DISABILITIES AND INSTRUCTIONAL STRATEGIES*

Colleges and universities typically serve students with the following types of disabilities: mobility, blind/visual, Deaf/hard of hearing, learning, attention deficit/hyperactivity disorder, systemic, psychiatric, and brain injuries. Some of these conditions are readily apparent, while others are not always visible to an observer. Some conditions are stable and predictable, while others may be more variable and, sometimes, unpredictable.

All students who request academic accommodations on the basis of a disability must provide current and comprehensive documentation to the Office of Student Life. The Executive Director, Office of Student Life, reviews documentation to determine eligibility for services. For qualified students, the Executive Director provides a letter for the student to give to faculty members which verifies eligibility for specific academic accommodations on the basis of a disability.

In attempting to provide any type of academic adjustment, faculty, disability management staff, and students with disabilities should work in concert to formulate accommodations that meet the individual educational needs of qualified students with disabilities while maintaining the academic integrity of the program, service or activity to be modified. Faculty can greatly assist this process by including disability access statements in their course materials. For example, the following statement could be included on all course syllabi:

“Students with disabilities needing reasonable accommodations are encouraged to contact the instructor. The Office of Student Life is available to assist with the reasonable accommodations process.”

This following information presents an overview of disabilities, common accommodations and some instructional strategies to enhance the accessibility of course instruction, clinical training, educational materials, and activities. It is important to remember that accommodations need to be individual and flexible.

BLIND/VISUAL IMPAIRMENTS

Approximately 500,000 Americans have vision impairments to the extent that they are considered “legally blind.” There are three degrees of vision loss: 1) visual acuity of 20/200 - the legally blind person can see at 20 feet what the average-sighted person can see at 200; 2) low vision - limited or diminished vision that cannot be corrected with standard lenses; and 3) partial sight - the field of vision is impaired because of an illness, a degenerative syndrome, or trauma. Only two percent of the people with vision impairments are totally blind; most blind people have some amount of usable vision.

Some considerations:

- Some students with vision loss use canes or guide dogs for mobility purposes; however, many navigate without them.
Like anybody, students with vision impairments appreciate being asked if help is needed before it is given. Ask a student if he or she would like some help and then wait for a response before acting.

Words and phrases that refer to sight, such as "I'll see you later," are commonly used expressions and usually go unnoticed unless a speaker is particularly self-conscious. Students with vision loss can still "see" what is meant by such expressions.

When talking with or greeting a student with a vision impairment, speak in a normal voice; most people with vision impairments are not deaf. Speak to the student, not through a third party or companion, and use the student’s name when directing the conversation to him or her. When entering a room, identify yourself to the student.

When giving directions, say “left” or “right,” “step up” or “step down.” Convert directions to the vision-impaired student’s perspective. When guiding a student (into a room, for example) offer your arm and let him or her take it rather than pulling the person’s sleeve.

If a student has a harnessed guide dog, it is working and should not be petted.

Common accommodations for students with vision impairments include alternative print formats, magnification devices, bright incandescent lighting, raised lettering, tactile cues, adaptive computer equipment, readers for exams, print scanners, early syllabus, priority registration, taped lectures, and lab or library assistants.

**Instructional Strategies**

The following strategies are suggested to enhance the accessibility of course instruction, materials, and activities. They are general strategies designed to support individualized reasonable accommodations for which a student is eligible, as determined by the Office of Student Life.

- Have copies of the syllabus and reading assignments ready three to five weeks prior to the beginning of classes so documents are available for taping or braille transcription.

- Provide vision-impaired students with materials in alternate formats at the same time the materials are given to the rest of the class. The student must advise as to the format: large print, braille, electronic tape. The Office of Student Life can assist with obtaining materials in alternative formats.

- When using an overhead projector with transparencies, use a larger font size: at least 18 point. Provide additional time for students with visual disabilities to copy the material on the transparencies, or provide them with printed copies.

- Repeat aloud what is written on the board or presented on overheads and in handouts.
• Pace the presentation of material: if referring to a textbook or handout, allow time for students to find the information.

• Allow students to tape-record lectures.

• When lecturing, avoid making statements that cannot be understood by people with visual impairments (e.g. “This diagram sums up what I am saying about statistics”).

• When appropriate, ask for a sighted volunteer to team up with a vision-impaired student for in-class assignments.

• Keep a front row seat open for a student with a vision impairment. A corner seat is especially convenient for a student with a guide dog.

