# ATTACHMENTS

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# Attachment 1

# UNIVERSITY OF CALIFORNIA

Practices for the Documentation and Academic Accommodation of Students with Psychological Disabilities1

Federal and State law2 and University of California policies3 require the University to provide reasonable accommodation in its academic programs to qualified4 students with disabilities, including students with psychological disabilities.

The University is committed to providing reasonable accommodations appropriate to the nature and severity of the individual’s documented psychological disability in all academic programs, services, and activities. The University is committed to providing

equal access to its academic programs through reasonable accommodations appropriate to the nature and severity of the individual's documented functional limitations resulting from a documented psychological disability.

In defining a disability as primarily psychological in nature, these *Practices* consider the definition of mental disorders as described in the most current edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5)5.

* *In the* DSM-5 *each of the mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning)…*
* *In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event. Whatever its original cause, it must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual. Neither deviant behavior (e.g., political, religious, or sexual) nor conflicts that are primarily between the individual and society are mental disorders unless the deviance or conflict is a symptom of a dysfunction in the individual, as described above. (p. xxi-xxii)6* According to Title II of the Americans with Disabilities Act of 1990, current or future interpretation of psychological disabilities excludes common personality traits such as poor judgment or a quick temper.

For the purpose of these *Practices*, a mental disorder constitutes a verifiable disability only when there is a limitation in a major life activity, included, but not limited to, such as learning, caring for oneself; or when there is a record of such an impairment. While mental disorders may be a source of discomfort, distress, or disability, it should be emphasized that a student who has a mental disorder may not necessarily require accommodation. Eligibility for such services is made by the campus Disability Services professional staff, consistent with State and Federal law and University policy.7

# DOCUMENTATION REQUIREMENTS

Professionals conducting assessments and rendering diagnoses of mental disorders must be qualified to do so. Comprehensive training in the differential diagnosis of mental disorders and direct experience in diagnosis and treatment of adults is necessary. Qualified diagnosing professionals would include, but are not limited to licensed psychologists, psychiatrists, and neurologists, or other professionals with training and expertise in the diagnosis of mental disorders. Such documentation should be on letterhead and contain the professional’s signature and license number.

Documentation must be current and dated generally be dated within the past 6 months.

The documentation should provide responses to the following questions:

1. Does the student have a diagnosable mental disorder? If so, what is the specific (DSM-5) diagnosis? Please provide all pertinent diagnostic information including subtypes and/or specifiers for diagnostic domains & subgroups as well as psychosocial stressors and environmental stressors.
2. What were the assessment or evaluation procedures used to make the diagnosis?
3. Is there historical data that is pertinent to the disability?
4. What are the major symptoms of the disorder currently manifested by the student, including level of severity?
5. If medications are currently prescribed, are there any substantial side effects for this individual?
6. What are the current functional limitations imposed by this disorder?
7. What is the current prognosis?
8. When did you last see this individual?

# ACCOMMODATIONS AND SERVICES

Each student with a psychological disability should be provided with accommodations and services that are appropriate to the student’s disability-related academic needs. It is the responsibility of the campus Disability Services office to determine whether the student is eligible for services and, if so, provide appropriate accommodations and services based on the documentation provided and in consultation with the student and other professionals, as appropriate.8 It is the responsibility of students who seek accommodations and services from the University of California to provide comprehensive written documentation of their disabilities. With the informed consent of each student, an appropriate and qualified member of the Disability Service office may contact the professional(s) who made the diagnosis, requesting further information in order to determine the most appropriate and reasonable accommodations.

University accommodations and support services for a student with a psychological disability should be designed to minimize the limitations imposed by the student’s disability, thus providing an equal opportunity to learn, and to demonstrate what the student has learned in an academic setting. Academic accommodations should be provided in the most integrated setting possible and designed to meet the disability- related needs of qualified individuals without fundamentally altering the nature of the instructional programs or any licensing requirements specified by the student’s intended profession.

Each campus has procedures for resolving complaints or grievances regarding the provision of academic accommodations and services.

May 2013

1 This document was reviewed and approved at the June 2013 meeting of the UC campus Directors of Services to Students with Disabilities.

2. Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the ADA Amendments Act of 2008 are the pertinent Federal laws. For pertinent State law, see Chapter 14.2, Section 67310 of the California State Education Code.

