



UNIVERSIDAD INTERAMERICANA DE PUERTO RICO
CENTRAL OFFICE
RESEARCH, ASSESSMENT AND PLANNING

GUIDELINES, RULES AND PROCEDURES TO MANAGE STUDENTS' REQUESTS FOR REASONABLE MODIFICATIONS

NORMATIVE DOCUMENT E-0623-011

NOTE: *This Normative Document is available in Spanish and English. In the event of a conflict as to its interpretation, the Spanish version shall prevail.*

Introduction

It is the policy of the Inter American University of Puerto Rico to not discriminate on the basis of race, gender, disability, national origin, social condition, or political or religious beliefs. This policy also includes providing equal educational opportunities and full participation for students with disabilities.

This document defines reasonable modification, how to determine whether it is necessary to provide it, and what modification, if any, ought to be offered.

The General Counsel's Office will be available to assist the Coordinators of Services to Students with Disabilities (CSSD) in all stages of the process of attending to reasonable modification requests.

I. Legal Basis

This normative document is promulgated by virtue of the authority conferred on the President by the Board of Trustees in the Bylaws of the University. It is also based on Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §701 et. seq. *Rehabilitation Act of 1973*; Vocational Rehabilitation Law of Puerto Rico, Law Num. 97 of June 10 2000; *American with Disabilities Act. of 1990*, 42 U.S.C. §12101 et seq. (1990); Law Num. 238 of August 31 2004, which establishes that no student with a qualified disability may be excluded from participating in a program or activity financed with federal funds because of his disability.

In 1990, the Americans with Disabilities Act (ADA) substantially extended accessible protection to students with disabilities. This Act not only prohibits discrimination because of disabilities, but also creates the obligation to offer reasonable modification to qualified persons and establishes the standards that all facilities open to the public, including universities, must follow.

The Americans with Disabilities Act Amendments Act of 2008 (ADAAA), which went into effect on January 1, 2009, had the effect of expanding the conditions protected under ADA. These changes apply by reference to the provisions of Section 504 of the Rehabilitation Act.

II. Purpose

The purpose of this document is to assist university administrators to comply with applicable laws by establishing a procedure to attend to requests for reasonable modifications.

III. Scope

This normative document will be effective on all academic units of the University System.

IV. Definitions

For the purposes of this document and in harmony with current regulations, the following terms or expressions will have the meaning described below:

- 4.1 Reasonable Modification - any adjustment to a study program or physical environment that allows students with disabilities to enjoy equal conditions to demonstrate academic achievement, participate in programs and benefits, and enjoy academic life. Any student with disabilities who meets the requirements established by law may request reasonable modification. The reasonable modification will be provided once the Reasonable Modification Certificate is issued.
- 4.2 Major activities - major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions, between others.
- 4.3 Undue hardship - an action that would represent a significant difficulty or expense for the University.
- 4.4 Certification of disability - all documentation provided by a qualified professional that describes the type of disability that a student has and how it affects a major life activity with the recommendation of the reasonable modification as appropriate.
- 4.5 Coordinator of services to students with disabilities (CSSD) - the person designated on each campus to attend to students' requests for modification.

- 4.6 Disability - a physical or mental disability that substantially limits one or more major life activities. Under Section 504 of the Rehabilitation Act (1973) and the ADA Act, a student with a disability is defined as:
 - 4.6.1 a person who has a history or record of such disability, or
 - 4.6.2 a person who is perceived by others as having such a disability.
- 4.7 Qualified student with a disability - a student who, with or without reasonable modification, can perform the essential functions related to the academic program in which he is enrolled and complete it satisfactorily.
- 4.8 Essential functions related to the academic program - all the basic or fundamental functions, physical and mental, required to satisfactorily complete an academic program.
- 4.9 Transitory disability – a disability with an actual or expected duration of six months or less.
- 4.10 President - the President of Inter American University of Puerto Rico.
- 4.11 Unit of the System - The Central Office, each of the campuses, the School of Law, the School of Optometry, and any other unit, Orlando, Philadelphia, Panama that may be established in the future.
- 4.12 University or Institution - Inter American University of Puerto Rico, Inc.

