

**Policy Name:** Student Access and Accommodation Services - SCHS  
**Policy Number:** ADM 3.03  
**Title of Policy Owner:** Dean of Student Affairs  
**Policy Type:**  RHEI/Shared Services  BSMCON  SCHS  SOMI  
**Approved by:** RHEI Leadership Team  
**Effective Date:** 8/1/2023  
**Version:** 1.0  
**Policy Status:** Approved

**I. Policy**

Student Access and Accommodation Services

**II. Purpose**

To provide for equal access, the College is committed to making individuals with disabilities full participants in its programs, services and activities through compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, as amended.

**III. Scope**

All College representatives, including faculty, staff, and students are responsible for the implementation of this policy and adherence to the principles of equal access.

**IV. Definitions**

**Disability** - a physical or mental impairment that substantially limits an individual from performing one or more major life activities, as defined by law.

**Core Performance Standards for Admission and Progression** - the basic duties that a student must be able to perform, with or without reasonable accommodation. (See Policy ACA 1.02.)

**Interactive Process** - a formal or informal discussion between the student seeking an accommodation and the Vice President of the College to clarify what the individual needs and identify the appropriate reasonable accommodation.

**Qualified Individual** - an individual who, with or without reasonable accommodation, can perform the essential functions of the academic program. (See Policy ACA 1.02.)

**Reasonable Accommodation** - an adaptation to a program or service that allows a student with a disability to have equal opportunity to participate in and benefit from the program or service and to perform the essential functions, but that does not place undue hardship on the institution.

**Undue hardship** - the accommodation would be too difficult or too expensive to provide considering the institution's size, financial resources, or represents a fundamental alteration to the curriculum.

**V. Policy Details**

The College will provide reasonable accommodations to qualified students to fulfill the requirements of the program. Students, faculty, and staff are required to utilize this policy and its procedures in order to request, authorize, and/or implement reasonable accommodations. A student’s failure to comply with the policy and supplemental procedures may result in the denial of services. Although students are encouraged to identify their needs as early as possible, students have the right to request accommodations at any time during their enrollment.

Because students with similar accommodations may not equally benefit from the same auxiliary aid or service, the College will analyze each request on a case-by-case basis within the specific context of the activity in which the student plans to participate. The College has the right to select among equally effective methods of accommodating a student with a disability. The College also has the right to refuse an accommodation based on undue hardship to the College.

Accommodation requests and services are not retroactive, and therefore requests for accommodations should be made in a timely manner.

**VI. Attachments**

Procedure for Requesting Accommodations  
Request for Accommodations Form

**VII. Related Policies**

ACA 1.02 Core Performance Standards

**VIII. Disclaimers**

Nothing in this policy creates a contractual relationship between Southside College of Health Sciences (SCHS) and any party. SCHS, in its sole discretions, reserves the right to amend, terminate or discontinue this policy at any time, with or without advance notice.

**IX. Version Control**

Version	Date	Description	Prepared by
1.0	8/1/2021	Revised and new template	Student Services
2.0	8/1/2023	Updated curriculum for all SCHS programs	Campus Director & Dean of Academic Affairs

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## PROCEDURE FOR REQUESTING ACCOMMODATIONS

### STEPS:

1. Students need to contact the Administrative Assistant to Vice-President.
  - To receive the [Request for Accommodations Form](#).
  - To schedule an appointment to meet with Vice-President to review and resolve questions and share resources (e.g. EAP and potential providers).
2. Student will need to make an appointment with a certified or licensed professional evaluator to conduct the evaluation.
  - The name, title, and professional credentials of the evaluator, including information about license or certification, as well as the area of specialization (e.g. licensed psychologist), and state and area of employment must be clearly stated in the documentation submitted.
  - Examples of individuals generally considered to be qualified to evaluate disabilities, providing they have the training and expertise in evaluating adults with disabilities: clinical or educational psychologists; school psychologists; neuropsychologists; learning disabilities specialists; medical doctors with demonstrated experience in assessing disabilities in adults if the disability is learning.
  - All reports must be in English typed, on official letterhead of the agency or institution, dated, and legibly signed by the professional evaluator who performed the evaluation. Reports must also include contact information for the professional evaluator.
  - It is not appropriate for the student to request a professional evaluator who is a member of their family or close friend. Documentation must be current.
3. Testing and evaluation must be completed within the last 5 years. The College acknowledges that once an individual is diagnosed with a learning disability that qualifies for protection under the ADA, the disability is normally considered lifelong. However, the severity and manifestations of the condition may change over time. A complete diagnostic reevaluation is no longer necessary for an applicant with an evaluation performed more than five years prior if the applicant is applying for certain reasonable accommodations.
4. The provision of reasonable accommodations and services will be based upon the current impact of the individual's disability on the individual's academic and clinical performance.
5. The College requires students with long standing learning disabilities (greater than 5 years) requesting more extensive accommodations must abide by the 5 year rule and submit documentation for review. Accommodations may include, but are not limited to: extra time for testing, a quiet environment, or etc.

