability Services if they have questions or concerns that the student is unable to address.
5. See the pages immediately following this one in this section for additional responsibilities for students approved for exam accommodations, notetaking services, alternative text formats, interpreter/captioning services, and on-campus transportation arrangements.

## **Responsibilities of a Student Approved for a Notetaker or Tape Recorder**

Any student approved for a tape recorder or notetaker as an accommodation should make this request through his/her Coordinator of Services for Students with Disabilities (Coordinator) at least fourteen (14) business days prior to the beginning of the term. Business Days do not include Saturdays, Sundays or Holidays.

Notetakers are other Rutgers students who are paid to provide this service. In some rare instances it may be impossible to find and assign notetakers, on those occasions the student will be provided a tape recorder. Students using a tape recorder are encouraged to meet with a Learning Specialist in one of Rutgers Learning Centers to improve their skills in capturing the important aspects of the recorded lecture. For more information regarding meeting with a Learning Specialist in one of Rutgers Learning Centers, students should contact their Coordinator.

### **Requesting a Tape Recorder**

1. Request a tape recorder from the Coordinator by meeting with the Coordinator or sending the Coordinator an email indicating the need for a tape recorder.
2. Obtain the tape recorder from the Office of Disability Services (Suite A145, Lucy Stone Hall, Livingston Campus).
3. Read, sign, and comply with the tape recorder loan agreement.
4. Return the tape recorder to the Office of Disability Services once enrollment at the University ends.
5. Any student requesting a tape recorder after the term has commenced must understand that it may take up to two business days before a tape recorder may be available.

### **Requesting a Notetaker**

1. Request a notetaker for courses by meeting with the Coordinator or sending the Coordinator an email with the following information (at least 14 business days prior to the start of the term):
  - a. The full title of the course
  - b. The course number and section
  - c. The instructor's first and last name
  - d. The instructor's phone number and email address
  - e. Indicate in the email that you are requesting a notetaker
2. Meet with the notetaker as soon as possible to discuss how class notes will be obtained.
3. Talk with the notetaker throughout the semester to ensure that the notes being provided are adequate.
4. Report any difficulties to the Coordinator as soon as possible.
5. Send an email to the Coordinator if the intention is to be absent for three or more consecutive class sessions.
6. Be aware that being absent for three consecutive class periods without advance notification may result in a cancellation of notetaking services for that particular course. Also, be aware that the Office of Disability Services is not obligated to provide notes for a student who is absent.
7. Inform (promptly) the Coordinator if this service is no longer required.
8. A student requesting a notetaker after the term has commenced must understand that it may take up to fourteen (14) business days before a notetaker is assigned.

**Responsibilities of a Student Approved for  
Alternate Exam/Test/Quiz Arrangements**

Any student requesting Alternate Exam/Test/Quiz arrangements as an approved accommodation should place his/her requests with his/her Coordinator at the beginning of the term as soon as exam/test/quiz dates have been identified. Students should also be mindful that five (5) business days prior to the exam/test/quiz is the latest that such requests may be submitted and honored. Business days do not include Saturdays, Sundays or Holidays. Students must submit the following information for each exam/test/quiz for which accommodations are being requested.

- a. The full title of the course
- b. The date of the exam/test/quiz
- c. The time the exam/test/quiz begins and ends for the entire class (the Coordinator will calculate extended time if applicable)
- d. The instructor's first and last name
- e. The instructors phone number and email address
- f. The first and last name of the student making the request

In addition to placing the request with the Coordinator, at the beginning of the term the student should discuss with the instructor his/her exam/test/quiz accommodations. This conversation insures that the instructor is aware of the need for special accommodations, and also allows the instructor to discuss ways in which s/he may accommodate the student. Finally, by having this discussion early in the term, the instructor may realize questions or concerns and contact the Office of Disability Services in a timely manner. The student should make sure to have a calendar and a copy of the LOA with him/her at the time of this discussion. Students should be mindful that the instructor is only required to provide accommodations specifically listed in the LOA.

Students must promptly inform the Coordinator if the alternate arrangements for any exam/test/quiz are no longer needed.

**For Mid-Terms and Final Exams, the Office of Disability Services may advise students of a specific deadline date by which exam information must be submitted. It is the student's responsibility to regularly monitor his/her email account for such important messages.**

### **Responsibilities of a Student Approved for Books/Text in Alternate Format**

Any student approved for Books/Texts in Alternate Format must provide his/her Coordinator with all texts that require conversion at least 30 business days before the start of the term in which the books/texts are required. Business days do not include Saturdays, Sundays or Holidays.

