



Policy Title:	Academic Accommodations for Students with Accessibility Needs Policy
Policy Number:	2019

1. Policy

St. Matthew's University (the "University") is committed to providing equitable access to education for students with disabilities in accordance with The British Columbia Human Rights Code and the Accessible British Columbia Act.

2. Purpose

The purpose of this Accommodation for Students with Accessibility Needs Policy (the "Policy") is to describe the principles and responsibilities in the provision of appropriate and reasonable academic accommodations consistent with relevant human rights principles. The University is committed to providing access to education that promotes a climate of mutual respect, fairness, dignity, and equitable treatment.

The University will take all measures short of undue hardship to provide reasonable academic accommodations consistent with the Code and other relevant legislation.

The University is proactive in highlighting its commitment to supporting students with disabilities from initial intake to orientation, and throughout their education as a student of the University. Furthermore, the University is responsive in processing requests for support from students with disabilities.

3. Scope

The Policy applies to all students registered with, and attending, St. Matthew's University.

This policy does not apply to temporary health issues. When there is uncertainty as to whether a student has a temporary health issue or accommodation requirements, students, faculty, department chairs, and staff should consult with and be guided by the Student Success Office.

4. Definitions

The following definitions apply to all terms as they are used in the Policy and related Academic Accommodation for Students with Accessibility Needs Procedure (the "Procedure").

Word/Expression	Definition
Appeal	A request made to a person holding a position of authority to change or overturn a previous decision.
Disability	Any permanent, temporary, or recurring mobility, sensory learning or other physical or mental health impairment which causes functional

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	restrictions or limitations on a student's ability to perform the range of activities necessary to fully participate in studies at the postsecondary level. Limitations caused by disabilities may be constant or may be more sporadic in nature. This includes: a) Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical coordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal, or on a wheelchair or other remedial appliance or device; b) A condition of mental impairment or a developmental disability; c) A learning disability, or a dysfunction in one or more of the processes involved in understanding or using numbers, symbols, or spoken language; or d) A mental disorder.
Documentation	A written document which confirms a student's disability or persistent or prolonged condition, featuring detailed information about its functional impact in a post-secondary setting. This documentation must be current (within three years) and come from a certified healthcare professional(s) who has expertise in the diagnosis of the condition(s) for which the accommodation(s) and/ or service(s) in question are being requested. Documentation must include the qualified health professional's signature, credentials, license, and registration number.
Essential Learning Requirements	The knowledge and skills which must be demonstrated for a student to meet their learning objectives. At times, it may be necessary for students to demonstrate this learning objective in a prescribed manner.
Persistent or Prolonged Conditions	Any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment or a functional limitation that restricts the ability of a person to perform the daily activities necessary to pursue studies at a postsecondary school and has lasted, or is expected to last, for a period of at least 12 months but is not expected to remain with the person for the duration of their life.
Reasonable Academic Accommodation	The necessary adaptation of university resources or of teaching or evaluation procedures that reduces or eliminates barriers that addresses the limitations experienced by a student with disabilities or persistent or prolonged condition in a manner that allows them to

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	meet the essential learning requirements of a course or program of study without resulting in undue hardship to the University.
Student	A person who is actively enrolled in classes at the University.
Temporary Health Issues	Medical impairments or injuries that are unrelated to a Disability or Persistent or Prolonged Condition and are likely to be substantially resolved in less than one term.
Undue Hardship	Is otherwise recognized when it can be proved objectively that in the interest of safety or cost, if deemed to be significant, the benefits of equality are outweighed. Analysis of cost and safety, as it pertains to Undue Hardship, is realized according to high standards. Assumptions or presumptions based on documented history. Unsubstantiated opinion or preferences of third parties do not constitute Undue Hardship.

5. Policy Principles

The University recognizes and affirms that all students deserve a welcoming, accessible, inclusive, and respectful educational experience and commits to identifying and removing institutional barriers that prevent access and impede the academic success of students.

The University will provide reasonable academic accommodations, up to the point of undue hardship, in course and program-related activities for students with disabilities or persistent or prolonged conditions. Academic accommodations must be reasonable and follow these principles:

- Be based on individual circumstances;
- Respects the student's right to dignity;
- Allows for the most integrated and inclusive experience possible;
- Do not compromise essential learning requirements of a course or program;
- Do not pose a threat to personal or public safety;
- Do not impose an undue hardship on the University;
- Are not of a personal nature.