• On request from the student assist with finding an effective notetaker or lab assistant from the class.

• Make arrangements early for field trips and ensure that accommodations will be in place on the given day (e.g., transportation, site accessibility).

• Be flexible with deadlines if assignments are held up by the alternate media process.

• When in doubt about how to assist the student, ask him or her.

• Allow the student the same anonymity as other students (i.e., avoid pointing out the student or the alternative arrangements to the rest of the class).

**DEAF/HARD OF HEARING**

The causes and degrees of hearing loss vary across the Deaf and hard of hearing community, as do methods of communication and attitudes toward deafness. In general, there are three types of hearing impairment:

*Conductive loss* affects the sound-conducting paths of the outer and middle ear. The degree of loss can be decreased through the use of a hearing aid or by surgery. People with conductive loss might speak softly, hear better in noisy surroundings than people with normal hearing, and experience ringing in their ears.

*Sensorineural loss* affects the inner ear and the auditory nerve and can range from mild to profound. People with sensorineural loss might speak loudly, experience greater high-frequency loss, have difficulty distinguishing consonant sounds, and not hear well in noisy environments.

*Mixed loss* results from both a conductive and sensorineural loss.
Given the close relationship between oral language and hearing, students with hearing impairments might also have speech impairments. One’s age at the time of the loss determines whether one is prelingually deaf (hearing loss before oral language acquisition) or adventitiously deaf (normal hearing during language acquisition). Those born deaf or who become deaf as very young children might have more limited speech development.

Some considerations:

The inability to hear does not affect an individual’s native intelligence or the physical ability to produce sounds.

- Some Deaf students are skilled lipreaders, but many are not. Many speech sounds have identical mouth movements, which can make lipreading particularly difficult. For example “p,” “b,” and “m” look exactly alike on the lips, and many sounds (vowels, for example) are produced without using clearly differentiated lip movements.

- Make sure you have a Deaf student’s attention before speaking. A light touch on the shoulder, a wave, or other visual signal will help.

- Look directly at a person with a hearing impairment during a conversation, even when an interpreter is present. Speak clearly, without shouting. If you have problems being understood, rephrase your thoughts. Writing is also a good way to clarify.

- Make sure that your face is clearly visible. Keep your hands away from your face and mouth while speaking. Sitting with your back to a window, gum chewing, cigarette smoking, pencil biting, and similar obstructions of the lips can also interfere with the effectiveness of communication.

Common accommodations for Deaf or hard of hearing students include sign language interpreters, stenocaptioners, assistive listening devices, TTD/relay services (click here for instructions for using a TDD/relay services), volume control telephones, signaling devices (e.g., a flashing light to alert individuals to a door knock or ringing telephone), priority registration, early syllabus, notetakers, and captions for films and videos.

Modes of Communication

Not all Deaf students are fluent users of all of the communication modes used across the Deaf community, just as users of spoken language are not fluent in all oral languages. For example, not all Deaf students lipread; many use sign language but there are several types of sign language systems. American Sign Language (ASL) is a natural, visual language having its own syntax and grammatical structure. Fingerspelling is the use of the manual alphabet to form words. Pidgin Sign English (PSE) combines aspects of ASL and English and is used in educational situations often combined with speech. Nearly every spoken language has an accompanying sign language. It is important to assign interpreters who will match the communication needs and preferences of
each student. Interpreters convey all information in a given situation, including instructor’s comments, class discussion, and environmental sounds.

**Instructional Strategies**

The following strategies are suggested in order to enhance the accessibility of course instruction, materials, and activities. They are general strategies designed to support individualized reasonable accommodations for which a student is eligible, as determined by the Office of Student Life.

- Circular seating arrangements offer Deaf or hard of hearing students the advantage of seeing all class participants, especially in a seminar setting.

- For the lecture setting, keep front seats open for students who are Deaf or hard of hearing and their interpreters.

- Repeat the comments and questions of other students, especially those from the back rows; acknowledge who has made the comment so the Deaf or hard of hearing student can focus on the speaker.

- When appropriate, ask for a hearing volunteer to team up with a Deaf or hard of hearing student for in-class assignments.

- On request from the student assist with finding an effective notetaker or lab assistant from the class.

- If possible, provide transcripts of audio information.

- Face the class while speaking; if an interpreter is present, make sure the student can see both you and the interpreter.