6. The professional evaluator will submit a signed summary report along with the completed portion of the Request for Accommodation Form, sent directly to Vice President of Southside College of Health Sciences (SCHS) at 430 Clairmont Court, Suite 200, Colonial Heights, VA 23834 via United State Postal Service, UPS, or FedEx. Hand delivery by student or faxed documents will not be accepted.
7. Upon receipt of the summary report and within five (5) business days, the Vice-President will draft a Response Letter for Request of Accommodations which details the accommodations that will be granted. The Administrative Assistant to Vice-President will schedule an appointment with the student to meet with the Vice-President to discuss the response to the accommodations request.
  - If accommodations are granted, the Vice-President will provide the student with the Response Letter for Request of Accommodations. The student will need to refer to the Student Responsibilities on how to properly notify faculty.
  - If accommodations are not granted, the student may submit request an additional review or the Vice-President may request additional information to be provided by the professional evaluator.

### **Student Responsibilities**

1. Review the policy on Student Access and Accommodation Services.
2. Contact the Administrative Assistant for scheduling an appointment with the Vice President.
3. Complete an assessment of disabilities/need for accommodations performed by a certified or licensed professional evaluator within the past 5 years.
4. Direct that a summary of the professional evaluator's assessment be delivered to the Vice President by USPS, courier, or private delivery service at least 4 weeks prior to the need for accommodations. Delivery by the student or fax is not acceptable.
5. Meet with the Vice President to review the determination for accommodations based on the summary of the professional evaluator's assessment and what the
6. SCHS is reasonably able to grant as outlined in the Response Letter for Request of Accommodations.
7. If eligible for accommodations, the student will schedule an appointment with the course coordinator (nursing) or faculty member (Imaging) each semester to review the accommodations authorized and required in the Response Letter for Request of Accommodations.
8. Safeguard the confidentiality and privacy of Response Letter for Request of Accommodations.
9. Utilize available support services (e.g., EAP, remediation) and accommodations while enrolled in SCHS.

### **Faculty Responsibilities**

1. Refer students seeking information about accommodations to the policy on Student

- Access and Accommodation Services and to the Administrative Assistant for scheduling an appointment with the Vice President.
2. Encourage students with documented accommodations to privately contact the course coordinator (nursing) or program director (Imaging) at the beginning of each semester to support timely communication and limit misunderstandings.
  3. Hold students with accommodations to the same academic and behavioral standards as other students.
  4. After being notified by a student who has been granted accommodations, meet with the student to review the statement of accommodations letter and discuss its implementation for the semester.
  5. Respect and maintain student privacy and confidentiality related to disabilities, accommodation, and related information including the information outlined in the Response Letter for Request of Accommodations.
  6. Provide accommodations only to students who have a statement of accommodations letter (Response Letter for Request of Accommodations) from the Vice President.
  7. Coordinate testing with students who require testing accommodations.
  8. Communicate specific requirements and responsibilities (e.g., amount of time, quiet environment, etc.) with staff who are acting as test proctors for those with accommodations.

### **Administration Responsibilities**

1. Provide information and services for students with disabilities in keeping with the SCHS policy and as required by the Vocational Rehabilitation Act of 1973, Title II of the American with Disability Act of 1990 and the Americans with Disability Act of 2008.
2. Respect and maintain student privacy and confidentiality related to disabilities, accommodation, and related information; including the information outlined in the Response Letter for Request of Accommodations.
3. Meet with student to provide information on disability services at SCHS. Outline documentation needed to support the request for accommodations. Provide a list of local potential providers who are examples of professional certified, licensed evaluators.
4. Review documentation from the professional evaluator to determine eligibility for services and identify reasonable accommodations.
5. If needed, request additional information to support a student's accommodation request.
6. Compose a Response Letter for Request of Accommodations and provide a copy to the student outlining the specific accommodations.
7. Review the Response Letter with the student and discuss its implementation.
8. Work with associates and students when accommodation-related issues arise.
9. Assist associates with appropriated disability-related training and questions.
10. Provide information about policies and procedures regarding students with disabilities.
11. Maintain student disability data and documentation.

### **Staff Responsibilities**

1. Refer students seeking information about accommodations to the policy on Student Access and Accommodation Services and to the Administrative Assistant for scheduling

- 
- an appointment with the Vice President.
2. If proctoring a test for student with accommodations, have clear communication with the faculty about the specific requirements (e.g., amount of time, quiet environment, etc.) granted for the specific student.
  3. Respect and maintain student privacy and confidentiality related to disabilities, accommodation, and related information; including the information outlined in the Response Letter for Request of Accommodations.



**Student Access and Accommodation Services (SAAS)**

**REQUEST FOR ACCOMMODATION AND SELF-DISCLOSURE**

By completing and signing this form and providing it to Student Access and Accommodation Services, you agree that you are voluntarily disclosing your disability, and are requesting accommodations to be provided at the Bon Secours Memorial College of Nursing. Please start this request as early as possible and preferably before the semester begins.

Once this page and the documentation pages (pg. 3-5 below) are completed along with any supplementary documentation and received by Student Access and Accommodation Services, you will need to allow time for verification and review. Then you will be contacted for an appointment to meet and discuss accommodations. This process can take up to two weeks, thank you for your patience.