3. University of California *Policies Applying to Campus Activities, Organizations and Students*, Section 140

*(Guidelines Applying to Non-discrimination on the Basis of Disability)*.

4. “Qualified” with respect to post-secondary educational services, means “a person who meets the academic and technical standards requisite to admission or participation in the education program or activity, with or without reasonable modifications to rules, polices, or practices.”

5 *Diagnostic and Statistical Manual of Mental Disorders* 5, Washington D.C.: American Psychiatric Association, 2013.

6. IBID

7. Section 141.10 of the University’s *Guidelines Applying to Nondiscrimination on the Basis of Disability* defines an individual with a disability as “…any person who has a physical or mental impairment which substantially limits one or more major life activities, who has a record of such an impairment, or who is regarded as having such an

impairment.”

8. Section 143.34 of the University’s *Guidelines Applying to Nondiscrimination on the Basis of Disability* specifies that: “… in attempting to provide any type of academic adjustment, faculty, disability- management staff, and students with disabilities should work in concert to formulate accommodations that meet the individual educational needs of qualified students with disabilities while maintaining the academic integrity of the program, service, or activity to be modified.”

**Attachment 2**

Options for Documentation

DOCUMENTATION OF PSYCHOLOGICAL CONDITION FOR UC SANTA BARBARA

Students requesting services or accommodations at UCSB through the Disabled Students Program are required to provide current documentation that must be completed by a provider that has provided treatment/evaluation in the past 6months.. Documentation standards to determine legal eligibility may be more stringent than for usual clinical practice.

Eligibility is based upon documented clinical data not simply self report or evidence of a diagnosis.

DSP requires more comprehensive documentation in order to determine if the condition rises to the level of disability, and, if so, determine appropriate academic support services.

All information is kept confidential, and cannot be released without written consent from the student.

Note that not all conditions listed in the DSM 5 are disabilities, or even impairments for purposes of ADA. Therefore, a diagnosis does not, in and of itself, meet the definition of a disability necessitating reasonable accommodations under ADA or Section 504 of the Rehabilitation Act of 1973.

The student will be completing the WHODAS 2.0 (World Health Organization Disability Assessment Schedule 2.0, 36 item version, self-administered through UCSB DSP)

# PLEASE NOTE: All information that you provide will be shared with the student. Thank you for your assistance.

**TO BE COMPLETED BY PROVIDER**

Student Name: Date:

Student Telephone #: Full 7 digit Perm#: Email:

1. **DSM-5 Diagnosis:**

**Please include all relevant diagnostic information including subtypes and/or specifiers for diagnostic domains & subgroups (as indicated in DSM-5) including V/Z codes: psychosocial and environmental stressors.**

|  |  |
| --- | --- |
| Focus of ClinicalTreatment | (please provide all pertinent DSM 5 codes or diagnoses) |
|  |  |
|  |  |
| MedicalConditions |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Overall Level of****Severity** *(check one)* | Mild | Moderate | Severe | Partial Remission | Residual State |

Please indicate the “moderate to severe” symptoms associated with this disorder that currently impact the student:

# Treatment

Please provide a brief summary of the diagnostic interview(s). This should include the chief complaint, history of presenting symptoms and past functioning, duration and severity of the disorder, and relevant, developmental, historical, and familial data.

# Treatment Background:

Number of sessions with student? Date you first saw student?

How often do you provide treatment? When did you last evaluate this student?

Please list other providers the student is in treatment with:

Frequency of treatment with other providers:

Is the student currently a danger to self or others (Explain)?

Has the student ever been hospitalized for psychiatric reasons? Please Explain.

The student’s condition is: stable improving worsening cyclically variable

Prognosis? Poor Guarded

 Fair

 Good

 Excellent

# Prescribed Medications & Dosages:

Is the student currently being prescribed medications? Please list medications the student is currently taking: Is the student compliant with medications?

How long has the student been on current medication?

Does medication mitigate the student’s symptoms? completely

 partially

 not mitigated

# IMPACT ON MAJOR LIFE ACTIVITIES

PLEASE NOTE: We request data based evidence (such as psychoeducational, neuropsychological, and/or norm based behavioral assessments. When available, please attach a report that lists all testing results (including standard scores and subtests) and an explanation of how test scores were used to arrive at your conclusion that the components of learning that you checked are substantially affected.