- Because visual information is a Deaf student’s primary means of receiving information, films, overheads, diagrams, and other visual aids are useful instructional tools. Spoken dialogue and commentary in films, videotapes, DVDs, and online course websites, should either be presented in captions or other alternate means such as a transcript.

- Be flexible: allow a Deaf student to work with audiovisual material independently and for a longer period of time.

- When in doubt about how to assist the student, ask him or her.

- Allow the student the same anonymity as other students (i.e., avoid pointing out the student or the alternative arrangements to the rest of the class).
MOBILITY IMPAIRMENTS

Mobility impairments range in severity from limitations on stamina to paralysis. Some mobility impairments are caused by conditions present at birth while others are the result of illness or physical injury. Injuries cause different types of mobility impairments, depending on what area of the spine is affected. *Quadriplegia*, paralysis of the extremities and trunk, is caused by a neck injury. Students with quadriplegia have limited or no use of their arms and hands and often use electric wheelchairs. *Paraplegia*, paralysis of the lower extremities and the lower trunk, is caused by an injury to the mid-back. Students often use a manual wheelchair and have full movement of arms and hands. Below are brief descriptions of other causes of mobility impairments.

*Amputation* is the removal of one or more limbs, sometimes caused by trauma or another condition.

*Arthritis* is the inflammation of the body’s joints, causing pain, swelling, and difficulty in body movement.

*Back disorders* can limit a student’s ability to sit, stand, walk, bend, or carry objects. They include, but are not limited to, degenerative disk disease, scoliosis, and herniated disks.

*Cerebral palsy* is the result of damage to the brain prior to or shortly after birth. It can prevent or inhibit walking and cause a lack of muscle coordination, spasms, and speech difficulty.

*Neuromuscular disorders* include a variety of disorders, such as muscular dystrophy, multiple sclerosis, and ataxia, that result in degeneration and atrophy of muscle or nerve tissues.

**Some considerations:**

- Many students with mobility impairments lead lives similar to those without impairments. Dependency and helplessness are not characteristics of physical disability.

- A physical disability is often separate from matters of cognition and general health; it does not imply that a student has other health problems or difficulty with intellectual functioning.

- People adjust to disabilities in a myriad of ways; students should not be assumed to be brave and courageous on the basis of disability.

- When talking with a wheelchair user, attempt to converse at eye level as opposed to standing and looking down. If a student has a communication impairment as well as a mobility impairment, take time to understand the person. Repeat what you understand, and when you don’t understand, say so.

- A student with a physical disability may or may not want assistance in a particular situation. Ask before giving assistance, and wait for a response. Listen to any instructions the student
may give; by virtue of experience, the student likely knows the safest and most efficient way to accomplish the task at hand.

- Be considerate of the extra time it might take a disabled student to speak or act. Allow the student to set the pace walking or talking.

- A wheelchair should be viewed as a personal-assistance device rather than something one is “confined to”. It is also part of a student’s personal space; do not lean on or touch the chair, and do not push the chair, unless asked.

- Mobility impairments vary over a wide range, from temporary (e.g., a broken arm) to permanent (e.g., a form of paralysis). Other conditions, such as respiratory conditions, affect coordination and endurance; these can also affect a student’s ability to perform in class.

- Physical access to a classroom may not be the first barrier a student with a mobility impairment encounters on campus. A temporary construction project on a pathway, a lack of reliable transportation, or mechanical problems with a wheelchair can significantly impact a student’s experience.

- Common accommodations for students with mobility impairments include priority registration, notetakers, accessible classroom/location/furniture, alternative ways of completing assignments, lab or library assistants, adaptive computer technology, exam modifications, and conveniently located parking.

**Instructional Strategies**

The following strategies are suggested to enhance the accessibility of course instruction, materials, and activities. They are general strategies designed to support individualized reasonable accommodations for which a student is eligible, as determined by the Office of Student Life.

- If necessary, arrange for a room change before the term begins.

- Special seating arrangements may be necessary to meet student needs. Students may require special chairs, lowered tables on which to write, or spaces for wheelchairs. In laboratory courses, students who use wheelchairs may need lower lab tables to accommodate their chairs and allow for the manipulation of tools or other equipment.

- If possible, try not to seat wheelchair users in the back row. Move a desk or rearrange seating at a table so the student is part of regular classroom seating.

- Students with upper body weakness may not be able to raise their hands to participate in class discussion. Establish eye contact with the students and call on them when they indicate that they wish to contribute.
• Make arrangements early for field trips and ensure that accommodations will be in place on the given day (e.g., transportation, site accessibility).