The process of academic accommodation for students represents a shared responsibility between the student and the University.

6. Responsibility

Students requesting academic accommodation(s) have the responsibility to:

- Request an accommodation for a disability as soon as it is reasonably known. A delay in notifying the Assistant Dean of Student Affairs of a request for Accommodation may result in the request not being assessed or implemented in time for the start of a course or program for which accommodation(s) is sought;
- Provide sufficient official documentation which outlines functional limitations to support the request for academic accommodations;

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- Fulfill the same or functionally equivalent University admissions requirements, course prerequisites, and essential learning requirements;
- Notify the Assistant Dean of Student Affairs of any changes to their identified functional limitations or academic accommodation requirements;
- Actively participate in the academic accommodation planning process by working collaboratively with the Assistant Dean of Student Affairs in the identification and implementation of reasonable academic accommodations;
- Communicate with faculty, department chairs, staff and other relevant individuals to the extent necessary to give effect to their academic accommodations;
- Submit an appeal to the Executive Dean in the event of concerns regarding the decision or adequacy of the provision of their academic accommodation(s).

The **University** has the following responsibilities:

- Provide an inclusive and welcoming environment for students with disabilities and persistent or prolonged conditions;
- Maintain confidentiality with respect to any personal information of students that is shared to facilitate the academic accommodation;
- Direct students seeking academic accommodations to the Assistant Dean of Student Affairs;
- Ensure that all relevant individuals are aware of this policy and their responsibilities under it;
- Implement academic accommodation plans as outlined in the accommodation letter, up to the point of undue hardship, in a timely manner such that the student can access the academic accommodation for the situation when needed;
- Implement approved reasonable academic accommodation(s) without compromising the academic integrity, essential learning outcomes or professional standards of the program or course of study;
- Consult with the Assistant Dean of Student Affairs, members of an academic department and/ or the department chair about academic accommodation(s).

The **Assistant Dean of Student Affairs** has the following responsibilities:

- Maintain confidentiality with respect to any personal information of students that is shared with the faculty, department chair, or staff member to facilitate the academic accommodation;
- Gather and review the necessary documentation and relevant information provided by the student to assess the functional impact of their documented disability or persistent or prolonged condition;
- Work with students to identify reasonable academic accommodation(s) for their program or course of study and develop an accommodation plan, in a timely manner, that respects the student's dignity and promotes inclusion, integration, and full academic participation;
- Direct students to appropriate wellness supports and resources at the appropriate time, as deemed necessary;

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- Issue an official accommodation letter listing the academic accommodation(s) available for a given student;
- Implement an accommodation plan that includes the accommodated learning assessment and articulation of essential learning requirements in collaboration with faculty, department chairs, and staff in relevant departments.

The **Registrar** has the following responsibilities:

- Keep a record of a student's accommodation letter and all documentation relating to appeal and resolution procedures, including decisions.

The **Executive Dean** has the following responsibilities:

- Review and determine outcomes of academic accommodations appeals.

7. Associated Policies

Protection and Access to Information Policy

Student Complaint Resolution Policy

Student Records Policy

8. Associated Procedures

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FUNCTIONAL LIMITATION ASSESSMENT FORM

Regulated Health Care Professional's Guide to Completing the Functional Limitation Assessment Form for Post-Secondary Students with a Disability.

SECTION 1: STUDENT SECTION

Section 1 is to be completed and signed by the student PRIOR TO asking a health care professional to complete this form.

Consistent with the British Columbia Human Rights Tribunal (BCHRT), **students are not required to disclose their disability diagnosis** in order to register with the Student Success Office and to receive academic accommodations. Students are encouraged to discuss their diagnosis and how it impacts their learning with the Student Experience Manager as the Manager plays a vital role in the planning and implementation of the individual accommodation process.

Important Notes to Students

1. Students must provide written consent for the information on the completed form to be shared with the Student Experience Manager.
2. Students must share any existing documentation related to their learning (such as psychoeducational assessments or medical documentation) with the Student Experience Manager.
3. In some cases, it may be necessary to obtain additional information to help with accommodation planning.
4. In some cases, temporary academic accommodations may be provided to students without documentation of a functional limitation or a disability. These academic accommodations are implemented while students are collecting documentation to inform an individual accommodation plan.