Which, if any, of the other major life activities below, does the impairment(s) affect?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **unknown** | **No****Impact** | **Minimal****Impact** | **Moderate****Impact** |  **Severe** **Impact** |
| **Physical Limitations** |  |  |  |  |  |  |
|  | Breathing |  |  |  |  |  |
|  | Caring for self |  |  |  |  |  |
|  | Hearing |  |  |  |  |  |
|  | **Learning** |  |  |  |  |  |
|  | Performing manual tasks |  |  |  |  |  |
|  | Seeing |  |  |  |  |  |
|  | Speaking |  |  |  |  |  |
|  | Working |  |  |  |  |  |
|  | Walking |  |  |  |  |  |
|  | Other, please describe: |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Learning Limitations** |  |  |  |  |  |  |
| **Engagement** |  |  |  |  |  |  |
|  | Attending |  |  |  |  |  |
|  | Concentrating |  |  |  |  |  |
|  | Thinking |  |  |  |  |  |
|  | Writing |  |  |  |  |  |
|  | Avoidance (please specifybehavior: ) |  |  |  |  |  |
|  | Cognitive Processing |  |  |  |  |  |
|  | Long term memory |  |  |  |  |  |
|  | Short term memory |  |  |  |  |  |
|  | Effect of anxiety onCognitive functioning |  |  |  |  |  |
|  | Distractibility |  |  |  |  |  |
|  | Difficulty in adapting to newlearning situations |  |  |  |  |  |
|  | Reading |  |  |  |  |  |
|  | Accessing prior knowledge |  |  |  |  |  |
|  |  | **unknown** | **No Impact** | **Minimal Impact** | **Moderate Impact** | **Severe Impact** |
| **Learning Limitations****Continued** |  |  |  |  |  |  |
| **Exploration** |  |  |  |  |  |  |
|  | Answering |  |  |  |  |  |
|  | Decision-making |  |  |  |  |  |
|  | Investigating |  |  |  |  |  |
|  | Organizing |  |  |  |  |  |
|  | Performing |  |  |  |  |  |
|  | Planning |  |  |  |  |  |
|  | Problem solving |  |  |  |  |  |
|  | Time management |  |  |  |  |  |
| **Explanation** |  |  |  |  |  |  |
|  | Analyzing |  |  |  |  |  |
|  | Reasoning |  |  |  |  |  |
|  | Supporting withevidence |  |  |  |  |  |
|  | Participating inclass discussions |  |  |  |  |  |
|  | Giving oralpresentations/group projects |  |  |  |  |  |
|  | Reflecting |  |  |  |  |  |
| **Extension** |  |  |  |  |  |  |
|  | Applying understanding tothe real world |  |  |  |  |  |
|  | Expandingunderstanding |  |  |  |  |  |
| **Evaluation** |  |  |  |  |  |  |
|  | Demonstrating knowledge on instructor generated scoringtools |  |  |  |  |  |
|  | Processing speed |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Behavioral/****Interpersonal Limitations** |  | **unknown** | **No Impact** | **Minimal Impact** | **Moderate Impact** | **Severe Impact** |
|  | Restricted or labileaffect in daily social activity |  |  |  |  |  |
|  | Excessive activitylevel |  |  |  |  |  |
|  | Impulsivity |  |  |  |  |  |
|  | Fatigue or lowenergy |  |  |  |  |  |
|  | Frequent emotionaloutbursts |  |  |  |  |  |
|  | Irritability/agitation |  |  |  |  |  |
|  | Restlessness |  |  |  |  |  |
|  | Interpersonal fearsor suspiciousness |  |  |  |  |  |
|  | Preoccupation withself |  |  |  |  |  |
|  | Rambling,pressured speech |  |  |  |  |  |
|  | Changes in appetite |  |  |  |  |  |
|  | Avoidance of socialinteractions |  |  |  |  |  |
|  | Attending class |  |  |  |  |  |
|  | Changes in sleeping (pleasespecify: ) |  |  |  |  |  |
|  | Initiating work |  |  |  |  |  |
|  | Suicidal ideation: active passive |  |  |  |  |  |
|  | Motivation |  |  |  |  |  |
|  | Difficulty initiating interpersonalconduct |  |  |  |  |  |
|  | Other, pleasespecify: |  |  |  |  |  |
|  |
| **Perceptual Limitations** | Visualhallucinations |  |  |  |  |  |
|  | Auditoryhallucinations |  |  |  |  |  |
|  | Other, pleasespecify: |  |  |  |  |  |
|  |
| **Medication Side Effects** |  | **unknown** | **No Impact** | **Minimal Impact** | **Moderate Impact** | **Severe Impact** |
|  | Drowsiness |  |  |  |  |  |
|  | Blurred Vision |  |  |  |  |  |
|  | Restlessness |  |  |  |  |  |
|  | Fatigue |  |  |  |  |  |
|  | Confusion |  |  |  |  |  |
|  | Thirst |  |  |  |  |  |
|  | Memory Loss |  |  |  |  |  |
|  | Anxiety |  |  |  |  |  |
|  | Other, pleasespecify |  |  |  |  |  |

