

This website is updated regularly to reflect the most current Board of Regents policies and information about the Regents Centers. If you are viewing a printed copy of this guide, please refer to the website (<http://www.usg.edu/academics/handbook/section2/2.22/>) to be sure that you are accessing current and accurate information.

The Official Guide for Parents, Teachers, Students, School Counselors, and Psychologists

The University System of Georgia created three Regents Centers for Learning Disorders (RCLDs) to help provide services to students with learning disorders, such as learning disabilities, attention-deficit/hyperactivity disorder, acquired brain injury, psychological disorders, and related conditions. We provide specialized assessments for these students, serve as a resource in identifying appropriate accommodations to meet their educational needs, and conduct research to increase knowledge about these disorders.

This information has been designed for the purpose of providing general information about the Regents Centers for Learning Disorders. We hope the information will be helpful to you in understanding what services the RCLDs provide and how those services can be accessed.

General Information about the RCLDs

1. What is the mission of the RCLDs?

The three Regents Centers for Learning Disorders, located at Georgia Southern University, Georgia State University, and the University of Georgia, were established and funded in 1993 to provide comprehensive evaluations for students with possible learning disorders who are attending schools within the University System of Georgia (USG). Their mission also includes consultation, research, and training focused on the needs of college students with learning disorders.

2. Who is eligible for evaluation at an RCLD?

To be referred to an RCLD for evaluation, a student must be currently enrolled in one of the public colleges or universities in Georgia, or admitted for enrollment. Under some circumstances, a student may also be referred to an RCLD as part of a special review during the admissions process. In addition to their primary mission of serving students enrolled in USG institutions, the RCLDs may be authorized to serve other groups of students. Current information on the availability of services for non-USG students can be obtained by contacting each RCLD directly.

3. How are students referred?

Students are referred to an RCLD by the disability services office at the institution to which they've been admitted. The disability service provider (DSP) will give the student a referral packet to be

completed by the student. The student should return the completed packet to the DSP, who will forward it to the appropriate center. After receiving the packet, the RCLD will contact the student to schedule an appointment.

4. Where are the centers located?

Each college or university in the University System of Georgia is assigned to one of three centers.

Regents Center for Learning Disorders at Georgia Southern University Statesboro, GA 30460 912-478-0100 http://services.georgiasouthern.edu/rcld		Regents Center for Learning Disorders at Georgia State University Atlanta, GA 30303 404-413-6245 www.gsu.edu/rcld		Regents Center for Learning Disorders at the University of Georgia Athens, GA 30602 706-542-4589 http://www.rcld.uga.edu/	
Institution	Phone	Institution	Phone	Institution	Phone
Abraham Baldwin Agricultural College	229-391-5135	Atlanta Metropolitan College	404-756-4783	Augusta State University	706-737-1471
Albany State University	229-430-4667	Clayton State University	678-466-5445	Fort Valley State University	478-825-6202
Armstrong Atlantic State University	912-344-2744	Columbus State University	706-568-2330	Gainesville State College	770-718-3855
Bainbridge College	912-248-2508	Dalton State College	706-272-2524	Gainesville State College - Oconee	706-310-6204
Coastal Georgia Community College	912-279-5803	Georgia Highlands College	678-872-8004	Georgia College & State University	478-445-5331
Darton College	229-317-6867	Georgia Institute of Technology	404-894-2563	Georgia Gwinnett College	678-407-5883
East Georgia College	912-289-2039	Georgia Perimeter College	678-891-3385	Macon State College	478-471-2714
East GA College at Statesboro	912-688-6912	Georgia Southwestern State University	229-931-2661	Medical College of Georgia	706-721-2201
Georgia Southern University	912-478-1566	Georgia State University	404-413-1560	The University of Georgia	706-542-8719
Middle Georgia College	912-934-3023	Gordon College	678-359-5221	E-Core, E-MBA at all Institutions	
Savannah State University	912-356-2203	Kennesaw State University	770-423-6443		
South Georgia College	912-260-4335	North Georgia College & State University	706-867-2782		
Valdosta State University	229-245-2498	Southern Polytechnic State University	678-915-7244		
Waycross College	912-449-7600	University of West Georgia	678-839-6429		
		University of West Georgia	678-839-6428		

5. What is contained in a referral packet?

Students can obtain a referral packet from the DSP at their institution or download a packet from select RCLD websites. The packet contains both information about the RCLD and several questionnaires that should be filled out by the student. Questionnaires ask about current academic strengths and weaknesses, historical information (e.g., early development, school, medical and work histories), and about past and current behaviors that can affect learning (e.g., trouble paying attention, anxiety, depression). Students may need to consult parents to answer some of the questions about early childhood. The packet also contains questionnaires to be filled out by a person who knows the student well, to provide an independent view of the student's functioning. The student may obtain assistance in completing the packet from the DSP.