V. Responsibilities

- 5.1 The responsibilities that the University has towards students with disabilities can be summarized, in general terms, as follows: guarantee access to and integration into the courses, programs, services, work, activities, and facilities; provide reasonable modification if requested in a timely manner, as established in this normative document; and maintain the confidentiality of the records and communications related to students with disabilities, including requests for reasonable modification.
 - 5.1.1 The University is not required to admit or graduate a student who does not obtain the indicated academic index solely because he or she is a student with a disability.
 - 5.1.2 The University is only required to provide the reasonable modification necessary so that a student with disabilities may participate in academic life on equal terms with students without disabilities. However, the University is not required to make reasonable modifications that represent an undue hardship for the University. Nor is the University required to provide personal equipment or services.

- 5.1.3 Once it is determined that a student with a qualified disability can receive a reasonable modification, the University has the obligation to:
 - 5.1.3.1 Make the necessary changes in the academic requirements, unless the requested changes alter the essential requirements of the study program or accrediting agencies.
 - 5.1.3.2 Conduct assessments and examinations in a manner that ensures that the results reflect the student's achievements.
 - 5.1.3.3 Make the necessary modifications in its procedures, unless these would fundamentally alter the program or service offered.
 - 5.1.3.4 Provide auxiliary aids, unless these would fundamentally alter the program or constitute an undue hardship.
- 5.2 Responsibilities of students with disabilities who request reasonable modification:
 - 5.2.1 Be qualified to carry out and complete the essential tasks of the academic program in which they enroll.
 - 5.2.2 Submit the necessary documentation to the CSSD Office.
 - 5.2.3 Comply with the provisions of the General Student Regulations, the General Catalog, and other institutional regulations.
- 5.3 Responsibility of the Professors:

When a professor receives a request for a reasonable modification from a student, he must refer it to the CSSD for the official processing of the application (Appendix 2). When a professor receives the reasonable modification certification (Annex 4) issued by the CSSD, he/she is required to comply with what is recommended in the certification.
- 5.4 Responsibilities of the Coordinator of Services for Students with Disabilities (CSSD), regarding reasonable modification requests.
 - 5.4.1 Verify that the student complies with the rules for requesting the services (Appendix 1). Submit the request for reasonable modification (Appendix 2). Include the Certification of Disability for Reasonable Modification when necessary (Appendix 3).
 - 5.4.2 Determine the eligibility of students with disabilities to participate in the reasonable modification process, based on the evaluation of the documentation submitted (See Section VI).

- 5.4.3 Determine the appropriate modification for each student who submits a request.
- 5.4.4 Process the application and issue the Certificate of Reasonable Modification to the faculty (Appendix 4). If necessary, notify the professor and the corresponding department chair and dean.
- 5.4.5 Inform the student the date on which the approved modification.
- 5.4.6 Verify that the student receives the recommended modification.
- 5.4.7 Guarantee the confidentiality of the information regarding the disability.
- 5.4.8 Keep statistics of the services.
- 5.4.9 Advise and consult with the faculty when necessary.
- 5.4.10 Encourage students with disabilities to request reasonable modification at the beginning of their courses.

VI. Procedure for Determining Reasonable Modification

- 6.1 The first step in determining whether to grant a reasonable modification is to ascertain whether the student qualifies according to the law. That is, determine whether the student is affected by a condition that substantially limits a life activity.
- 6.2 To determine the reasonable modification, the University must:
 - 6.2.1 Determine whether the student can comply with the essential requirements of the course or academic program, with or without reasonable modification, if evident from the medical documentation that he is a student with disabilities. The University reserves the right to request the student to submit to an additional medical evaluation, to be paid for by the Institution, before making a final decision on the reasonable modification request.
 - 6.2.2 If a substantial alteration of the academic program is required, refer the information to the department chair for a pertinent evaluation and recommendation.
 - 6.2.3 When a student requests changes to a current modification, determine whether that modification should continue while information is obtained to make the requested change. Establish a reasonable period for responding to the request.
- 6.3 To determine whether to grant a request for reasonable modification, the necessary documentation and an individualized evaluation are required. The documentation

must describe the type of disability the student has and how it affects a major life activity.