• Make sure accommodations are in place for in-class written work (e.g., allowing the student to use a scribe, to use adaptive computer technology, or to complete the assignment outside of class).

• Be flexible with deadlines: assignments that require library work or access to sites off-campus will consume more time for a student with a mobility impairment.

• Please understand that for reasons beyond their control, students with severe mobility impairments may be late to class. Some are unable to move quickly from one location to another due to architectural barriers, inadequate public transportation or temporary obstacles on campus.

• Not all mobility impairments are constant and unchanging; some students experience exacerbations or relapses requiring bedrest or hospitalization. In most cases, students are able to make up the incomplete work, but they may need extra time.

• When in doubt about how to assist the student, ask him or her.

• Allow the student the same anonymity as other students (i.e., avoid pointing out the student or the alternative arrangements to the rest of the class).

**SYSTEMIC DISABILITIES**

Systemic disabilities are conditions affecting one or more of the body’s systems. These include the respiratory, immunological, neurological, and circulatory systems. There are many kinds of systemic impairments, varying significantly in their effects and symptoms; below are brief descriptions of some of the more common types.

*Cancer* is a malignant growth that can affect any part of the body. Treatment can be time-consuming, painful, and sometimes result in permanent disability.

*Chemical dependency* is considered a disabling condition when it is documented that a person has received treatment for a drug or alcohol addiction and is not currently using. Chemical dependency can cause permanent cognitive impairments and carries with it a great deal of stigma.

*Diabetes mellitus* causes a person to lose the ability to regulate blood sugar. People with diabetes often need to follow a strict diet and may require insulin injections. During a diabetic reaction, a person may experience confusion, sudden personality changes, or loss of consciousness. In extreme cases, diabetes can also cause vision loss, cardiovascular disease, kidney failure, stroke, or can necessitate the amputation of limbs.
**Epilepsy/seizure disorder** causes a person to experience a loss of consciousness. Episodes, or seizures, vary from short absence or “petit mal” seizures to the less common “grand mal.” Seizures are frequently controlled by medications and are most often not emergency situations.

**Epstein Barr virus/chronic fatigue syndrome** is an autoimmune disorder which causes extreme fatigue, loss of appetite, and depression. Physical or emotional stress may adversely affect a person with this condition.

**Human immunodeficiency virus** (HIV+), which causes AIDS, inhibits one’s ability to fight off illness and infections. Symptoms vary greatly. People with HIV or AIDS are often stigmatized.

**Lyme’s disease** is a multisystemic condition which can cause paralysis, fatigue, fever, dermatitis, sleeping problems, memory dysfunction, cognitive difficulties, and depression.

**Lupus erythematosus** can cause inflammatory lesions, neurological problems, extreme fatigue, persistent flu-like symptoms, impaired cognitive ability, connective tissue dysfunction, and mobility impairments. Lupus most often affects young women.

**Multiple chemical sensitivity** (MCS) often results from prolonged exposure to chemicals. A person with MCS becomes increasingly sensitive to chemicals found in everyday environments. Reactions can be caused by cleaning products, pesticides, petroleum products, vehicle exhaust, tobacco smoke, room deodorizers, perfumes, and scented personal products. Though reactions vary, nausea, rashes, lightheadedness, and respiratory distress are common to MCS.

**Multiple sclerosis** (MS) is a progressive neurological condition with a variety of symptoms, such as loss of strength, numbness, vision impairments, tremors, and depression. The intensity of MS symptoms can vary greatly; one day a person might be extremely fatigued and the next day feel strong. Extreme temperature can also adversely affect a person with MS.

**Renal disease/failure** can result in loss of bladder control, extreme fatigue, pain and toxic reactions that can cause cognitive difficulties. Some people with renal disease are on dialysis and have to adhere to a rigid schedule.

**Some considerations:**

- Students affected by systemic disabilities differ from those with other disabilities because systemic disabilities are often unstable. This causes a person’s condition to vary; therefore, the need for and type of reasonable accommodations may also change.

- Some common accommodations for students with systemic disabilities include conveniently located parking, notetakers, extended time to complete a task, modified course or workload, flexible deadlines, relocation of a meeting or class, early syllabus, priority registration, and exam modifications.
**Instructional Strategies**

The following strategies are suggested to enhance the accessibility of course instruction, clinical assignments, materials and activities. They are general strategies designed to support individualized reasonable accommodations for which a student is eligible, as determined by the Office of Student Life.

