

## **GUIDELINES FOR EVALUATION OF STUDENTS WITH DISABILITIES**

Requirements for matriculation, promotion, and graduation are available in the IUSM [Student Handbook](#).

### **Information concerning students with disabilities**

Applicable law (e.g., the Americans with Disabilities Act of 1990 (ADA), as amended, and Section 504 of the Rehabilitation Act of 1973, and the Indiana Civil Rights Act) and university policy prohibit discrimination in educational programs against qualified individuals with disabilities. It is the policy of Indiana University and its School of Medicine to provide reasonable accommodations or academic adjustments as necessary; accommodations will be made in a timely manner and on an individualized and flexible basis consistent with written documentation establishing that the individual is a qualified individual with a disability.

The curriculum of the IUSM, established by the faculty, outlines a core curriculum essential to all medical students, and it is expected that each student admitted to the MD program is able to complete all required [courses and electives and is able to meet the competencies](#). Accordingly, IUSM adopted the [Technical Standards for Admission and Retention in Medical School](#). All students are required to sign a statement prior to matriculation indicating they are capable of meeting the Technical Standards, with or without a reasonable accommodation. While IUSM is committed to meeting both the spirit and letter of the law, it is also expected that students will be able to perform in a reasonably independent manner, without relying on the use of auxiliary aids or intermediaries, or with accommodations that would fundamentally alter the curriculum of IUSM.

### **Committee on Students with Disabilities**

The Indiana University School of Medicine Disabilities Accommodations Committee (DAC) reviews all requests for accommodations for a disability. The Committee membership includes the following: the Assistant Dean for Academic Advising and Career Mentoring, the Learning Specialist, the Associate Dean for Medical Student Affairs, a representative from clinical faculty, a neuropsychologist, the IUPUI Director of Adaptive Educational Services, and legal counsel.

DAC determines the following: (a) whether or not a student is to be considered "disabled" at IUSM under the Americans with Disabilities Act; (b) whether or not the student seems otherwise qualified for medical school, based on our standards for capacity; (c) whether or not the student is entitled to accommodation, based on documentation; and (d) what specific accommodations, if any, would be most reasonable. The committee approves policy revisions related to disability issues as necessary. In order to maximize confidentiality, only members of the DAC have access to students' full diagnostic information.

The DAC works in coordination with the IUPUI Office of Adaptive Educational Services. Questions regarding the IUSM Disability Policy and Procedures should be referred to the Assistant Dean for Academic Advising and Career Mentoring, Medical Student Affairs, MS 119, 635 Barnhill Drive, Indianapolis, IN 46202-5120 or 317-274-1965.

### **Requests for Accommodations**

### *Qualifying*

To qualify for accommodation, a student must identify him/ herself to the Assistant Dean for Academic Advising and Career Mentoring and to the office of disabilities services on the host campus (see List of Resources at end of this document); declare the disability (or suspected disability) in writing; and request accommodation. It is also the student's responsibility to obtain a thorough written evaluation from an appropriate professional, documenting the presence, extent, and ramifications of the disability. In addition, the documentation must include the specific types of accommodations the appropriate professional believes would be most effective in assisting the student when performing the essential functions of the academic program and meeting the technical standards in a medical school environment. The professional's name, credentials, and contact information must be included with the supporting documentation. Our goal at IUSM is to provide equal opportunity without undermining the integrity of any course, clerkship, or program.

The student must obtain this evaluation at his/her own expense and arrange to have the evaluation form and all supporting documentation forwarded to the Assistant Dean for Academic Advising and Career Mentoring. If an evaluation has already been conducted in the past, the Assistant Dean will determine if it is recent enough. An evaluation performed more than three years earlier may not be acceptable, and there are instances in which an evaluation must have been completed within a few months or even weeks.

### *Disabilities Accommodations Committee (DAC) Review*

Upon receiving acceptable documentation, the Disabilities Accommodations Committee will review the documentation and consider the student's requests. If appropriate, the Committee will approve a plan for accommodating the student. If the DAC determines that the documentation provided does not meet its established standards, additional information will be requested. If further evaluation is required, it remains the student's responsibility to arrange for that evaluation, at his or her expense. DAC meets monthly. Students should allow adequate time for processing requests.