- 6.4 The following criteria will be used to ensure that the documentation submitted is adequate to verify eligibility, support requests for reasonable modification and supplementary services, and interview the applicant. The documentation must:
 - 6.4.1 Be recent (no more than three years old), since changing conditions may justify the information being updated frequently.
 - 6.4.2 Be prepared by a specialized doctor or qualified professional.
 - 6.4.3 Include information on the diagnosis and an explanation of current manifestations or functional limitations of the condition.
 - 6.4.4 Contain a complete evaluation and include recommendations for modification and treatment.

VII. The Nature of the Reasonable Modification

- 7.1 The reasonableness of a modification depends on the nature or degree of severity of the documented disability. Once it is determined that a substantial alteration of the tasks or of the program of study is not necessary, the CSSD must determine what the reasonable modification will be.
- 7.2 It is possible to begin with the modifications that the student received in other institutions of higher education or in elementary and high school. The recommendations made by agencies, such as the Ombudsman for Persons with Disabilities, Vocational Rehabilitation, and the health professionals who care for the student will be of an illustrative nature, rather than directive. In addition, the student's own recommendations could be considered.
- 7.3 Even if the specific modification requested by the student with a disability is considered, this does not imply that it has to be approved if the University considers that it is not reasonable, and other measures of equal effectiveness are available.
- 7.4 To determine the reasonable modification, the CSSD must consider:
 - 7.4.1 The functional limitations of the student requesting the modification
 - 7.4.2 The academic requirements that are affected by the student's need
 - 7.4.3 How onerous or difficult it is for the University to meet the reasonable modification request
 - 7.4.4 The type of equipment used in the classroom

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7.4.5 The existence of problems of accessibility to the study areas

7.4.6 The applicant's recommendations

7.4.7 Medical recommendations

7.4.8 Recommendations by specialized agencies

- 7.5 The following should not influence this process:
 - 7.5.1 The prejudices or preferences of the CSSD
 - 7.5.2 Concern for what other students may think
 - 7.5.3 Claims of academic freedom
- 7.6 The CSSD should consider the need to provide reasonable non-traditional modification, for example to:
 - 7.6.1 Cancer patients who might require changes in their class program, so that they can rest after receiving chemotherapy
 - 7.6.2 Students with mobility problems who might request that their classes be conducted in the same building or on the first floor
 - 7.6.3 Students with certain respiratory conditions who might need air-conditioned classrooms
 - 7.6.4 Students with diabetes or other medical conditions that require them to eat, so that they be allowed to eat in the classroom or adjacent areas
 - 7.6.5 Students with albinism who might request to be excused from outdoor activities
- 7.7 Notification – once it is determined which modification is reasonable, the CSSD must immediately notify the applicant and the professor.
- 7.8 If the applicant does not agree with the recommended modification, he may appeal this recommendation to the CSSD, following the established procedure (Attachment 7).

VIII. Confidentiality

All documents provided by the student during this process are confidential. This is established in the *Rehabilitation Act of 1973*, the *American with Disabilities Act*, and the *Family Educational Rights and Educational Privacy Act*.

- 8.1 This information will be shared with other components of the University only when indispensable for obtaining an academic goal.
- 8.2 Professors do not have the right to review their students' reasonable modification documents.
- 8.3 These documents must be filed separately from the academic file.

IX. Retaliation

The University must not retaliate against students who request reasonable modification under the aforementioned laws. Neither may it retaliate against the persons who help them claim their rights.

X. Sanctions

Any supervisor or professor that refuses to provide the reasonable modification indicated by the CSSD incurs not only a violation of institutional rules, but also in violations of the law which may make him liable to civil claims in a court of law in his personal capacity.

XI. Coordinator Section 504

The Inter American University of Puerto Rico has designated a Coordinator to manage questions related to Section 504. The contact information is available at the institutional web page and all academic units of the Institution, at the Accessibility link.