Requests for Books/Texts in Alternate Format, after the term has begun will be completed as soon as possible, on a first-come, first-served basis. The number of pages and the number of other pending requests may impact how quickly conversions may be completed.

The student must be aware that scanning textbooks into alternate format may require permanently separating the pages of the book from the binding. If the Office of Disability Services must separate the pages of a book from its binding, students may be reimbursed for the cost of the book by providing their Coordinator the original purchase receipt.

In some instances Books/Texts in Alternate Format maybe available through the Reading for the Blind and Dyslexic, Inc. In order to explore this possibility it is imperative that the students provide their Coordinator with the following information at least 30 business days prior to the start of the term:

- a. The full title of the text
- b. The edition
- c. The full name of the author
- d. The 10 or 13 digit ISBN number

The Office of Disability Services is not responsible for purchasing books or other texts for students. The Office of Disability Services is not responsible for contacting instructors or departments to obtain book/text information.

The student is responsible for obtaining the converted books/texts and unbound materials from the Office of Disability Services.

The Office of Disability Services understands that some instructors do not determine which texts will be used until just before the start of classes. However, the Office of Disability Services cannot be responsible for late conversions, which are due to instructors' decisions.

### **Responsibilities of a Student Approved for Interpreting/Captioning Services**

Any student approved for interpreters or captionists must make his/her request through the Coordinator at least thirty (30) business days prior to the start of the term. Business days do not include Saturdays, Sundays or Holidays. Requests made after the term begins may take up to thirty (30) business days to fulfill. Due to the very limited availability of qualified interpreters/captionists, in some rare instances requests for such services after the term has begun may not be filled.

- Students may make their request by meeting with their Coordinator, or sending an email to their Coordinator with the following information:
  - a. The full title of the course
  - b. The course number and section
  - c. The instructor's first and last name
  - d. The instructor's email address and phone number
  - e. The first and last name of the student making the request
  - f. A statement indicating a request for interpreting and/or captioning services
- Students requiring this service for tutorial sessions, meetings (of an academic nature or related to Student Life activities) should inform their Coordinator as soon as possible. Students must realize that last minute requests may not be filled because of the limited availability of qualified interpreters/captionists
- Immediately inform the Coordinator if this service is no longer required.
- Immediately report to the Coordinator any difficulties experienced with the interpreting/captioning service.
- Inform the Coordinator at least 48 hours before a planned absence from class.

**Responsibilities of a Student Approved for On-Campus Transportation Assistance**

1. Provide Coordinator with a copy of his/her class schedule including dates, times, and locations for pick-up.
2. Once the Coordinator informs the student that his/her information has been provided to Transportation Services, the student must contact Transportation Services to confirm the class/pick-up schedule.
3. If there any changes to the student's schedule, or the student plans to be absent on a given day, the student is responsible for promptly informing Transportation Services of the changes. The student must also inform the Coordinator of the changes, but should note that the Coordinator is not responsible for communicating this information to Transportation Services.

Any student with a temporary disability will have to submit documentation to the Coordinator in order to be considered for this service.

**Responsibilities of a Student Approved for On-Campus Parking Assistance**

Below is a link to the University's Transportation Services webpage, featuring specific information regarding parking for individuals with disabilities.

<http://rudots.rutgers.edu/disability.shtml>

#### **Section IV: General Documentation Guidelines**

To ensure that reasonable and appropriate services and accommodations are provided to students with disabilities, students requesting such accommodations and services must provide current documentation of their disability. Such documentation generally must include all the following:

- a clear diagnostic statement of the disability prepared by a licensed professional (who is not a relative);
- a description of the manner in which the disability limits the student in a specified major life activity and the severity of the limitation
- test results (if applicable)

It is the responsibility of the student requesting the accommodations and services to document the disability. As such, the cost of evaluations required pursuant to these guidelines is to be borne by the student.

Students requesting accommodations related to learning disabilities, attention deficit disorders, traumatic brain injury or psychiatric disability would need to further comply with the documentation guidelines set forth in this manual.

If there is a change in the student's condition, he/she may request modifications to previously-approved accommodations. The student will have to provide current supporting documentation for review at that time.