**IV ASSESSING FUNCTIONAL LIMITATIONS**

What methods were used to determine the impact on major life activities?

 Structured or Unstructured interviews with the student. Please explain:

 Interviews with other persons.

Please explain:

 Behavioral Observations.

Please explain:

 Developmental History.

Please explain:

 Educational History.

Please explain:

 Medical History.

Please explain:

 Neuro-psychological testing. Attach results. Dates of testing:

 Psycho-Educational Testing. Attach Results. Dates of Testing:

 Standardized or non-standardized rating scales. Please explain.

 Other (Please Specify):

Diagnosing Professional Signature Please Print Name

License/Certification number:

Telephone: Fax: Date form completed

Diagnosing Professional Signature Please Print Name License/Certification number:

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: Date form completed

Please send your report to DSP at (805) 893-7127 FAX, or mail it to: University of California, Disabled Students

Program, Santa Barbara, CA 93106-3070. Please call (805) 893-2668, if you have any questions or concerns.

Documentation Option #2 Letter from Provider

Submit a complete evaluation from a psychiatrist, psychologist, or physician.

The evaluation should include a complete description of the following:

* Does the student have a diagnosable mental disorder? If so, what is the specific Multi-Axis DSM V classification?
* What were the assessment or evaluation procedures used to make the diagnosis?
* Is there historical data that is pertinent to the disability?
* What are the major symptoms of the disorder currently manifested by the student, including level of severity?
* If medications are currently prescribed, are there any substantial side effects for this individual?
* What are the current functional limitations imposed by this disorder?
* What is the current prognosis? When did you last see this individual?

**Attachment 3**

Options for Intake:

* 1. In-person or zoom intake (standard of care)
	2. Interactive Process Narrative Form, questions included below:

**UCSB Student Interactive Process Narrative Form**

**Name:**

**Perm Number:**

 **Check one: Undergraduate \_\_\_\_ / Graduate Student \_\_\_\_**

**Check one: First year \_\_\_ / Sophomore \_\_\_ / Junior \_\_\_ / Senior \_\_\_**

**Check one (if applicable): FSSP \_\_\_ / Fall First year \_\_\_\_ / Junior Transfer \_\_\_\_**

***Instructions: Upon completion of this form, please save your response as a PDF, DOC or TXT file and upload to the DSP portal under your Documents tab which will notify your assigned Disability Specialist. Please contact your Disability Specialist if you have questions on this process.***

Please list your disability diagnoses for which you are registering with DSP.

Please describe how your disabilities impact or create barriers to your student experience.

If you are prescribed medications/treatments with relevant side effects, please describe.

Please describe the specific accommodations or services that you are requesting.

Do you have a history of using disability accommodations at a prior educational institution, workplace, or in a standardized testing environment? If so, please describe.

Is there any additional information that you would like to share with DSP as part of this application? If so, please include it here:

**Attachment #5-** Letter of Accommodation/INSTRUCTOR LETTER

Date: 4/17/2021
Professor(s):
Course:
Student:

Greetings!
The above named student has provided DSP with appropriate documentation supporting the academic accommodations listed below. The Americans with Disabilities Act mandates that institutions of higher education provide reasonable accommodations to students with disabilities to allow equal access to educational opportunities. While ADA clearly stipulates academic accommodations and adjustments must not alter essential features or requirements of courses, it also protects students with disabilities from discrimination. For more information regarding accommodations, please call DSP at 805-893-2668, or see the Faculty FAQ page on our website at <https://dsp.sa.ucsb.edu/faculty-resources/faq>.