XII. Forms

The following forms for requesting reasonable modification for students are included as appendices:

- Appendix 1 Rules for Requesting Reasonable Modification Services
- Appendix 2 Application for Reasonable Modification
- Appendix 3 Certification of Disability for Reasonable Modification
- Appendix 4 Reasonable Modification Certification (Faculty Notification)
- Appendix 5 Consent Form for Disclosure of Information
- Appendix 6 Application for Renewal of Reasonable Modification
- Appendix 7 Procedure for Handling Complaints
- Appendix 8 Examples of Traditional Reasonable Modification

XII. Severability

If any part or section of this document is declared null by a competent authority, such decision will not affect the remaining sections.

XIII. Repeal or Amendment

These guidelines, rules, and procedures revoke Normative Document E-1209-003R and any other directives that are in conflict with the provisions herein. This document may be amended or repealed by the President of the University.

XIV. Effective Date

These guidelines, rules, and procedures will go into effect immediately upon the approval and signature of the President.

XV. Approval

Signed by the president on June 16, 2023

Appendices

APPENDICES



Inter American University of Puerto Rico
Services to Students with Disabilities

RULES FOR REQUESTING REASONABLE MODIFICATION

1. Fill out the Request for Reasonable Modification, available in the Office of the Coordinator of Services to Students with Disabilities. Students requiring the services of reasonable modification must fill out an application as soon as possible.
2. Present **recent** medical evidence that includes: **diagnosis of the disability, description of the functional level, the modification needs, and the type of recommended academic modification.** The psychological or psychiatric evaluations must be recent (3 years or less). The name, address and telephone number of the professional that conducted these evaluations must appear on the documents. The documents, besides being legible, must include the letterhead of the professional that prepared them.
3. If the file does not include the required medical documentation, but the student is a beneficiary of the services of the Vocational Rehabilitation Program, he may bring a certification by his advisor. (He can get the form in the Office of the Coordinator of Services to Students with Disabilities and give it to the Office of Vocational Rehabilitation).
4. The request must be made personally or with a **written** authorization, **signed by the student or his legal representative.**
5. The student will submit a copy of his official registration for **each term** for which he requests reasonable modification. If there is any change in his enrollment during the academic term, the student must notify the Coordinator of Services to Students with Disabilities.
6. A 2 x 2 photo and Inter American University identification card.



Inter American University of Puerto Rico
 Services to Students with Disabilities

REQUEST FOR REASONABLE MODIFICATION

The purpose of the service to students with disabilities is to provide equality of study opportunities without discrimination on the basis of physical or mental disabilities. If you have a disability and want to be considered, please let us know by completing this document.

This information must be provided voluntarily and it will be treated in a confidential manner.

1. Surname		2. Mother's Maiden Surname			
3. Name		Initial	4. Identification Number		
5. Campus		6. Date of Birth		7. Gender	
		<input type="text"/>	-	<input type="text"/>	-
		<input type="text"/>		<input type="text"/>	<input type="text"/>
		Month	Day	Year	Male Female
8. Major					
9. Student Type <input type="checkbox"/> Regular <input type="checkbox"/> AVANCE <input type="checkbox"/> Technical Certificates <input type="checkbox"/> Educational Services <input type="checkbox"/> Graduate <input type="checkbox"/> Other:					
10. Date you began studies		11. Year of Studies <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year <input type="checkbox"/> 3 year <input type="checkbox"/> 4 year <input type="checkbox"/> 5 or more			
12. Mailing Address			City _____		
			<input type="text"/> - <input type="text"/>		
			Country	Zip Code	
13. Residential Address (If different from mailing address)			City _____		
			<input type="text"/> - <input type="text"/>		
			Country	Zip Code	