## Documentation Guidelines for a Learning Disability (LD)

Every report should be on letterhead, typed, dated, signed and otherwise legible and be comprised of the following elements:

### **I. Evaluator Information**

Professionals conducting assessments and rendering diagnosis of specific learning disabilities and making recommendations for appropriate accommodations must be qualified to do so. The following professionals would generally be considered qualified to evaluate specific learning disabilities provided that they have additional training and experience in evaluating adolescent and adult learning disabilities:

- clinical or educational psychologists
- school psychologists
- psychiatrists
- neurologists
- neuropsychologists
- learning disabilities specialists
- medical doctors with training and experience in the assessment of learning disabilities in adolescents and adults

The name, title, and professional credentials of the evaluator, including information about license or certification (e.g., licensed psychologist) should be listed in the report. Please note that members of the student's family are not considered appropriate evaluators.

### **II. Recent Assessment**

The report must provide adequate information about the student's **current** (generally within 3 years) level of functioning. If such information is missing and/or outdated, the student may be asked to provide a more recent or complete assessment.

### **III. Neuropsychological and/or Psycho-educational Testing**

There should be a discussion of all tests that were administered and observations of the student's behavior during testing. **Actual test scores must be provided.** Standard scores are required; percentiles and grade and age equivalents are **not** acceptable unless standard scores are also included. In addition to actual test scores, **interpretation of results is required.** Test protocol sheets or scores alone are **not** sufficient; some form of narrative must accompany scores. If time constraints for exams are an issue, tests should be administered both timed and untimed and scores for both testing conditions should be reported. Non-standardized, non-normed measures (such as informal reading inventories or writing samples) may supplement standardized testing, but are insufficient documentation by themselves.

Please note that most IEP's and/or 504 plans do not contain the necessary testing and diagnostic information required for documentation. Please check your plan for such testing before submitting the plan as sole documentation of your learning disability. If you are confused about whether or not your paperwork includes the necessary testing, please contact the Office of Disability Services.

## Diagnostic Interview Summary

▪ The interview should focus upon the student’s developmental and educational history, including any persistent academic or emotional problems. Comorbid conditions should be discussed and there should be a statement explaining whether the learning disability or the other condition is the primary diagnosis. **It is important for examiners to note in the report whether or not the student was on medication at the time of testing.**

Tests used to document eligibility **must** be normed, standardized, and otherwise technically sound (i.e., statistically reliable and valid) and should be standardized for use with an adult population, tests include:

- Aptitude testing (also known as “tests of cognitive ability,” intelligence testing,” “IQ testing” or a “psychological evaluation”) – examples include the Wechsler Adult Intelligence Scales (WAIS) and the Woodcock-Johnson-III - Tests of Cognitive Ability.
- Academic achievement testing (sometimes called an “educational evaluation” or “academic testing”) – examples include the Wechsler Individual Achievement Test II (WIAT II), the Woodcock-Johnson-III - Tests of Achievement. The Wide Range Achievement Test (WRAT) is considered insufficient as a measure of achievement.

If applicable, additional supplemental tests such as:

- Nelson-Denny Reading Test for both normal and extended time conditions
- Test of Written Language - 3
- Woodcock Reading Mastery Tests – Revised
- Continuous Performance Test

## Clinical Summary

▪ The clinical summary should integrate the elements of the battery with background information, observations of the client during the testing situation, and explain how the student’s performance demonstrates **a need for accommodation(s) at the post-secondary level**. This summary should present evidence of **a substantial limitation to learning** and explain how the patterns of strength and weakness are sufficiently significant to substantiate a learning disability diagnosis. It should also demonstrate that the evaluator has ruled out alternative explanations for the learning problem. Individual "learning styles" and "learning differences" in and of themselves do not constitute a learning disability. If social or emotional factors are believed to contribute to the pattern of observed scores, they should be discussed.