Students will also be asked to include transcripts from their current institution and/or previous institutions, recent hearing and vision screenings, samples of their written work, and any previous psychological or medical evaluations related to their learning difficulties.

6. Will the information provided to a center be kept confidential?

All information gathered and sent to an RCLD will be kept strictly confidential. Information about the student will not be released to any person or institution without the student's written permission.

The student, if 18 years or older, must also give permission in writing to be evaluated and for any information about the evaluation process or results to be shared with parents or the DSP.

Evaluations at a Center

7. How much does an evaluation cost, and what forms of payment are accepted?

The fee for the evaluation is \$500.00. Methods of payment include:

Cash, check, money order, credit card

Financial aid--the cost of the evaluation can sometimes be included in a student's financial aid package.

Insurance--The center does not file for insurance payments, but will provide students with the necessary documentation so that they may file with their insurance carrier after they have made full payment. Students should be aware that many insurance plans will not reimburse them for this type of evaluation.

Third Party Payments (e.g., Department of Rehabilitation Services)--The client must supply the RCLD with an official letter (on letterhead), or a voucher from the third party giving promise of payment and detailed payment information.

Payment arrangements-- Alternate payment arrangements may be made in extenuating circumstances, and must be authorized by the RCLD director.

Scholarships - Evaluation scholarships may be available at individual RLCDs and/or referring institutions.

Students considering evaluation at an RCLD should carefully review the RCLDs' refund policy and make note of important timelines. The policy is included in the referral packet.

8. How long does it take to get an appointment?

An appointment is scheduled after the student's packet is received. The packet must be complete. If important information is missing, the RCLD will contact the DSP or the student, prior to scheduling the appointment, seeking additional information. Time until the next available appointment varies at different times of the year, but is usually within a few weeks.

9. How long will the evaluation take?

The typical evaluation takes approximately eight to ten hours, usually scheduled over two days. Some students may require additional time to complete the testing to fit their work speed and need for breaks, or to gather additional test data to better understand their learning difficulties.

10. What does the evaluation involve?

The evaluation includes a clinical interview, and a battery of educational, psychological, and cognitive tests to assess a student's intellectual ability, academic achievement in core areas, (i.e., reading, math, and written language), strengths and weaknesses in processing information, and emotional state.

11. How will the student find out the results of an evaluation?

After the standardized testing is complete, each student is scheduled for an individual feedback session at the RCLD. The session typically lasts from one to two hours. In this session, the test results will be reviewed, recommendations for academic accommodations and other support services will be made, and any questions answered.

Following the feedback session, the student will receive a written report that describes all the tests that were administered and the scores obtained. This report will also document the presence of any disability that warrants academic accommodation and list appropriate accommodations and other recommendations. When appropriate, the report will be provided in a digital format for use with text-to-speech technology. This report will not be shared with anyone else without the student's written permission. (See Question 6 for information regarding confidentiality.)

12. Is it necessary to be evaluated at a center to receive accommodations?

Evaluation at a center is not required. An evaluation performed by any qualified professional can serve as documentation of a disability. This documentation must be presented to the disability services office at the student's college or university, and be reviewed to ensure that it contains the information required by the Board of Regents. It is important to be sure that the professional who

will perform the evaluation is aware of the Board of Regents policy, so that all the necessary information can be included in the written documentation.

If the student is requesting a Regents level accommodation (see Question 16 for a list of Regents level accommodations), an RCLD must review the student's documentation and approve the accommodation. If an RCLD needs to review the documentation, the DSP will obtain the student's written permission to send a copy of the documentation to the RCLD. The RCLD will notify the DSP in writing of the results of this review, and will provide detailed information about the reasons for any disapprovals. Most disapprovals occur because the report does not contain all of the information required by the Board of Regents for documentation of a disability. For example, some evaluation reports do not include enough information regarding correlated cognitive processing deficits, and may not consider socio-emotional factors that might be contributing to the learning or academic problems.