### *Appeals*

If the Disabilities Accommodations Committee denies a request for accommodations, the student has two (2) weeks from Committee action to request in writing a reconsideration of the Committee's action. The request must state why the student believes the prior decision was unfair or unreasonable, and should include any new, substantive information with the letter. DAC will convene as soon as possible. It may be necessary for the student to meet with the Committee to answer questions. After reviewing the case and any new information presented, the Committee will decide whether to uphold its initial denial. The student is immediately notified of the DAC's decision by hard copy letter and e-mail. If the Committee votes to reverse its denial, the letter will dictate the terms for the accommodation(s). If the Committee votes to uphold its initial decision, the letter will inform the student that accommodations will not be granted.

As a final step, the student has the right to appeal to the Executive Associate Dean for Education (EAD). The student has two (2) weeks to submit a letter to the EAD describing the situation and indicating why the DAC's decision does not appear to be reasonable. The student must provide written consent allowing the EAD to review the supporting documentation. The EAD will review all relevant materials, discuss the case with individuals familiar with the situation, and may request to meet with the student. The EAD's decision is final.

### *Confidentiality*

Disability information is considered private. Faculty, with the exception of those on the DAC, do not have the right to access students' diagnostic information. Ordinarily, faculty members and other relevant staff need know only the accommodations that are necessary to provide an equal opportunity for students.

There are times, however, when certain faculty members and/or administrators may have a legitimate educational need to know about a student's functional limitations, as well. In such cases, the Assistant Dean for Academic Advising and Career Mentoring may speak directly with those individuals to ensure appropriate planning. This kind of direct communication by the Director happens if the DAC has decided that members of the IUSM community have an educational need to know about a student's limitations, or if an issue arises that may involve the safety and well being of patients, students, or staff. Students are also encouraged to speak with faculty as openly as possible to facilitate better understanding and support.

Faculty and/or staff to whom accommodation approvals are presented may copy these forms for their records, but they should take care to keep the information private. The accommodation information conveyed should be communicated only to other faculty and/or staff who have an educational need to know (for instance, those who are involved in providing the accommodations, or those who are responsible for the educational environment). If a faculty member or a student has any questions about specific accommodations, he/she may contact the Assistant Dean for Academic Advising and Career. All documentation and correspondence concerning a student's disability are kept in a separate file in the Office of Academic Advising and Career Mentoring.

Clinical faculty (e.g. clerkship directors) who have occasion to write student evaluations at the end of clerkships must be careful not to breach the confidentiality afforded students with disabilities. Written evaluations, which may be excerpted in the Dean's Letter or seen by others outside the IUSM community, should not mention disabilities or accommodations for disabilities in any way. Once a student has been approved for specific accommodations by the DAC, and has subsequently received those accommodations, that student should be held to the same essential performance standards as all other students. Therefore, clinical faculty should focus strictly on the student's performance in all these evaluations. With regard to letters of reference solicited by students, faculty members may mention a disability IF the student gives prior permission for them to do so.

Indiana University School of Medicine does not notify potential residency programs or other employers about student disabilities without specific permission from the student. Because students with disabilities, once accommodated, are held to the same standards as other students, we do not make notation of any kind on the transcript or in the official Dean's letter.

## **IUSM Disability Documentation**

The following is a statement of general guidelines regarding the type of documentation that is expected from students in connection with particular requests for accommodations. IUSM and its Disabilities Accommodations Committee (DAC) reserve the right to determine what documentation is adequate to support a determination of disability.