Systemic disabilities often require instructional strategies similar to those listed for other disability conditions. The use of such strategies will depend on how the disability is manifested. In addition, the following are suggested to enhance your work with students who have disabling medical conditions.

- Medical conditions, including medication side-effects, can cause problems with fatigue and stamina which adversely affect attention and concentration. For these reasons, students with medical conditions may need extended time on exams.

- Students with some medical conditions may become dizzy and disoriented, or may lack physical stamina. Thus they may be unable to get from one location to another on campus within the expected time frame. Be considerate if they are late to class.

- Preferential seating may be necessary to meet student needs. In a few instances, students may be unable to use the furniture of a particular classroom and may need to request furniture assistance. If students are forced to stand during class, students may need podiums on which to rest open books or to write.

- Instructors in courses requiring off-site visits need to work with their students to ensure that the students’ needs are met. For example, the students may need assistance with special seating or frequent rest-breaks.

- Some students experience recurrence of a chronic condition requiring bed rest and/or hospitalization. In most situations students are able to make up the incomplete work, but they may need extra time.

**PSYCHIATRIC DISABILITIES**

The National Institute of Mental Health estimates that one in five people in the United States have some form of psychiatric disability, but only one in five persons with a diagnosable psychiatric disorder ever seeks treatment due to the strong stigmatization involved. Psychiatric disabilities may complicate many areas of life, including education. While individual experiences differ, there are some commonalities in the academic experiences of students with psychiatric disabilities. Concentration and focus may be affected; a student’s ability to function may vary from day to day; in response to stress, students may experience an increase in symptoms. Students with psychiatric disabilities often successfully manage their symptoms with some combination of psychotherapy, medication and community supports. Below are brief descriptions of some common psychiatric disabilities.
Depression is a major disorder that can begin at any age. Major depression may be characterized by a depressed mood most of each day, a lack of pleasure in most activities, thoughts of suicide, insomnia, and feelings of worthlessness or guilt.

Bipolar disorder (manic depressive disorder) causes a person to experience periods of mania and depression. In the manic phase, a person might experience inflated self-esteem and a decreased need to sleep.

Anxiety disorders can disrupt a person’s ability to concentrate and cause hyperventilation, a racing heart, chest pains, dizziness, panic, and extreme fear.

Schizophrenia can cause a person to experience, at some point in the illness, delusions and hallucinations.

Some considerations:

- Trauma is not the sole cause of psychiatric disabilities; genetics may play a role.
- Psychiatric disabilities affect people of any age, gender, income group, and intellectual level.
- Disruptive behavior is not an attribute of most people with psychiatric disabilities.
- Eighty to ninety percent of people with depression experience relief from symptoms through medication, therapy, or a combination of the two. Depression is a variable condition that may fluctuate during a person’s lifetime.
- There are not more people with psychiatric disabilities, just more people seeking treatment outside the walls of state mental health institutions.
- Common accommodations for students with psychiatric disabilities are exam modifications, alternative ways of completing assignments, time extensions, taped lectures, early syllabus, and study skills and strategies training.

Instructional Strategies

The following strategies are suggested to enhance the accessibility of course instruction, materials, and activities. They are general strategies designed to support individualized reasonable accommodations for which a student is eligible, as determined by the Office of Student Life.

- Spend extra time with the student, when necessary, and assist the student with planning and time management.
- Students with psychiatric disabilities have good reason to fear the reactions of others, given the lack of understanding and stigma about psychological disorders in our society. Make
every effort to make students feel comfortable if they disclose their psychiatric disabilities to you. Don’t press students to explain their disabilities if they do not wish to do so.

• Be flexible with deadlines.

• For disability-related reasons, students may need to miss class or even to leave the room in the middle of the class. The students will be responsible for the content of any lectures missed, but they will appreciate your understanding and any assistance with filling in the gaps.

• Allow the student to tape-record lectures.

• On request from the student assist with finding an effective notetaker or lab assistant from the class.

• Clearly define course requirements, the dates of exams, and when assignments are due; provide advance notice of any changes.

• When in doubt about how to assist the student, ask him or her.

• Allow the student the same anonymity as other students (i.e., avoid pointing out the student or the alternative arrangements to the rest of the class).