13. What is the definition of a disability?

Board of Regents Academic Affairs Handbook Section 2.22: Appendix DSP2

Definition of Disability

An individual must demonstrate that his/her condition meets the definition of a disability under the *Rehabilitation Act, 1973* and/or the *Americans with Disability Act Amendments Act of 2008*. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. *See ADAAA/ADA Chart at the end of this document for information on recent changes to the Americans with Disabilities Act.*

Substantially limits under the ADA refer to significant restrictions as to the *condition, manner, or duration* under which an individual can perform a particular major life activity as compared to most people.

Whether a condition is substantially limiting to support an accommodation request is a decision made by qualified professional(s) based upon multiple sources of information.

A clinical diagnosis is not synonymous with a disability. The specific symptoms that are present should be stated in the documentation. Evidence that these symptoms are associated with substantial impairment in a major life activity is required for provision of accommodations. A detailed description of current substantial limitation in the academic environment is essential to identify appropriate academic accommodations, auxiliary aids, and services. Specific requests for accommodations need to be linked to the student's current functional limitations, and the rationale for each recommendation clearly stated.

Guidelines for Documentation of Disabilities

14. What are the general documentation guidelines for documenting disabilities?

Board of Regents Academic Affairs Handbook Section 2.22: Appendix DSP2

General Documentation Guidelines

All institutions are required to have written policies and procedures for review of documentation submitted by students with disabilities. Decision-making for the provision of institutional-level accommodation is provided by the Office of Disability Services or a designated office at an individual college or university.

Secondary education eligibility reports, Individualized Educational Plans, Summary of Progress reports, or previous provision of special education services may not be sufficient documentation for college-level accommodations.

Documentation should provide a diagnostic statement identifying the disability, describe the diagnostic criteria and methodology used to diagnose the condition, and detail the progression of the condition if its impact on the student's functioning is expected to change over time.

Documentation should provide an adequate representation of the student's current functional abilities. In most situations, documentation should be within three years of the student's application for services. Professional judgment, however, must be used in accepting older documentation of conditions that are permanent or non-varying, or in requiring more recent documentation for conditions for which the functional impact may change over time.

Documentation must include the names, signatures, titles, and license numbers of the appropriate evaluators, as well as the dates of testing and contact information. Evaluators must be licensed professionals whose training and licensure status is consistent with expertise in the disability for which they provide documentation.

15. What are the Board of Regents guidelines for documentation of a specific learning disorder?

Board of Regents Academic Affairs Handbook Section 2.22: Appendix DSP3

Specific Documentation Guidelines

The following specific documentation guidelines are organized into nine disability categories: (1) learning disabilities; (2) attention-deficit hyperactivity disorder; (3) pervasive developmental disorders; (4) acquired brain injuries; (5) psychological disorders; (6) acuity disorders; (7) mobility disorders; (8) systemic disorders; and (9) other disabilities. In addition, all disability categories are required to follow the general documentation guidelines provided above.

1. Learning Disabilities

Learning disabilities is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical skills. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviors, social perception, and social interaction may exist with

learning disabilities but do not, by themselves, constitute a learning disability. Although learning disabilities may occur concomitantly with other disabilities (e.g., sensory impairment, mental retardation, serious emotional disturbance), or with extrinsic influences (such as cultural differences, insufficient or inappropriate instruction), they are not the result of those conditions or influences (NJCLD, Learning Disabilities: Issues on Definition, January, 1990).