**Attention Deficit Disorders Diagnosis Documentation Checklist for Treating Physician**

**This form is to be used in cases where an evaluation report is not available.** Please complete this form and return to the student. Please note that family members are not considered appropriate evaluators. It is most important that you thoroughly explain any ADD/ADHD symptoms and indicate their impact on functioning. **If you wish to provide additional information, please attach it to the back of these forms.** The information you provide will *not* become part of the student’s educational records. **Thank you.**

Patient’s name: \_\_\_\_\_ Patient’s date of birth: \_\_\_\_\_

Date of most recent (please circle one) [evaluation/meeting with patient]: \_\_\_\_\_

-----

I. If patient was diagnosed previously, please respond to the following:

Patient previously diagnosed with (please circle one) [ADD / ADHD] in \_\_\_\_\_ (year)  
when s/he was \_\_\_\_\_ (age) by \_\_\_\_\_  
(please print the name of physician)

Prior treatment (check all that apply):  
 pharmacotherapy  
 psychotherapy  
 other (please specify): \_\_\_\_\_

-----

II. In order to (please circle one) [confirm prior diagnosis /diagnose] the presence of ADD/ADHD, I have:

- A.  Conducted a semi structured diagnostic interview/consultation with the patient and gathered background information regarding ADD symptoms in the patient’s:
  - 1.  developmental history
  - 2.  academic history (elementary, high school, college)
  - 3.  psychosocial history
  - 4.  familial history (medical and psychiatric).
- B.  Conducted an assessment using the DSM-IV for ADD/ADHD
- C.  Administered and evaluated responses from ADD/ADHD rating scale(s)
- D.  Conducted assessments to rule out any medical conditions, mood, behavioral, neurological and personality disorders as the cause of the attentional and/or executive deficits.

E.  Confirmed that ADD/ADHD symptoms have been present since childhood.

F.  Confirmed impairment from symptoms of ADD/ADHD is present in (check all that apply):

academic situations

work situations

social situations

---

III. Diagnosis

Based on the above information, the student meets the most current DSM criteria for:

314.00

Predominantly Inattentive

Predominantly Hyperactive Impulsive

314.01 Combined

314.9 Not otherwise specified

OR

I do not believe that this student has an attention deficit disorder.

---

IV. Comorbidity (please check all that apply):

I have diagnosed the patient with the following comorbid condition(s):

Depression

Bi-polar

OCD

Anxiety Disorder

Other: \_\_\_\_\_

Patient previously diagnosed with a learning disability (please attach the LD testing documentation.). Student has the following LD: \_\_\_\_\_

I suspect the presence of a learning disability and have suggested the patient pursue neurological/cognitive testing (if testing has been completed, please attach report)

I do not suspect the presence of a learning disability

---

V. ADD treatment and recommendations (please check only one option below)

Patient **is** receiving pharmacotherapy and his/her symptoms are no longer having a major impact on the patient's life

OR

Patient **is** receiving pharmacotherapy and is experiencing a major impact on his/her life from the following symptoms :

---

---

OR

Patient **is not** receiving pharmacotherapy and is experiencing a major impact on his/her life from the following symptoms:

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---

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(Please Print/Type the Name of Physician Completing this Form)

---

Signature of Physician Completing this Form

---

Date

Attention Deficit Disorders: Update of Treatment Checklist for Treating Physician

**This form is to be used to update an evaluation that is more than six months old if.** Please complete this form and return to the student. Please note that family members are not considered appropriate evaluators. It is most important that you thoroughly explain any ADD symptoms and indicate their impact on functioning. If you wish to provide additional information, please attach to the back of these forms. The information you provide will *not* become part of the student’s educational records. Thank you.

Patient’s name: \_\_\_\_\_ Patient’s date of birth: \_\_\_\_\_

Date of the most recent evaluation meeting with patient: \_\_\_\_\_

I. Patient diagnosed by (please circle one) [me/ previous doctor] with:

ADD

ADHD

II. Updated ADD Treatment and recommendations:

Patient **is** receiving pharmacotherapy and **does not require any accommodations.**

OR

Patient **is** receiving pharmacotherapy and at the present time requires accommodations to mitigate the impairment(s) caused by the following symptoms :

\_\_\_\_\_  
\_\_\_\_\_

OR

The patient is not receiving pharmacotherapy and requires accommodations to mitigate the impairment(s) caused by the following symptoms:

\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
(Please Print/Type the Name of Physician Completing this Form)

**Rutgers**  
**The State University of New Jersey**

**Office of Disability Support Services**  
[dsoffice@echo.rutgers.edu](mailto:dsoffice@echo.rutgers.edu)  
[www.disabilityservices.rutgers.edu](http://www.disabilityservices.rutgers.edu)

Lucy Stone Hall, Livingston Campus  
 54 Joyce Kilmer Ave., Suite A145  
 Piscataway, NJ 08843-8045  
 Phone # 848-445-6800  
 Fax # 732-445-3388

**DOCUMENTATION OF PSYCHOLOGICAL DISABILITY**

The student named below has applied for services from the Office of Disability Support Services (DSS) at Rutgers University. In order to determine eligibility and to provide services, we require documentation of the student's psychological disability.

