

Accommodations Information

Accessing accommodations begins with a student self-disclosing their disability to the Coordinator of Counseling & Student Services. This can be done in person, via email, or using the Self-Disclosure Form. This form can be turned in in-person or via fax or e-mail.

Any student seeking accommodations must submit a completed Disability Verification along with the appropriate supporting documentation from a qualified professional evaluator. This documentation needs to be **current, relevant and appropriate** to the student's request and diagnosed disability. Please note: IEPs/504 plans and doctor's notes are not appropriate forms of supporting documentation on their own. These documents can be submitted in-person, via fax or e-mail to the Office of Counseling & Student Services.

The Coordinator of Counseling & Student Services will review the Self-Disclosure form, Disability Verification Form and all supporting documentation, and then arrange for a meeting with the student. The purpose of this meeting will be to determine next steps including but not limited to: request for additional documentation, further reviewing documentation submitted by the student, determining reasonable accommodations, or signing an Accommodations Letter. The Coordinator of Counseling & Student Services then provides copies of the signed letter to the appropriate faculty so accommodations can be implemented. The Coordinator of Counseling & Student Services makes determinations regarding appropriateness of accommodation requests on a case by case basis.

Once a student has registered for accommodations with the Office of Counseling & Student Services they must review and sign an Accommodations Letter each semester ensuring communication about any changes or concerns relevant to disability and/or accommodations.

Please note, the Office requires a **minimum of two weeks** in advance of exams to complete this process. All accommodations are reviewed on a case-by-case basis.

Please note that the Massachusetts Board of Nursing may not accept the documentation stated above and therefore may not honor accommodations that the student received at BHSN for the NCLEX. It is the student's responsibility to review the guidelines prior to taking the NCLEX if they would like to have their accommodations for the NCLEX exam.

For questions, contact:

Meghan Buchanan, LICSW
Coordinator of Counseling & Student Services
(508) 941-7050 or mbuchanan@signature-healthcare.org

Rights & Responsibilities of the Student and the School of Nursing

Every student with a disability has the RIGHT

- To equal access to programs, courses, services and activities on campus
- To reasonable accommodations
- To confidentiality regarding their disability
- To fully participate in the SH/BHSON academic community

Every student with a disability has the RESPONSIBILITY

- To meet SH/BHSON qualifications and institutional standards
- To self-identify to the Office of Counseling and Student Services
- To provide current, relevant and appropriate professional documentation of disability
- To adhere to academic standards, maintain appropriate behavior and to act as an independent adult
- Follow specified procedure for obtaining reasonable accommodation, academic adjustments, and/or auxiliary aids and service.

The School of Nursing has the RIGHT to:

- Identify and establish essential functions, abilities, skills, knowledge and standards that are fundamental to program and services, and to evaluate each student's performance against these standards.
- Request and receive current, relevant and appropriate professional documentation that supports a student's request for accommodations
- Deny a request for accommodations if the documentation demonstrates that the request is not warranted, or if the individual fails to provide the necessary documentation
- Refuse an unreasonable accommodation request that creates undue burden on the School, or fundamentally alters the program in any way.
- Select among equally effective and reasonable accommodations for an individual with a disability

The School of Nursing has the RESPONSIBILITY to:

- Provide reasonable and appropriate accommodations to students with disabilities upon their registration with the Office of Counseling & Student Services
- Review and evaluate requests and supporting documentation in a timely manner
- Maintain appropriate confidentiality of records and communication

Revised October 2020

Disability Self-Disclosure Form

Please complete this form and return it to the Office of Counseling & Student Services

Signature Healthcare/Brockton Hospital School of Nursing complies with the Family Educational Rights and Privacy Act (FERPA) and the Health Information Privacy Accountability Act (HIPAA) regarding access and release of student records and information. This form is to be completed by the student to self-disclose a disability, therefore initiating the accommodations request process in compliance with ADA and Section 504 of the Rehabilitation Act of 1973.

Date: _____

First Name: _____

Last Name: _____

Date of Birth: _____

Phone #: _____

Email: _____

Requesting Services For (semester/year): Fall 20____ Spring 20____ Summer 20____

Please indicate the appropriate diagnosis and the nature of your disability as it pertains to your academic experience (limitations, symptoms, etc.):

What accommodations or academic supports have been helpful for you in the past:

If you have never had accommodations or academic supports in the past, please explain why you feel they would be helpful at this time:

Student Signature _____

Date _____

Disability Verification Form

This form must be completed by an appropriately licensed professional in the area of the diagnosed disability (e.g. physician, psychiatrist, psychologist, social worker).

TO BE COMPLETED BY PROFESSIONAL: Pursuant to the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, Signature Healthcare/Brockton Hospital School of Nursing seeks to provide reasonable and appropriate accommodations to any qualified student who has “a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment.” To make a determination of appropriateness, current and relevant documentation is required.

You are being asked to provide documentation of a disability for your patient/client. Please fill out the form below and attach appropriate documentation. Thank you in advance for your support and cooperation on this matter.

Name of Patient/Client: _____ Date of Birth: _____
 Current Treating Provider Name & Title: _____
 Name & Title of Provider who made original diagnosis: _____
 Diagnosis **(not valid without ICD or DSM code)**: _____
 Date of original diagnosis: _____ Date of most recent assessment: _____
 Assessment/data used (*attach separately*): _____

**The definition of disability according to the ADA (Americans with Disabilities Act as Amended) is as follows:
 “A physical or mental impairment that substantially limits one or more major life activities”**

Please check the “major life activity/ies” the disability substantially limits:

- | | | |
|---|--|--|
| <input type="checkbox"/> Caring for oneself | <input type="checkbox"/> Performing manual tasks | <input type="checkbox"/> Seeing |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Eating | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Standing | <input type="checkbox"/> Lifting |
| <input type="checkbox"/> Bending | <input type="checkbox"/> Speaking | <input type="checkbox"/> Breathing |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Reading | <input type="checkbox"/> Concentrating |
| <input type="checkbox"/> Thinking | <input type="checkbox"/> Communicating | |

Based on most recent assessment, please indicate the following:

Symptoms (must be specific to the diagnosis and support this request): _____

Recommended Academic Accommodations: _____

Please identify any treatment in which the student is currently involved.

Provider Signature: _____
 Print Name and Title: _____
 License # _____

Return this form to: Meghan Buchanan, LICSW
 Coordinator of Counseling & Student Services
 Signature Healthcare/Brockton Hospital School of Nursing
 53 Adams St. Brockton, MA 02302
mbuchanan@signature-healthcare.org / (508) 941-7050 / (508) 941-6448(fax)