**LEARNING DISABILITIES**

Learning disabilities are neurologically-based conditions that interfere with the acquisition, storage, organization, and use of skills and knowledge. They are identified by the existence of deficits in academic functioning and in processing memory, auditory, visual, and linguistic information. The diagnosis of a learning disability in an adult requires documentation of at least average intellectual functioning along with deficits in such areas as:

• auditory processing

• visual processing

• information processing speed

• abstract reasoning

• memory (long-term, short-term, visual, auditory)

• spoken and written language skills

• reading skills
• mathematical skills

• visual spatial skills

• motor skills

• executive functioning (planning)

Some considerations:

• A learning disability is not a disorder that a student ”grows out of.” It is a permanent disorder affecting how students with normal or above-average intelligence process incoming information, outgoing information, or both.

• Learning disabilities are often inconsistent. They may be manifested in only one specific academic area, such as math or foreign language. There might be problems in grade school, none in high school, and again in college.

• Learning disabilities are not the same as mental retardation or emotional disorders.

• Common accommodations for students with learning disabilities are alternative print formats, taped lectures, notetakers, adaptive technology, course substitutions, early syllabus, exam modifications, priority registration, and study skills and strategies training.

Instructional Strategies

The following strategies are suggested to enhance the accessibility of course instruction, materials, and activities. They are general strategies designed to support individualized reasonable accommodations for which a student is eligible, as determined by the Office of Student Life. Additional information about the assessment and accommodation of learning disabilities at UCSF go to http://student.ucsf.edu/osl/dss/ldd.html.

• Keep instructions brief and as uncomplicated as possible.

• Allow the student to tape-record lectures.

• Clearly define course requirements, the dates of exams, and when assignments are due; provide advance notice of any changes.

• Provide handouts and visual aids.

• When appropriate, team a reader with a non-reading student during in-class assignments.

• Use more than one way to demonstrate or explain information.
• Have copies of the syllabus ready three to five weeks prior to the beginning of classes so textbooks are available for taping.

• When possible, break information into small steps when teaching many new tasks in one lesson (state objectives, review previous lesson, summarize periodically).

• Allow time for clarification of directions and essential information.

• Provide study guides or review sheets for exams.

• Provide alternative ways for the students to do tasks, such as dictations or oral presentations.

• Provide assistance with proofreading written work.

• Stress organization and ideas rather than mechanics when grading in-class writing assignments.

• Allow the use of spell-check and grammar-assistive devices.

• When in doubt about how to assist the student, ask him or her.

• Allow the student the same anonymity as other students (i.e., avoid pointing out the student or the alternative arrangements to the rest of the class).

**ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)**

ADHD is a persistent pattern of inattention or hyperactivity/impulsivity manifested in academic, employment, or social situations. There are three distinct subtypes of ADHD: the Inattentive Subtype primarily involves difficulty consistently directing and sustaining one’s attention; the Hyperactive Subtype primarily involves severe restlessness or difficulty remaining still, and in some cases difficulty controlling one’s impulses; the Combined Subtype describes people who demonstrate a significant portion of both inattentive and hyperactive symptoms. ADHD arises during childhood and is not attributed to gross neurological, sensory, lanugage or motor impairment or to mental retardation or severe emotional disturbance. It is marked in school settings by careless mistakes and disorganized work. Students often have difficulty concentrating on and completing tasks, frequently shifting from one uncompleted activity to another. In social situations, inattention may be apparent by frequent shifts in conversation, poor listening comprehension, and not following the details or rules of games and other activities. Symptoms of hyperactivity may take the form of restlessness and difficulty with quiet activities. Students with ADHD often have significant problems with time-management, task-completion, organization and memory.

**Some considerations:**

• ADHD is not a form of mental retardation or emotional disorder.
• ADHD is not a disorder that a student “grows out of”. Diagnostic criteria for ADHD in adults include current, persistent attentional difficulties.

• Errors in the written work of students with ADHD may appear to be “careless” but actually are the result of the disability.

• Common accommodations for students with ADHD are notetaking assistance, taped lectures, a quiet test environment, extended time on tests, priority registration, early syllabus and study skills/strategies training.

**Instructional Strategies**

The following strategies are suggested to enhance the accessibility of course instruction, materials, and activities. They are general strategies disigned to support individualized reasonable accommodations for which a student is eligible, as determined by the Office of Student Life.

• Students with ADHD generally perform better if given a syllabus with clear explanations of tasks and specific due-dates.