[**Consideration of Flexible Participation (Lectures and Sections)**](https://dsp.sa.ucsb.edu/loa/consideration-of-flexible-participation/)

This student is eligible for consideration of flexible participation as a disability related accommodation. To activate this accommodation the student begins by consulting with their specialist and provide the course syllabi for review. The faculty will then be contacted to engage the interactive process with the instructor. Faculty should contact the specialist noted below with any questions or concerns about this accommodation. For more information, click here. If faculty or TA’s object to the request for flexibility, they must contact the campus ADA Compliance Officer to discuss concerns: <https://www.vcadmin.ucsb.edu/ada/contact-us> .

Instructor access to our online system may be located by visiting our home page at [https://dsp.sa.ucsb.edu](https://dsp.sa.ucsb.edu/) and clicking on the button marked Services Portal at the upper right-hand part of the screen. Should you have any questions about this accommodation request, please contact me as soon as possible.

Specialist
Disabled Students Program

Please visit the [**DSP Equity-Mindedness Resource Page**](https://dsp.sa.ucsb.edu/faculty-resources/equity-minded-resources) for inclusive design considerations.

**Attachment 5**

Template Flexible Participation Email to Faculty

Subject Line: Student name (id #) // Course

Dear Professor X,

I have met with the above registered DSP student and have received a request for the following flexibility related accommodations:

**Flexible Participation: Alternatives offered.** [e.g., Might it be possible for the student to use a picture of himself rather than have the camera-on (audio-only participation)? Might it be possible for the student to demonstrate engagement by asking detailed questions in the chat feature on zoom or via written assignments/reflections sent via email?]

Based on disability impact, DSP has determined that these are reasonable accommodations, but we need to explore whether they fit within your course framework.

Would you be opposed to or have any concerns related to the accommodations noted above?

Kindly,

**Attachment 6**

Service Agreement for Accommodation:

**Consideration of Flexible Participation**

Any student that wishes to engage the interactive process for consideration of flexible participation must complete the following:

Schedule an appointment to meet with their Disability Specialist as close to the beginning of the quarter as possible to review all course syllabi and determine whether participation is being used as a grading criterion and learning objective.

Request for consideration is then presented to the Specialist Committee.

At quarterly appointment, bring syllabi for review (to be photocopied by specialist), sign release forms for all courses and faculty that need to be engaged to explore whether or not flexible participation is an appropriate accommodation for their course. Your specialist will reach out to your faculty once the releases have been signed.

After a determination has been made about flexibility for a course, it is the student’s responsibility to follow-up with faculty to enter into an agreement about the particulars of the accommodation.

It is the student’s responsibility to always maintain open communication between faculty and Disability specialist about the accommodation if any further complications arise, preferably via email.

If you do not meet with your disability specialist about the accommodation at the beginning of the quarter you may jeopardize our ability to execute and negotiate the accommodation with your faculty. Legally, accommodations are not retroactive. The ability for DSP to advocate on a student’s behalf when the student does not follow this protocol may be significantly compromised or nullify the consideration.

**Attachment #6**

CASE STUDY A

S21 synchronous online

INCLUSION RATIONALE: Weight of participation, tone in syllabus, realistic expectations given class size and section (1 TA).

Religious Studies:

**Student**

First generation, History Major, Promise Scholar. Zoom intake. QID prong I and II. Significant hx of anxiety & PTSD. Student discussed paranoia, auditory (moderate) /visual (minimal; more pronounced at night). No medications. These symptoms are noted on referral form but student does not carry associated dx or medications. Discussed significant academic impacts, studying, and participation, impacts on memory.

**Dx:** Generalized Anxiety Disorder, Social Anxiety Disorder (Social Phobia), PTSD

Treatment team: psychiatrist and social worker on campus

**Impacts on Major Life Activities:** learning (moderate), speaking (severe), working (moderate), caring for self (moderate)

**Severe Impacts:** concentrating, short term memory, effect of anxiety on cognitive processing, restlessness, interpersonal fears/suspiciousness, avoidance in social interactions, changes in sleep.

**Moderate Impacts:** attending, attendance, avoidance, distractibility, difficulty adapting to new situations, organizing, giving presentations/group projects

**FIRST JUNCTURE//Nexus:** Severe impacts on concentration, short term memory, suspiciousness, avoidance of social interactions, effect of sleep/lack of sleep on cognitive processing, ability to engage/participate in real time.