REQUEST FOR REASONABLE MODIFICATION

14. Home Phone										Mobile Phone																					
			-			-							-			-															
15. E- mail																															
Do you board? <input type="checkbox"/> Yes <input type="checkbox"/> No										Where:																					
Person to notify in case of an emergency:																															
Family Relationship										Phone																					
Are you a beneficiary of Vocational Rehabilitation: <input type="checkbox"/> Yes <input type="checkbox"/> No																															
Name of your Counselor																															
Phone															Extension																
<p>Mark the disabilities you have:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Hearing Difficulty</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Speech Problems</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Deafness</td> <td style="border: none;"><input type="checkbox"/> Learning Problems</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Psychiatric-Emotional</td> <td style="border: none;"><input type="checkbox"/> Problems of Mobility</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Blindness</td> <td style="border: none;">Specify: _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Legally Blind Person</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Others: _____</td> <td style="border: none;">_____</td> </tr> </table>																				<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Problems	<input type="checkbox"/> Deafness	<input type="checkbox"/> Learning Problems	<input type="checkbox"/> Psychiatric-Emotional	<input type="checkbox"/> Problems of Mobility	<input type="checkbox"/> Blindness	Specify: _____	<input type="checkbox"/> Legally Blind Person	_____	<input type="checkbox"/> Others: _____	_____
<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Problems																														
<input type="checkbox"/> Deafness	<input type="checkbox"/> Learning Problems																														
<input type="checkbox"/> Psychiatric-Emotional	<input type="checkbox"/> Problems of Mobility																														
<input type="checkbox"/> Blindness	Specify: _____																														
<input type="checkbox"/> Legally Blind Person	_____																														
<input type="checkbox"/> Others: _____	_____																														
<p>Have you received or requested reasonable modification in another educational institution previously:</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered in the affirmative, explain:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																															

The student is responsible for submitting to Inter American University of Puerto Rico all documents necessary to process the Application for Reasonable Modification.

Student's Signature

Date



Inter American University of Puerto Rico
Services to Students with Disabilities

MEDICAL CERTIFICATION FOR REASONABLE MODIFICATION

I, _____ identification number
Print

			-			-				
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_____, certify that I have been duly oriented on my rights and responsibilities in relation to the Request for Reasonable Modification and the confidentiality of the information. I authorize that the information required be disclosed to

_____, Coordinator of Services to Students with Disabilities of Inter American University of Puerto Rico, _____ Campus.

Student's Signature

CERTIFICATION OF CONDITION OR DISABILITY

I hereby certify that _____

with ID number

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 has the following condition or disability: _____

and due to this condition has the **following limitations:**

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CERTIFICATION OF CONDITION AND/OR DISABILITY

for which the following reasonable modifications are **recommended** (Please specify):

Academic:

Non-Academic:

Name (printed) of Qualified Professional

Address

Telephone

Signature

License Number

Date



Inter American University of Puerto Rico
Services to Students with Disabilities

CERTIFICATION OF REASONABLE MODIFICATION
(Notification to Faculty)

Campus _____ Academic Term _____

Inter American University of Puerto Rico complies with the provisions of the ADA ACT, Section 504, that establishes that all qualified students must receive appropriate reasonable modification. Therefore, and based on the medical evidence submitted, the required modifications to facilitate and implement the reasonable modification for the student in the courses in which he is enrolled this semester, are included.

1. Student Information

Surname _____ Mother's Maiden Surname _____

Name _____ Initial Identification Number - -

Program: Regular AVANCE Technical Certificates Graduate Educational Services
 Others: _____

2. Modifications for Reasonable Modification in the Classroom

- Additional time and means to complete the class work, examinations and quizzes.
- Information - in accessible format.
- Reader Tutoring Sign language interpreter Scribe
- Others: _____
- Use of recorder, calculator, or other required technological assistance equipment.
- Preferential location in the classroom.
- Adjustable portable table in the classroom and appropriate furniture.
- Written material (enlarged letters if the disability so requires).
- Standing up frequently.
- Specific and individualized instructions.
- Clear articulation and face the student when speaking.
- Alternate methods of evaluation (examination with a fewer alternatives, examination divided into two parts, oral, tasks that reflects skills, etc.)
- Others: _____

Professor's Name	Course Subject	Section	Professor's Signature

NOTE: PROFESSOR, PLEASE CONTACT THE COORDINATOR OF SERVICES TO STUDENTS WITH DISABILITIES.

Coordinator of Services to Students with Disabilities

Date



Inter American University of Puerto Rico
Services to Students with Disabilities

CONSENT FORM FOR DISCLOSURE OF INFORMATION

Goal: To obtain the consent of the student t to provide information of his/her condition or
conditions to the professor(s) of his/her courses at the _____ Campus.