Under the Americans with Disabilities Act (ADA) of 1990, the Americans with Disabilities Act Amendments of 2008, Section 504 of the Rehabilitation Act of 1973, and Section 508 of the Rehabilitation Act of 1998, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability substantially limits one or more major life activities. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic adjustments.

After completing this form, please return to the student. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment. Please contact us if you have questions or concerns. Thank you for your assistance.

Student's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of diagnosis below: \_\_\_\_\_

Date Student was Last Seen: \_\_\_\_\_

DSM-IV Diagnoses:

Axis I: \_\_\_\_\_

\_\_\_\_\_

Axis II: \_\_\_\_\_

\_\_\_\_\_

Axis III: \_\_\_\_\_

\_\_\_\_\_

Axis IV: \_\_\_\_\_

\_\_\_\_\_

Axis V (GAF score): Present time: \_\_\_\_\_ Average over last year: \_\_\_\_\_



3. What other specific symptoms manifesting themselves at this time might affect the student's academic performance?

4. What medications is the student currently taking? How effective is the medication? How might side-effects, if any, affect the student's academic performance?

5. What is the student's prognosis? How long do you anticipate that the student's academic achievement will be impacted by his/her disability?

**6 Months      1 Year      More  
than 1 year**

**Check one:**                                                           

6. Is there anything else you think we should know about the student's psychological disability?

**CERTIFYING PROFESSIONAL\***

Role of the person completing this form (check all that apply):

Treating professional:    Psychotherapy    Medication supervision    Other \_\_\_\_\_

Evaluator: \_\_\_\_\_    2<sup>nd</sup> Opinion Evaluator: \_\_\_\_\_

Other: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

License Number: \_\_\_\_\_ Profession: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **Documentation Guidelines for Traumatic Brain Injury (TBI)**

Head injury or traumatic brain injury is considered a medical or clinical diagnosis. Individuals qualified to render a diagnosis for these disorder are practitioners who have been trained in the assessment of head injury or traumatic brain injury. Recommended practitioners include: physicians; neurologist; licensed, clinical, rehabilitation and school psychologists; neropsychologist and psychiatrists. The diagnostician must be an impartial individual who is not a family member of the student.

All documentation should be typed on letterhead and contain the following information (see attached form):

- Name of student
- Date of injury(ies)
- History of concussions, including -
  - Number of concussions with loss of consciousness and date(s) of occurrence
  - Number of concussions without loss of consciousness and date(s) of occurrence
  - Information regarding hospitalization with any of these injuries
  - Information regarding surgery needed for any of these injuries
- Detailed information about post-concussive status, including signs and symptoms. Results and discussion of testing should be included, with the names of standardized measures used including standard score and percentiles.
- Educational and psychological history, if relevant. Information should include what services or medications the student received prior to or since the injury, including – special education, counseling, etc.
- List any current medications and the name of the prescribing M.D.
- Include a discussion of the particular problems that may impair this student’s functioning in the post-secondary academic environment.

**Traumatic Brain Injury (TBI) Documentation**

Name of student: \_\_\_\_\_

Date of injury: \_\_\_\_\_

In order to help this student adapt to college life after his/her injury, please supply (in as much detail as possible) answers to the questions that follow. Please attach reports to the back of this form.

**Please complete all items about which you have a history or have assessed in the course of clinical evaluation. If you wish to, please attach any relevant reports to the back of this form.**

**I. History of concussions**

\_\_\_ Number of concussions with loss of consciousness - Date(s): \_\_\_\_\_

\_\_\_ Number of concussions without loss of consciousness - Date(s): \_\_\_\_\_

Hospitalization with any of these injuries? \_\_\_ Yes \_\_\_ No

Surgery needed for any of these injuries? \_\_\_ Yes \_\_\_ No

If the answer to the either question above is “yes,” please provide details here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. Post-concussive status**

Signs and Symptoms	Check if present now	Signs and Symptoms	Check if present now
Fatigue		Amnesia	
Attention problems		Confused periods	
Balance problems		Seizures	
Dizziness		Personality change	
Noise sensitivity		Irritability	
Light sensitivity		Behavioral problems	
Headaches		Anxiety	
Sleep problems		Depression	
Memory problems		Suicidal tendencies	

Please check if the following were done and provide the reports.