**SECOND JUNCTURE//Syllabus Statements:**

Attendance and participation: screen is on all the time (screen may only be turned off to the extent you are allowed to go to the bathroom during an in person classroom session)

**Grading criteria:**

“ 40% of the grade will be given for attendance and interaction”….”If neither I, nor [TA], got to know you well after 10 weeks, the assumption is that it is your fault”.

Participation

Participation is being there on time, ready before the class begins, ready with questions from readings, ready to listen and think about what is being said in the lecture, and willing to ask detailed questions that match what I said. General, vague questions that indicate the reading was not done or the lecture was not listened to will count against you. Asking no intelligent, specific questions is also an indication that you are there but not there. 40 points

GOLD: 60 students in the course

**Student Request:**

Picture only (no live camera), detailed questions in the chat feature on zoom or written assignments/reflections sent via email

Email to Faculty:

**THIRD JUNCTURE**

Dear Professor X,

I have met with the above registered DSP student and have received a request for the following flexibility related accommodations:

Flexible Participation: Might it be possible for the student to use a picture of himself rather than have the camera-on (audio-only participation)? Might it be possible for the student to demonstrate engagement by asking detailed questions in the chat feature on zoom or via written assignments/reflections sent via email?

Based on disability impact, DSP has determined that these are reasonable accommodations, but we need to explore whether they fit within your course framework.

Would you be opposed to or have any concerns related to the accommodations noted above?

Kindly,

Jane

**Response from Faculty**

On Thu, Apr 8, 2021 at 5:45 PM [Professor X] wrote:

Thanks for this note.  Both X (the course’s TA) and I will allow this exception.  Tell [the student] that [the student] is also welcome to get in touch with me and TA if [they] feel behind at any time.  [Professor X]

**Circle back to student:**

Hi [student],

I have heard back from your professor.

Your professor has agreed to allow the following:

Flexible Participation:

Use of a picture of yourself rather than have the camera-on (audio-only participation)

Demonstrate engagement by asking detailed questions in the chat feature on zoom or via written assignments/reflections sent via email.

Please get in touch with your professor or TA if you feel behind at any time.

Please, check in with both your Professor and TA about how you will participate (chat or email) ASAP. I suggest you check in regularly so that you know that you are meeting their expectations for participation.

Kindly,

Jane

**Attachment #8**

**CASE STUDY B**

INCLUSION RATIONNALE: Common to ask for related flexibility accommodations, same consideration framework applies, faculty frame/focus of request, weight of participation, decision-matrix for engaging with faculty/escalation.

**Student**

4th year student, 22-year-old student with worsening depression. Student feels "dysfunctional and extremely tired" with at least 11 hours of sleep a night. She states that she has to "force" herself to get up for class and overall does not want to get out of bed. Student's emotional state negatively impact studies. Student with history of depression, trauma and PTSD. Family history of depression: mother, sister and father. Father has ADHD and student is uncertain if father was diagnosed with bipolar disorder.

Treatment team that includes Psychiatrist (Behavioral Health Director) at Student Health, Social worker, and psychologist.

Diagnoses: Major Depressive Disorder, Moderate, Recurrent and PTSD.

Functional limitations and impacts noted on documentation to be moderate to severe: concentration, focus, fatigue, analyzing information, excessive sleep, negative emotions, attendance, participating in class discussions, delayed cognitive processing, anxiety, short term memory, distractibility, reading, answering, organizing, performing, planning, problem solving, supporting evidence, etc.

**FIRST JUNCTURE// Nexus**: With participation, the students processing delays/deficits impair theur ability to understand in real time all the material and questions being posed, processing also causes delays in the time that it takes them to formulate a response. Concentration and focus also impact ability to organize, information, problem solve, support with evidence. These limitations are attributable to both PTSD and MDDR.

With regard to attendance, the student has described various impacts resulting from PTSD and MDDR.   PTSD related symptoms including anxiety may impact sleeping (decrease) or hypersomnia from depression as well as fatigue that may impact attendance. There are issues with avoidance related to PTSD and related symptomology.

**Request:** Make-up missed classes or participation via written assignments or checking-in with faculty or TA to demonstrate that they are engaging with the material.

