

Joseph F. McCloskey School of Nursing

700 Schuylkill Manor Road, Pottsville, PA 17901 | Phone 570-621-5035 | Fax 570-621-5066

Date: 9/2024, revised 8/2026	Students with Disabilities #204	Pages: 1 of 5 (including form)
Reviewed: 9/2021 9/2022 9/2023	 Tina VanBuren, DNP, MSN, RN, CNS Director, School of Nursing	Administrative Committee

PURPOSE

In accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 as amended, the Joseph F. McCloskey School of Nursing (JFMSON) is committed to providing equal access for individuals with disabilities and welcomes qualified students with disabilities to the school community.

SCOPE

This policy applies to all students enrolled at JFMSON.

DEFINITIONS

Disability: the ADA defines a person with a disability as a person with a physical or mental impairment that substantially limits one or more major life activities, a person with a history or record of such an impairment, or a person who is perceived by others as having such an impairment (ada.gov).

Section 504/ADA Coordinator: the Director of Nursing or designee, who receives accommodation requests, reviews documentation, and issues decisions under this policy.

POLICY

Disclosure of disability: disclosure is voluntary, and the information will remain confidential. Current professional documentation of a disability is required to assist the faculty in determining appropriate accommodations.

Responsibility for accommodations: at the post-secondary level, responsibility for initiating accommodations rests with the student. The student must provide appropriate documentation from a professional outlining a diagnosis and the request for accommodations. High school IEPs may provide useful information but do not apply in the post-secondary environment. To receive accommodations, students must have a documented diagnosis and disability.

Notification and coordination: after accommodations are approved, students must inform the course coordinator of each course and work out the necessary details with each instructor prior to the beginning of the course. Coordination of accommodations will be provided by the Director of Nursing and Student Success Specialist for all courses in the nursing curriculum. It remains the student's responsibility to provide a copy of the accommodation request form and communicate with each professor regarding the need for accommodations.

Course requirements: all students, regardless of disability status, are responsible for fulfilling the essential requirements of a course, including communicating with professors, understanding attendance policies, and making up assignments and tests as outlined in the course syllabus. Students must demonstrate that they have learned course content, met course objectives, achieved student learning outcomes, and, where applicable, demonstrated safe clinical practice to receive a passing grade and progress within the curriculum.

PROCEDURE

Student Responsibilities

- Follow published procedures for obtaining reasonable accommodations.
- Acquire professional documentation of a disability and complete the Accommodation Request Form.
- Contact the Director of Nursing to initiate the accommodation process and provide the documentation and completed form.
- Present the completed Accommodation Request Form (signed by the Director of Nursing) to the course coordinator(s) for each enrolled course for which accommodations are requested, each semester, prior to the beginning of the course. Late notification may impede the ability of faculty to provide adequate accommodations.
- Remind the course coordinator of testing accommodations at least one week in advance of each examination.
- Meet with faculty to develop a plan of action when necessary, keep faculty informed of concerns, and notify the Director of Nursing immediately regarding any concerns about fulfillment of the accommodation request.
- Review and follow the Special/Private Testing Room Accommodation Conduct Requirements.

Director of Nursing Responsibilities

- Facilitate a meeting with the student upon request and answer questions about reasonable accommodations.
- Review, complete, and sign the Accommodation Request Form, and issue a written decision to the student within ten (10) school days of receiving complete documentation.
- Provide a copy of the completed, signed form to the Registrar for the student's file and to the student, with instructions to inform each course faculty.
- Collaborate with the Director of Nursing as needed on the provision of accommodations or implementation questions.

Faculty Responsibilities

- When approached by a student, schedule a meeting to discuss the disability and requested accommodations.
- Review the completed and signed Accommodation Request Form and notify the Director of Nursing of any discrepancies between the student's request and the documented accommodations.

- Communicate the accommodation request to other faculty within the course who need the information as part of their assigned duties.
- Provide the approved reasonable accommodations, and notify the Director of Nursing any time a request cannot be fulfilled, with the reasons.

Reconsideration and Appeal

A student whose accommodation request is denied in whole or in part, or who believes an approved accommodation is not being provided, may request reconsideration by the Director of Nursing and may appeal through the Non-Academic Grievance Policy #203.

REFERENCES

PA State Board of Nursing Request Form for Accommodations; Americans with Disabilities Act of 1990, as amended (ada.gov).

The Director of Nursing or designee will work with the student and faculty to help facilitate reasonable accommodations as necessary. The Accommodation Request Form (Form 204) is attached to this policy.

REVIEW and APPROVAL

This policy is reviewed annually by the Administrative Committee.

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Form 204: Accommodation Request Form - Policy #204

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Complete this form and attach current professional documentation of your diagnosis to request reasonable accommodations under the Students with Disabilities Policy #204. Submit the form and documentation to the Director of Nursing. A written decision will be provided within ten school days of receiving complete documentation.

Student Information

Student Name: Student ID:

Program Year: Semester/Term:

Email: Phone:

Date of Request:

Professional Documentation

☐ Current professional documentation of my diagnosis and recommended accommodations is attached

Documentation provided by (name and title):

License/credential: Date of documentation:

Accommodations Requested**Classroom:**

- ☐ Note-taking support
- ☐ Permission to record lectures
- ☐ Preferential seating
- ☐ Other (describe below)

Classroom, other:

Testing:

- ☐ Extended testing time
- ☐ Reduced-distraction or private testing room
- ☐ Other (describe below)

Testing, other:

Clinical:

Clinical accommodations requested:

Courses for which accommodations are requested:

Student Acknowledgments

- ☐ I understand that initiating accommodations is my responsibility and that this request must be renewed each semester
- ☐ I will present the completed, approved form to the course coordinator of each enrolled course before the course begins, and I understand that late notification may impede the ability of faculty to provide adequate accommodations
- ☐ I will remind the course coordinator of testing accommodations at least one week in advance of each examination
- ☐ I remain responsible for fulfilling the essential requirements of each course, including safe clinical practice where applicable

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- ☐ I will review and follow the Special/Private Testing Room Accommodation Conduct Requirements
- ☐ I understand this information will remain confidential and be shared only with those who need it to provide accommodations

Student Signature: **Date:** **Director of Nursing Review**

- ☐ Approved as requested
- ☐ Approved with modifications (described below)
- ☐ Not approved (the student may request reconsideration and may appeal through the Non-Academic Grievance Policy #203)

Modifications or notes: **Director of Nursing (Print Name):** **Decision Date:**

A copy of the completed form is provided to the Registrar for the student file and to the student, who presents it to each course coordinator.