\_\_\_ Skull X-ray \_\_\_ EEG \_\_\_ CT/MRI \_\_\_ SPECT

**III. Check if there is any prior history of:**

- |  |   |
|--|---|
| <input type="checkbox"/> Special education   | <input type="checkbox"/> Meningitis/Encephalitis              |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Substance/Alcohol abuse              |
| <input type="checkbox"/> ADD/ADHD            | <input type="checkbox"/> Psychiatric/Psychological counseling |

**IV. Please provide reports from any neuropsychological/educational testing related to TBI or any items in section III above. Attach at the back of this form.**

**V. List any current medications and the name of the prescribing M.D.**

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**VI. Please comment on the particular problems that may impair this student’s functioning in the post-secondary school environment (e.g. the student/patient has difficulty functioning in the morning) and elaborate on present symptoms checked in section II.**

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Name of doctor completing this form (please print): \_\_\_\_\_

Signature of doctor completing this form: \_\_\_\_\_

Date: \_\_\_\_\_

### **Documentation Guidelines for a Physical Disability**

Any disability or condition, which impacts physical well-being, such as but not limited to: impaired vision, impaired hearing, impaired mobility, diabetes, Crohn's Disease, etc., the student is required to provide documentation of the disability/condition. Specifically, documentation must be provided on the physician's office letterhead with his/her signature and contact information. The documentation must include all of the following:

- a) The name of the patient/student;
- b) The name of the condition;
- c) The severity of the condition (for example if the patient/student is visually impaired a Low Vision Evaluation Report is helpful);
- d) How the condition may impact the student's ability to carry out normal everyday activities associated with attending college;
- e) How long the condition is expected to persist; and
- f) Any additional information the physician thinks might be useful as it relates to providing reasonable accommodations.

**Documentation Guidelines for Special On-Campus Housing Accommodations**

For more information on how to obtain special on-campus housing accommodations, please go to: <http://housing.rutgers.edu/ie/disabilities.html>.



Office of Disability Services  
Lucy Stone Hall, Livingston Campus  
54 Joyce Kilmer Ave., Suite A145  
Piscataway, NJ 08854-8045

Phone: 848-445-6800, Email: [dsoffice@echo.rutgers.edu](mailto:dsoffice@echo.rutgers.edu), Fax: 732-445-3388  
<http://disabilityservices.rutgers.edu>

**Student Request Form**

**Name** : \_\_\_\_\_ **Phone**: \_\_\_\_\_

**RU ID number**: \_\_\_\_\_ **Email**: \_\_\_\_\_

To the Student: **Please be as thorough and specific as you can in completing this form. If you can, please complete this form by hand. The information you provide will help the Disabilities Documentation Review Committee make an appropriate decision regarding your requests for accommodations. Feel free to use the reverse side of this form for any additional information you wish to provide.**

1. Please list the accommodations and/or services that you are requesting.

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2. How have you benefitted previously from each accommodation/service listed above? How would you anticipate benefiting from any new accommodation/service listed above?

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3. If currently taking medication, please indicate the name of the medication (s) and dosage

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4. Please provide any additional information you feel the Committee should consider regarding your request.

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section V: The Grievance Procedure

Rutgers has adopted an internal grievance procedure providing for the equitable resolution, within a reasonable time, of complaints by students with disabilities alleging violations of their rights under the Americans with Disabilities Act (ADA), the Americans with Disabilities Act Amendments, Section 504 of the Rehabilitation Act of 1973, and under Section 508 of the Rehabilitation Act of 1998.

### Level One

All requests for accommodations or special services should first be brought to the Coordinator (see Section II of this manual for information regarding the request process). Problems with approved accommodations or services should first be reported to the student's Coordinator.

In order to initiate a Level One grievance, the student should complete a Level One form (see form at the end of this section) and submit it to his/her coordinator.

### Level Two

If the student is unable to resolve the matter with the Coordinator, the student and the Coordinator should forward a request to the Director of Services for Students with Disabilities for an informal resolution. In the event that the student is dissatisfied with the informal resolution, he/she may file a Level Two grievance, using a Level II Grievance form (see form at the end of this section), to:

Clarence Shive  
Acting Director of Services for Students with Disabilities  
Lucy Stone Hall, Livingston Campus  
54 Joyce Kilmer Ave., Suite A145  
Piscataway, NJ 08854-8045  
(848) 445-6800

The request for review must be filed within twenty (20) business days of the final response of the Coordinator to the student's request. The Director of Disability Services shall investigate the matter and issue a written decision within ten (10) business days after receiving the complaint. The Director and the student may mutually agree on an exact extension of time if additional information gathering is necessary.