**SECOND JUNCTURE//SYLLABUS REVIEW**

Class participation 20%

**THIRD JUNCTURE//OUTREACH TO FACULTY**

Initial email:

Dear Professor X,

I have met with [student] (student ID #) registered in ENG 189 and have received a request for flexible attendance and flexible participation as disability related accommodations. DSP has determined that these are reasonable accommodations based on disability impact but we need to explore whether they fit within the framework of your course.

In determining whether there is room for these types of accommodations it would be helpful to have a better understanding of how attendance and participation fit into both the grading system and course learning objectives. Might the student be able to make-up missed classes or participation via written assignments or checking-in with faculty or TA to demonstrate that they are engaging with the material?

You can follow-up with me by responding to this e-mail or if you believe this type of flexibility is possible.

Kindly,

RESPONSE FROM FACULTY

Wed, Oct 9, 2019 at 4:44 PM

To: Jane.Castillon@sa.ucsb.edu

Here is the message I sent over a week ago. This class cannot accommodate flexible attendance; it is not a lecture.

From: Professor X **Date**: October 1, 2019 at 04:59:06 PDT Subject: F**lexible attendance petition**

This message is to say that I will not be accommodating requests for flexible participation in English 189. Parenthetical responses below.

1. Is there classroom interaction between the instructor and students, and among students? (**Yes)**

2. Do student contributions constitute a significant component of the learning process? (Yes)

3. Does the fundamental nature of the course rely upon student participation as an essential method for learning? (Yes)

 4. To what degree does a student's failure to attend constitute a significant loss to the educational

experience of other students in the class? (Non-trivial)

5. What do the course description and syllabus say? (See below)

6. Which method is used to calculate the final grade? And what are the classroom practices and policies regarding participation? (Participation is 20% of the grade)

- This course will require general attentiveness and active contribution to discussion. More than two absences will significantly and adversely affect your final grade, regardless of circumstances.

- Deadlines and expectations for assignments will be outlined on separate handouts. The attendance policy is firm and the usual university policies for plagiarism will pertain.

**FOURTH JUNCTURE// FUNDAMENTAL ALTERATION**

On Fri, Oct 11, 2019 at 12:18 PM Jane Castillon <jane.castillon@sa.ucsb.edu> wrote:

Dear Professor X,

Thank you for your email. As indicated on the instructor letter objections to flexibility need to be considered with the ADA Compliance Officer, Jennifer Lofthus.

Her contact details are provided in this link: <https://www.vcadmin.ucsb.edu/ada/contact-us> .

I have copied Jennifer Lofthus on this email so that she may reach out to you if that is more convenient.

Kindly,

Jane Castillon

On Oct 17, 2019, at 08:49, Jennifer Lofthus <Jennifer.Lofthus@ucsb.edu> wrote:

Dear Professor X,

I have not yet heard from you to discuss your denial of this request for accommodation.  When would be a good time to chat?

Sincerely,

Jennifer Lofthus

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Jennifer Lofthus, Esq. |
| **Policy Coordinator, ADA Compliance, & Privacy Officer** |
| Office of the Vice Chancellor of Administrative Services |
| Office: (805) 893-7025 Email: Jennifer.Lofthus@vcadmin.ucsb.edu |
|  |

---------- Forwarded message ---------
From:  Date: Fri, Oct 18, 2019 at 9:53 PM
Subject: Re: Flexible attendance petition
To: Jennifer Lofthus <Jennifer.Lofthus@ucsb.edu>

Dear Jennifer Lofthus,

As I said, I will not be altering the structure, expectations, or attendance requirements for this course. If the student violates the attendance policy, which I have outlined both in writing and verbally, then she will face the same grading penalty as any other student who exceeds the number of permitted absences. She can be assured that her written work will be assessed on its own terms, but I would say that any student who misses a non-trivial number of class sessions might find it difficult to engage with the questions posed for the final paper. The English department offers quite a few lecture courses that do not require attendance; the student might be advised to look into these in future.

Best,

Professor X

Between 10/18 and 11/01 Jennifer and the Professor exchanged emails and eventually met.

11/01

Email sent to student:

Hi Student,

I am writing to check-in about attendance and participation in English 189. Professor X has agreed to grant a limited measure of flexibility. The attendance policy has been increased to 3 absences total and you will be allowed to submit reflections to demonstrate engagement in lecture/section as part of participation. Please check-in with your Professor ASAP via office hours.

Kindly,

Jane