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

College Email: \_\_\_\_\_ I.D. # \_\_\_\_\_

Disability/Medical Condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I hereby give permission for a representative of Student Access and Accommodation Services or a designee thereof the permission to contact the care provider listed in the documentation, in regards to records pertaining to the approval of an accommodation. I also hereby give permission to the care provider listed below to release these records to the Assistant Director, Center for Student Success or designee.*

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

Please submit this completed form along with relevant documentation in person, fax, email/scan or mail to:

Dayna Scarberry  
Assistant Director, Center for Student Success (Office 231 – Bon Secours Memorial College of Nursing campus)  
8550 Magellan Parkway, Ste 1100, Richmond, VA 23227  
Preferred method is scanned to:  
[Dayna\\_scarberry@bshsi.org](mailto:Dayna_scarberry@bshsi.org) from campus email account



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**DOCUMENTATION OF DISABILITY FORM TO BE COMPLETED BY THE DIAGNOSING CLINICIAN**

Bon Secours Memorial College of Nursing | Southside College of Health Sciences | St. Mary's School of Medical Imaging  
Center for Student Success, Student Access and Accommodation Services

**ACCOMMODATION VERIFICATION FORM**

**CONFIDENTIAL**

**1. Student's Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**2. Diagnostic Information**

- a. DSM-V Diagnosis: Primary: \_\_\_\_\_  
Secondary: \_\_\_\_\_
- b. Date of Diagnosis: \_\_\_\_\_ Full Title of Diagnosis: \_\_\_\_\_
- c. DSM-V Diagnosis: Primary: \_\_\_\_\_  
Secondary: \_\_\_\_\_
- d. Date of Diagnosis: \_\_\_\_\_ Full Title of Diagnosis: \_\_\_\_\_

*Please include all records relating to the diagnoses above. For informal assessments or observations, include a note on professional letter head detailing the diagnostic process as it pertains to the student.*

**3. Contact History**

- a. This student has been under a provider's care for this issue since: \_\_\_\_\_
- b. Date student was last seen: \_\_\_\_\_

**4. Impact of Condition**

- a. How long is this condition likely to persist? (Permanent/Temporary) \_\_\_\_\_
- b. How often is the student required to check-in with a provider?  
Once a week      Once a month      Every 3-4 months      Every 6 months  
Once a year      As needed      Other: \_\_\_\_\_
- c. Is the student currently taking medication(s) for their symptoms?  
YES                      NO  
If yes, what medication(s) is the student currently taking? For each medication, describe the side effects and any impact on academic performance. Do limitations/symptoms persist even with medications? *Please print clearly:*

Medication and Dosage	Side Effects	Academic Impact	Symptoms Persist with Medication?

d. Please note to what extent each of the following life activities, learning/time management are affected due to the diagnosis.

1-Unable to Determine      2-No Impact    3-Mild Impact      4-Moderate Impact    5-Substantial Impact

<b>Life Activities</b>	1	2	3	4	5
Hearing					
Standing					
Lifting/Carrying					
Sitting					
Sleeping					
<b>Learning/Time Management</b>					
Reading					
Writing: spelling					
Math (quantitative reasoning)					
Processing speed					
Stress Management					
Listening					
Concentration					
Managing distractions					
Memory					
Planning/Organization					
Time Management					
Attending classes regularly					
Timely submission of assignments					

e. What other specific symptoms manifesting themselves at this time might affect the student’s ability to access the College of Nursing programming, facilities, and/or academic opportunities?

\_\_\_\_\_

\_\_\_\_\_

f. What is the student’s prognosis? How long do you anticipate that the student’s ability to access the College of Nursing programming, facilities, and/or academic opportunities will be impacted by their disability/condition?

\_\_\_\_\_

\_\_\_\_\_

g. Have there been any changes in the student’s condition in the past 12 months?  
YES (please explain below)                      NO

\_\_\_\_\_

\_\_\_\_\_

h. Do you anticipate any changes in the student’s condition in the next 12 months?  
YES (please explain below)                      NO

\_\_\_\_\_

\_\_\_\_\_

- i. Is there anything else you think we should know about the student’s medical condition and their ability to function academically and/or socially in a college environment?

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

**5. Recommendations by the Diagnosing Clinician**

**TESTING ACCOMMODATIONS:**

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

**OTHER ACCOMMODATIONS:**

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

**6. Credentials and Signature** (please type or print clearly)

Clinician’s Name: \_\_\_\_\_  
Professional Qualifications: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email: \_\_\_\_\_ License/Cert. Number: \_\_\_\_\_  
Clinician’s Signature: \_\_\_\_\_

Thank you for your time and consideration in the completion of this documentation. This form and any additional records will be confidentially kept in accordance with the Family Educational Rights and Privacy Act (FERPA). Send any/all additional documentation on professional letterhead to: (prefer email/scan)

**CONFIDENTIAL**

Dayna Scarberry, Assistant Director, Center for Student Success  
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Richmond, VA 23227  
Phone: (804) 627.5300 Fax: (804) 627.5411 Email/Scan: [dayna\\_scarberry@bshsi.org](mailto:dayna_scarberry@bshsi.org)