### Level Three

In the event that the student is dissatisfied with the written decision of the Director of Disability Services, he/she has the right to file a Level Three Grievance with the University ADA/504 Compliance Officer. In order to begin this process, the student must complete the Grievance Form (see the end of this section of the manual for a copy). Further information about the rights of and resources for students with disabilities at Rutgers University and the grievance procedure currently in place can be found at: <http://disabilityservices.rutgers.edu/>

In order to be accepted, a Level Three Grievance must ordinarily be filed within thirty (30) business days of the date of the written decision of the Director of Disability Services. The University ADA/504 Compliance Officer reserves the right to refuse to investigate Grievance Appeals filed more than thirty (30) business days after the date of the written decision of the Director of Disability Services.

Upon receipt of a Level Three Grievance, the University ADA/504 Compliance Officer or his designee shall investigate the matter. Investigation will ordinarily involve interviewing relevant individuals and reviewing reasonably available documents.

Upon completion of the investigation, the University ADA/504 Compliance Officer will issue the student a written determination which will specify findings and, if appropriate, the resolution of the matter. Such written determination shall ordinarily be issued within thirty (30) business days of the date of the request for review. Circumstances which may prolong the response of the University ADA/504 Compliance Officer include the intervention of a semester break and such other circumstances which may render unavailable persons necessary to an appropriate resolution of the complaint.

The University ADA/504 Compliance Officer shall maintain files and records relating to all Level Three Grievances. The right of the student to an equitable and timely resolution of a complaint filed hereunder shall not be impaired by the person's pursuit of other remedies such as the filing of a complaint with the responsible federal or state department agency.

**Level One Grievance Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

College/School: \_\_\_\_\_

I believe I have been subjected to discrimination on the basis of my disability, in violation of Rutgers University's policies, by (name of staff person and department or office) \_\_\_\_\_

\_\_\_\_\_

I requested the following accommodation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What I received was (please describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please make a copy of this form for yourself before you submit the original to your Coordinator.

**Level Two Grievance Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ College/School: \_\_\_\_\_

I believe I have been subjected to discrimination on the basis of my disability, in violation of Rutgers University's policies, by (name of staff person and department or office) \_\_\_\_\_

\_\_\_\_\_

I requested the following accommodation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What I received was (please describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My coordinator's response was (please describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Despite my coordinator's intervention, I am still not satisfied with the resolution or lack thereof because (please describe).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please make a copy of this form for yourself before sending in the original. Send it to:

Clarence Shive  
Acting Director of Services for Students with Disabilities  
Lucy Stone Hall, Livingston Campus  
54 Joyce Kilmer Ave., Suite A145  
Piscataway, NJ 08854-8045  
(848) 445-6800

Please make a copy of this form for yourself before you submit the original to your Coordinator.

**Level III Grievance Form**

This form may be used by students to file a disability-related grievance at Rutgers University.

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This document, once fully completed, should be returned to:

*Judith E. Ryan*  
*University ADA/504 Compliance Officer*  
*Room 101 – Old Queens (CAC)*  
*83 Somerset Street*  
*New Brunswick, NJ 08901*  
Phone: (732) 932-8576  
Fax: (732) 932-9690  
E-Mail: [ryan@oldqueens.rutgers.edu](mailto:ryan@oldqueens.rutgers.edu)

We advise you to retain a copy for your own records.

Further information about the rights of and resources for students with disabilities at Rutgers University and the grievance procedure currently in place can be found in Section V of this manual.

---

Date: \_\_\_\_\_

My name is \_\_\_\_\_. I am presently a student at Rutgers University and I am attending \_\_\_\_\_ College / School. I believe that I have been subjected to discrimination on the basis of my disability, in violation of Rutgers University’s policies, by \_\_\_\_\_.  
(Name of Staff Person, Department or Office)

I requested the following accommodation: *(Attach additional pages, if necessary)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My Coordinator’s response: *(Attach additional pages, if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Director of Disability Services’ response: *(Attach written decision.)*

\_\_\_\_\_

\_\_\_\_\_