• As the quarter progresses, verbal reminders in class of impending deadlines (e.g.”Remember, the problem sets are due Friday”) are very helpful to students with ADHD.

• On request from the student, assist with finding an effective notetaker or lab assistant.

• Allow the student to tape-record lectures.

• Whenever possible, start each lecture with a summary of material to be covered or provide a written outline. Broad margins and triple-spacing on handouts enables students to take notes directly onto the outline, an aid to organization. Provide a review of the major points at the conclusion of each lecture.

• Avoid making assignments orally, since students with ADHD may miss them. Always write assignments on the board or pass them out in written form.

• Students with ADHD may tend to “drift” mentally during class, especially during long lectures. They are better able to stay focused when the class material is stimulating and the format is varied, as when lecture alternates with presentation and class discussion.

• For large projects or long papers, students with ADHD benefit from assistance with breaking the task down into its component parts and setting deadlines for each part.

• Since they are often distractible, students with ADHD benefit from preferential seating near the front of the class or away from possible sources of distraction like windows, doors or noisy heaters.
• When in doubt about how to assist the student, ask him or her.

• Allow the student the same anonymity as other students (i.e., avoid pointing out the student or the alternative arrangements to the rest of the class).

**TRAUMATIC BRAIN INJURY**

Though not always visible and sometimes seemingly minor, brain injury is complex. It can cause physical, cognitive, social, and vocational changes that affect an individual for a short period of time or permanently. Depending on the extent and location of the injury, symptoms caused by a brain injury vary widely. Some common results are seizures, loss of balance or coordination, difficulty with speech, limited concentration, memory loss, and loss of organizational and reasoning skills.

*Some considerations:*

• A traditional intelligence test is not an accurate assessment of cognitive recovery after a brain injury and bears little relationship to the mental processes required for everyday functioning. For example, students with brain injuries might perform well on brief, structured, artificial tasks but have such significant deficits in learning, memory, and executive functions that they may have difficulty coping.

• Recovery from a brain injury can be inconsistent. A student might take one step forward, two back, do nothing for a while, and then unexpectedly make a series of gains. A ”plateau” is not evidence that functional improvement has ended.

• Students with acquired brain injuries may not be able to predict that they will have difficulty with a task post-injury until they have attempted it. Essentially, they have to “re-learn” how they learn.

• Common accommodations for students with brain injuries are exam modifications, time extensions, taped lectures, instructions presented in more than one way, alternative ways of completing assignments, early syllabus, notetakers, course substitutions, priority registration, study skills and strategies training, and alternative print formats.

*Instructional Strategies*

Because of the varied and complex manifestations of traumatic brain injury, students with brain injuries often benefit from instructional strategies similar to those listed for other disabilities. The following strategies are suggested to enhance the accessibility of course instruction, materials and activities. They are general strategies designed to support individualized reasonable accommodations for which a student is eligible, as determined by the Office of Student Life.

• Keep instructions brief and as uncomplicated as possible.
• On request from the student, assist with finding an effective notetaker or lab assistant from the class.

• Allow the student to tape-record lectures.

• Clearly define course requirements, the dates of exams, and when assignments are due; provide advance notice of any changes.

• Provide handouts and visual aids.

• Use more than one way to demonstrate or explain information.

• Have copies of the syllabus ready three to five weeks prior to the beginning of classes so textbooks are available for taping.

• Break information into small steps when teaching many new tasks in one lesson (state objectives, review previous lesson, summarize periodically).

• Allow time for clarification of directions and essential information.

• Provide study guides or review sheets for exams.

• Provide alternative ways for the students to do tasks, such as dictations or oral presentations.

• As the semester progresses, verbal reminders in class of impending deadlines (e.g. ”Remember, the problem sets are due Friday”) are very helpful to students with traumatic brain injuries.

• Whenever possible, start each lecture with a summary of material to be covered or provide a written outline. Broad margins and triple-spacing on handouts enables students to take notes directly onto the outline, an aid to organization. Provide a review of the major points at the conclusion of each lecture.

• Avoid making assignments orally, since students with traumatic brain injuries may miss them. Always write assignments on the board or pass them out in written form.

• For large projects or long papers, students with traumatic brain injuries benefit from assistance with breaking the task down into its component parts and setting deadlines for each part.

• When in doubt about how to assist the student, ask him or her.

• Allow the student the same anonymity as other students (i.e. avoid pointing out the student or the alternative arrangements to the rest of the class).
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