### Guidelines for Documentation of Physical/Sensory Disabilities

1. The evaluation must have been completed within a reasonable time frame, depending on the degree of change associated with the diagnosed condition(s). Generally a reasonable time frame is not more than three years, but it may be much shorter in many instances.
2. The evaluation must be performed by a licensed professional with training in, and experience with, the diagnosis of like or similar conditions in adults. Appropriate professionals are usually licensed physicians, often with specialty training. Optometrists are appropriate for visual conditions addressed in their training. Allied health professionals (such as audiologists, neuropsychologists, or physical therapists) may be considered appropriate as well, often as part of a team.
3. Evaluations performed by members of the student's family are not acceptable.
4. All reports must be signed by the primary evaluator, and should include a completed IUSM form (if feasible), as well as any additional information typed on letterhead.
5. The evaluation should be comprehensive with interview, history, and should include both description and evidence of impairment.
6. The evaluation should include a specific diagnosis(es).
7. The evaluation should accurately describe the current impact of the diagnosed condition.
8. The evaluation should briefly describe any current treatment plan.
9. The evaluation should describe the *currently* anticipated course of the condition.
10. The evaluation should mention any *currently* mitigating factors (e.g., medication or hearing aids).
11. Documentation should address any coexisting conditions, suspected coexisting conditions, or other confounding factors.
12. Documentation must indicate whether or not the diagnosed condition(s) rises to the level of a disability that would interfere with a student's ability to complete the IUSM curriculum, including the competency curriculum.
13. Documentation should include recommendations for accommodations that are directly related to the functional limitations (and relevant to a medical school environment if possible.)
14. Each suggested accommodation should include a statement or rationale describing how the accommodation is expected to rectify the identified functional limitation.
15. If the student is considered a potential danger to self or others, including patients under his or her care, that information must be included. If there are only certain circumstances under which a potential danger exists, that should be explained as well.

Indiana University School of Medicine  
Documentation for Physical/Sensory Disability

Student

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Certifying Medical Professional

Name \_\_\_\_\_

Professional title Degree \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

License, number, and state: \_\_\_\_\_

Date of Report \_\_\_\_\_ Date of first student contact \_\_\_\_\_

Date of last student contact \_\_\_\_\_

Diagnosis(es):

*Brief history (include onset of symptoms, progression to date, any trauma involved, and any previous accommodations):*

Functional limitations (*describe degree of impairment – mild, moderate, severe – for each*):

*~Please include any relevant test data with this form, as well as any additional clinical comments on letterhead.~*

Suggested accommodation(s) in medical school (*Provide brief rationale for each suggestion*):

Is the course of this condition (or set of conditions) considered:

Permanent and relatively stable \_\_\_\_\_ Permanent and variable \_\_\_\_\_

Permanent and Progressive \_\_\_\_\_ Temporary \_\_\_\_\_

~If temporary, please indicate estimated time of impairment/disability. \_\_\_\_\_

~If variable, please characterize the expected fluctuations.

Does this student take medication or undergo treatment that may adversely affect performance or behavior? Yes \_\_\_ No \_\_\_ If “yes,” please describe:

How often should this student be reevaluated? 6 mos \_\_\_ 1 yr \_\_\_ 2 yrs \_\_\_

Other \_\_\_\_\_

In your opinion, does this student represent a potential danger to self or others, including patients under his or her care in a medical setting? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_

Explanation:

In your opinion, can this student, with the identified accommodations, complete the IUSM curriculum, including the competency curriculum, in the medical school environment?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

Explanation:

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

### Attention Deficit Hyperactivity Disorder (ADHD) Documentation Guidelines

1. The evaluation must be timely and generally must have been completed within three (3) years from the date of the initial request for accommodation.
2. The evaluation must be performed by a licensed professional with training or expertise in the area.
3. The evaluation should include a clinical diagnostic interview (including review of prior medical, surgical, psychiatric, family, and social histories), a review of prior diagnostic and intellectual assessments, a review of the presence or absence of prior accommodations in educational settings and national standardized testing, and a review of the scholastic record.
4. A diagnosis of ADHD first made after an individual reaches the age of 16 requires informant report of developmental history in childhood.
5. The evaluation should specifically assess for and report any contributions referable to lack of studying, personality maladjustment, substance use, or other psychiatric and neurologic disorders that might account for need for special accommodations.
6. The evaluation should be comprehensive with interview, history, and testing sufficient to provide a suitable differential diagnosis and examination of important competing and contributing factors or disorders.
7. The evaluation report should include a listing or table of all psychometric tests used including full name of test and for each scale or subscale the raw score, standardized score, and description of the normative source for the standardized score (e.g., name of test manual and year published or citation from a peer-reviewed paper).
8. Test scores that are identified as supportive of ADHD must demonstrate clinical significance, typically 1.5 to 2.0 Standard Deviations (SD) or more below the mean or below approximately the 7th percentile of a normal reference sample.
9. Isolated abnormal test scores do not in and of themselves support a diagnosis or finding of impairment. Rather the consistency and pattern of test scores and their occurrence in a compelling context (of other scores and history) is crucial in supporting a diagnosis.
10. Self-report rating scales are subject to respondent bias. More confidence in a diagnosis accrues as the evaluation procedures include measures of motivation and respondent bias. Where these are absent, equivocal test scores lose some or all of their informative value.
11. The evaluation report should include sufficient documentation via interview, history, and test results to support Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis.
12. The evaluation report should include a statement indicating how the condition rises to the level of a disability that would interfere with a student's ability to complete the IUSM curriculum, including the competency curriculum.
13. Each suggested accommodation should include a statement or rationale describing how the accommodation is expected to rectify the identified functional limitation.