Student's name (Print full name)

Student ID Number

I [] give [] do not give my consent to _____

to disclose information regarding my physical, mental, or emotional condition, diagnosis, and
treatment I have received for this condition to the professors and/or staff of the institution that
need to know it.

I certify that I was advised on the scope of this authorization and I release _____,
Coordinator of Services for Students with Disabilities, and the staff of the Guidance and
Counseling Office of all liability in connection with this authorization.

This authorization is valid until I achieve my academic goal.

Student's signature

Date

Coordinator of Services for Students with
Disabilities

Date



Inter American University of Puerto Rico
Services to Students with Disabilities

APPLICATION FOR RENEWAL OF REASONABLE MODIFICATION

Campus: _____ Academic Term: _____

This application must be completed and submitted each term.

1. Surname										2. Mother's Maiden Surname											
3. Name										Initial		4. Identification Number									
5. Mailing Address										City											
										Country					Zip Code						
6. Residential Address if different from the Mailing Address																					
										City											
										Country					Zip Code						
7. Home Phone										Mobile Phone											
8. E-mail																					
9. Major																					
10. Year of Studies <input type="checkbox"/> 1st year <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year <input type="checkbox"/> 4th year <input type="checkbox"/> 5th year or more																					

Service Requested

Scribe

Additional time for examinations

Seat at the front of the classroom

Use of recorder

APPLICATION FOR RENEWAL OF REASONABLE MODIFICATION

Others: _____

Comments: _____

Student's Signature

Date



Inter American University of Puerto Rico

Services to Students with Disabilities

PROCEDURE FOR ATTENDING TO COMPLAINTS

(Rehabilitation Act 1973, Section 504)

I. Informal Procedure

1. All students who feel that their rights under the laws that protect students with disabilities have been violated may present either an oral or written complaint to the Coordinator of Services to Students with Disabilities (CSSD).
 - a. The CSSD will meet with the student after receiving the complaint.
 - b. The CSSD will maintain a record of the complaint.
 - c. The CSSD will take all measures within his reach to help solve the situation expeditiously, including making modifications to provide auxiliary aids or proposing the necessary adjustments. If the complaint is solved at the informal level, the file will be closed and the decision will be non-appealable and final.
2. If the complaint is not solved by the informal procedure expressed above, or if the student is not satisfied with the result, he may present a written complaint using the formal procedure described below.

II. Formal Procedure

1. The student may present a formal complaint, in writing, to the Dean of Students within the next five (5) business days of having been notified of the decision made by the CSSD regarding the complaint made under the informal procedure.
2. The Dean will ask the CSSD for the file after receiving the complaint.
3. The Dean will call the student who has presented the formal complaint for an interview. The Dean may, also, at his discretion, summon witnesses of the concerned parties.
4. The Dean will make a record of the declarations and will emit a written ruling. The student will be notified of this ruling.
5. If the student is not in agreement with the ruling, he will have ten (10) business days, from the date of the notification, to appeal this decision to the Chancellor or Dean of the academic unit.
6. The Chancellor or Dean will review the file of the case and will emit a non-appealable and final ruling.

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7. If the complaint is against the Coordinator or the Dean of Students, it will be made directly to the Chancellor. In these cases, the Chancellor will designate a person who will conduct the necessary investigation, including summoning witnesses and conducting interviews with the concerned parties.

8. When it is determined that the complaint is against the norms or procedures of the Institution and could bring about the formulation of charges under any of the applicable norms, the Chancellor will be informed, so he/she may proceed as established in institutional policies.



Inter American University of Puerto Rico
Services to Students with Disabilities

EXAMPLES OF TRADITIONAL REASONABLE MODIFICATIONS

- Use of recorders
- Interpreters, readers and/or scribes
- Information in accessible formats
- Appropriate furniture
- Tutors and assistants, if necessary
- Documents printed in larger letters

EXAMPLES OF ALTERNATIVE REASONABLE MODIFICATIONS

- Extended time to complete examinations or quizzes
- A place free from distractions to answer a test
- Specialized equipment like a computer, amplifier, or Braille machine
- Readers or note takers (scribes)
- Alternative formats
- Alternative methods of academic evaluation, information in accessible formats, and necessary modifications for the use of time, among others, for distance learning students