To Be Completed by Student:

Last Name

First Name

Student Number

Date of Birth

Phone Number

Email address

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Student Consent for Release of Information:

I, _____ hereby authorize the health practitioner to provide the information contained in this form to the Student Experience Manager at the St. Matthew's University, if required, to provide additional information related to my disability. I also authorize the Student Experience Manager to contact the health care practitioner to discuss the provision of academic accommodations.

Student Signature

Date

Check one:

- ☐ I consent to the disclosure of the diagnosis of my disability
☐ I do not consent to the disclosure of my disability

Signature of Student

Date

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SECTION 2: REGULATED HEALTH PROFESSIONAL SECTION

Section 2 (pages 3 through 6) is to be completed and signed by a Regulated Health Care Practitioner. Please print clearly.

Approved Professionals

Any of the following professionals who are licensed to practice in the Province of British Columbia may complete this form:

Family Physician Medical
Specialist Nurse
Practitioner

Chiropractor
Physiotherapist
Optometrist

Audiologist Speech-
Language Pathologist
Psychologist

Submission to the College

Please complete the form and return it to the student for submission to the Student Experience Manager at their campus. It is the student's responsibility to submit this completed form.

Note to Practitioner:

This form contains many sections. Professionals are asked to complete only those sections that relate to their scope of practice. Please complete your assigned section(s) as thoroughly as possible, based on your scope of practice and knowledge of the student.

This student has been my patient for:

☐ More than 2 years ☐ Less than 2 years ☐ Walk-in / first visit

Functional Limitation / Disability Status

The following criteria must be met for the determination of a disability:

1. The student experiences functional limitation(s) due to a health condition; and
2. The functional limitation(s) impairs the student's academic functioning.

☐ I confirm that this student has a disability based on a diagnosed health condition according to the criteria outlined above

☐ I am monitoring this student's condition to determine a diagnosis

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Duration of the Disability – Complete 1, 2, or 3 below.

1. This student has a **permanent disability** with symptoms that are:
☐ Continuous ☐ Recurrent/episodic
2. This student has a **temporary disability** with symptoms that are: *
☐ Continuous ☐ Recurrent/episodic

Accommodations to be provided from _____ to _____
Date Date

3. This student is being monitored to determine a diagnosis. *

Accommodations to be provided from _____ to _____
Date Date

***Updated documentation will be required by the University after the end date.**

DIAGNOSIS: _____

Medications

If the student has been prescribed medication for a condition, when is the medication likely to affect their academic functioning negatively? (Check all that apply)

☐ Morning ☐ Afternoon ☐ Evening ☐ N/A

For students with Seizure Conditions (if applicable):

Frequency of Seizures (Please check one of the following):

☐ Daily ☐ Weekly ☐ Monthly ☐ Rare

Medication and dosage/administration*: _____

***NOTE: Students must administer their own medication.**

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Assessing Functional Impact in a Post-Secondary Setting

Please use the chart below to indicate the impact of a disability/medication side-effects on the various areas of functioning.

Skills / Abilities	No Impact	Mild Impact	Moderate Impact	Severe Impact	Not Sure
COGNITION					
Attention / Concentration					
Long-term Memory					
Short-term Memory					
Executive Functioning					
Information Processing					
Ability to Manage Distractions					
Judgment – anticipating the impact of one’s behaviour on self and others					
Other:					
PHYSICAL					
Class attendance in person					
Stamina (ability to complete a full course load)					
Mobility					
Gross motor					
Fine motor					
Ability to sit for sustained period					
Ability to stand for sustained periods					
Other:					
SENSORY (Provide Additional Information Below)					
Vision (best corrected)					
Hearing (best corrected)					
Speech					
SOCIAL / EMOTIONAL					
In-class group work / interaction					
Ability to perform class presentations					
Reading social cues					

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Ability to manage stress in class					
Ability to manage stress in tests					
Effectively control emotions					
Other:					

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Additional Comments or Elaboration

Health Practitioner Authorization

Date Completed (YYYY/MM/DD): _____

Practitioner's Name (please print): _____

Practitioner's Signature: _____

Practitioner's License #: _____

Practitioner's Address & Phone Number: _____

Office Stamp Required