### Learning Disability (LD) Documentation Guidelines

1. The evaluation must be timely and have been completed within three (3) years of the initial request for accommodation.
2. The evaluation must be performed by a licensed professional with training or expertise in the area.
3. The evaluation should include a clinical diagnostic interview (including review of prior medical, surgical, psychiatric, family, and social histories), a review of prior diagnostic and intellectual assessments, a review of the presence or absence of prior accommodations in educational settings and national standardized testing, and a review of the scholastic record.
4. The evaluation should specifically assess for and report any contributions referable to lack of studying, personality maladjustment, substance use, or other psychiatric and neurologic disorders that might account for need for special accommodations.
5. The evaluation should be comprehensive with interview, history, and testing sufficient to provide a suitable differential diagnosis and examination of important competing and contributing factors or disorders.
6. The evaluation should include assessment of appropriate domains of cognitive function (for example tests of memory, language, spatial skill, attention, executive ability) and part or all of a widely-used, nationally-normed academic achievement battery measuring reading, written language, and mathematics.
7. The evaluation report should include a listing or table of all psychometric tests used including full name of test and for each scale or subscale the raw score, standardized score, and description of the normative source for the standardized score (e.g., name of test manual and year published or citation from a peer-reviewed paper).
8. Test scores that are identified as supportive of LD need to be clinically significant, typically 1.5 to 2 Standard Deviations (SD) or more below the mean or about 7th percentile of a normal reference sample.
9. Isolated abnormal test scores do not in and of themselves support a diagnosis or finding of impairment. Rather the consistency and pattern of test scores and their occurrence in a compelling context (of other scores and history) is crucial in supporting a diagnosis.
10. Self-report rating scales are subject to respondent bias. More confidence in a diagnosis accrues as the evaluation procedures include measures of motivation and respondent bias. Where these are absent, equivocal test scores lose some or all of their informative value.
11. The evaluation report should include sufficient documentation via interview, history, and test results to support DSM diagnosis.
12. The evaluation report should include a statement indicating how the condition rises to the level of a disability that would interfere with a student's ability to complete the IUSM curriculum, including the competency curriculum.
13. The cause of any low academic achievement should inform the request for accommodations. If a student is low achieving due to poor study habits or substance abuse, treatments related to the root problem should be undertaken before accommodations like time-and-a-half for tests, single person testing rooms, use of scribes, note taking service, etc. are recommended.

14. Each suggested accommodation should include a statement or rationale describing how the accommodation is expected to rectify the identified functional limitation.

#### Psychiatric Disorder Documentation Guidelines

1. The evaluation must be timely and have been completed within three (3) years of the initial request for accommodation.
2. The evaluation must be performed by a licensed professional with training or expertise in the area.
3. The evaluation should include a clinical diagnostic interview (including review of prior medical, surgical, psychiatric, family, and social histories), a review of prior diagnostic and intellectual assessments, a review of the presence or absence of prior accommodations in educational settings and national standardized testing, and a review of the scholastic record.
4. The evaluation should specifically assess for and report any contributions referable to lack of studying, personality maladjustment, substance use, or other psychiatric and neurologic disorders that might account for need for special accommodations.
5. The evaluation should be comprehensive with interview, history, and testing sufficient to provide a suitable differential diagnosis and examination of important competing and contributing factors or disorders.
6. The evaluation report should include a listing or table of all psychometric tests used including full name of test and for each scale or subscale the raw score, standardized score, and description of the normative source for the standardized score (e.g., name of test manual and year published or citation from a peer-reviewed paper).
7. Test scores that are identified as supportive of the disorder need to be clinically significant, typically 1.5 to 2.0 Standard Deviations (SD) or more below the mean or about 7th percentile of a normal reference sample.
8. Isolated abnormal test scores do not in and of themselves support a diagnosis or finding of impairment. Rather the consistency and pattern of test scores and their occurrence in a compelling context (of other scores and history) is crucial in supporting a diagnosis.
9. Self-report rating scales are subject to respondent bias. More confidence in a diagnosis accrues as the evaluation procedures include measures of motivation and respondent bias. Where these are absent, equivocal test scores lose some or all of their informative value.
10. The evaluation report should include sufficient documentation via interview, history, and test results to support DSM diagnosis.
11. The evaluation report should include a statement indicating how the condition rises to the level of a disability that would interfere with a student's ability to complete the IUSM curriculum, including the competency curriculum.
12. Each suggested accommodation should include a statement or rationale describing how the accommodation is expected to rectify the identified functional limitation.

Guidelines adapted with permission from Dartmouth Medical School

## Resources for Students with Disabilities

[IUSM Student Handbook](#)

[IUPUI Adaptive Educational Services \(AES\)](#)

The IUSM Disabilities Accommodations Committee (DAC) coordinates services for medical students with documented disabilities. The DAC includes representatives from AES. Students must register with AES. Medical students' requests for accommodations should be submitted to the Assistant Dean for Academic Advising and Career Mentoring, Medical Student Affairs, MS 119, 635 Barnhill Drive, Indianapolis, IN 46202-5120.

[IUPUI Office of Equal Opportunity](#)

[IUSM Technical Standards for Admission and Retention](#)

*United States Medical Licensure Examination (USMLE)*

The application process for requesting special accommodations on the USMLE Step 1, Step 2, and Step 3 exams is independent of the application process for disability accommodations for course and clerkship exams at IUSM. Information about the application process for special accommodations on the USMLE exams is available at the following websites:

[USMLE General Guidelines for all Disabilities](#)

[USMLE Guidelines to request test accommodations](#)

Disabilities Services Offices:

IUSM-Bloomington/IU  
Martha Engstrom  
Director of Disabilities Services  
Franklin Hall  
(812) 855-7578  
mjacques@indiana.edu

IUSM-Evansville at USI  
Leslie Smith  
(812) 464-1961

IUSM-Fort Wayne/IPFW  
Erik Wagenfeld (260) 481-6658  
Julie Schrader (260) 481-6950

IUSM-Indianapolis/IUPUI

Pam King (317) 274-3241  
Director, Adaptive Educational Services

IUSM-Lafayette/Purdue  
<http://www.purdue.edu/odos/aboutodos/odosstaffdirectory.php#adaptive>

IUSM-Muncie/Ball State  
Disabled Student Development  
Student Center (SC), Room 116  
Phone: (765) 285-5293  
Fax: (765) 285-5295  
E-mail: [dsd@bsu.edu](mailto:dsd@bsu.edu)

IUSM-Northwest  
Graduate Students - Student Services  
Harold Burtley, Vice Chancellor for Student Affairs — Savannah 226 — (219) 980-6824

IUSM-South Bend/ Notre Dame  
Scott Howland  
Coordinator of Disability Services  
Sara Bea Learning Center for Students with Disabilities  
(574) 631-7157  
(574) 631-7173 (TTY)  
(574) 631-2133 (Fax)  
[showland@nd.edu](mailto:showland@nd.edu)

IUSM-Terre Haute /ISU  
Sheila Johnson  
Director of Affirmative Action  
Parsons Hall Room 223  
Phone: (812)237-8954  
Fax: (812) 237-8960  
[sheila.johnson@indstate.edu](mailto:sheila.johnson@indstate.edu)

August 2014

IUSM Disabilities Accommodations Committee