- General documentation guidelines listed in Section 2.22: Appendix DSP2
- Clear and specific identification of a learning disability must be stated in the documentation. For example, the terms "Learning styles" or "Learning differences" are not synonymous with a learning disability.
- Documentation of a developmental and educational history consistent with a learning disability.
- Since the manifestations of a learning disability may change over the period of childhood and adolescence, documentation must reflect either data collected within the past three years or after the age of 18.
- Information gained from standardized assessment instruments is one essential piece of the methodology used to diagnose learning disabilities. Therefore, documentation of learning disabilities must include standardized measures of academic achievement and cognitive processing abilities that have age-appropriate normative data for high school/college students or older adult non-traditional students. All standardized measures must be represented by standard scores and percentile ranks based on published norms.
- Documentation of a functional limitation(s) in one or more of the following areas of academic achievement:
 - Reading (decoding, fluency, and comprehension)
 - Mathematics (calculations, math fluency, and applied reasoning)
 - Written Language (spelling, fluency, and written expression)
- Documentation of relative strength(s) in academic achievement in order to establish the presence of a significant discrepancy between academic domains. The presence of a significant discrepancy will typically require a difference of one standard deviation between scores. However, qualified professionals may use other widely accepted metrics for documenting a significant difference between two scores (e.g., standard error of measurement).
- Documentation that alternative explanations for the academic limitation(s) have been considered and ruled out (e.g., low cognitive ability, lack of adequate instruction, emotional factors such as anxiety or depression).
- Documentation of a pattern of cognitive processing weaknesses and strengths that is associated in a meaningful way with the identified area(s) of academic limitation.
- Both processing weaknesses and processing strengths must be identified and must represent a significant discrepancy between cognitive domains. The presence of a significant discrepancy will typically require a difference of one standard deviation between scores. However, qualified professionals may document a significant difference between two scores using other widely accepted metrics (e.g., standard error of measurement).
- Processing weaknesses and strengths must be evident on multiple measures and not based on a single discrepant score on an individual test or subtest.
 - Cognitive Processing Skills (selection dependent upon case)
 - Attention

- Executive Functions
- Fluency/Automaticity
- Memory/Learning
- Oral Language
- Phonological/Orthographic Processing
- Visual-Motor
- Visual-Perceptual/Visual-Spatial
- Documentation that alternative explanations for the cognitive limitation(s) have been considered and ruled out (e.g., low cognitive ability, lack of adequate instruction, emotional factors such as anxiety or depression).
- These guidelines are intended to guide the review of documentation and cannot substitute for the expertise and clinical judgment of a qualified professional. Failure to fully meet each of the above criteria does not automatically preclude a diagnosis of learning disabilities. In some circumstances, this diagnosis may be justified, based on an expert's integration of a student's history, test performance, and current functioning.

2. Attention-Deficit/Hyperactivity Disorder (AD/HD)

AD/HD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and more severe than is typically observed in individuals at a comparable level of development. The manifestations of AD/HD result in functional impairment in at least two settings (e.g., academic, occupational, social). The diagnosis of AD/HD is based on the specific criteria included in the current version of the DSM of the American Psychiatric Association.

- General documentation guidelines listed in Section 2.22: Appendix DSP2
- Diagnosis and corresponding code from the most recent DSM must be included.
- Assessment of the following diagnostic criteria is required and evaluation results must be included in the documentation:
 - Developmental history of either inattention and/or hyperactivity-impulsivity symptoms during childhood. The specific symptoms that were present in childhood should be stated in the documentation. Corroboration of childhood symptoms should be included, and may need to be gathered from a variety of possible data sources (e.g., parent/guardian report, school records, past evaluations). Evidence that these symptoms were associated with some functional impairment in home and/or school settings also must be included.
 - Current symptoms of either inattention and/or hyperactivity-impulsivity must be present. The specific symptoms that are present should be stated in the documentation. Self-reported current symptoms should be corroborated by an independent informant who has been able to observe the student's recent functioning with adequate regularity to provide this type of information. Evidence that these symptoms are associated with functional impairment in academic, occupational, and/or social settings also must be included.
 - The frequency/severity of both childhood and current AD/HD symptoms should be documented by comparison to individuals at a similar level of development. Documentation must include the results of standardized rating scales that provide comparison to age-based normative data.

3. Pervasive Developmental Disorders

Pervasive developmental disorders are characterized by severe and pervasive impairment in several areas of development including reciprocal social interaction skills, communication skills, or the presence of stereotyped behavior, interests, and activities. Several different disorders fall within this category including **Asperger's Disorder and Autistic Disorder**.

a. Asperger's Disorder

Asperger's Disorder is a pervasive developmental disorder characterized by qualitative impairment in social interactions and the presence of repetitive and stereotyped behaviors, interests, and activities.

- General documentation guidelines listed in Section 2.22: Appendix DSP2.
- Diagnosis and corresponding code from the most recent DSM must be included.
- Assessment of the following diagnostic criteria is required and evaluation results must be included in the documentation:
 - Developmental history that includes evidence of Asperger's Disorder symptoms in childhood and documents the absence of clinically- significant general delay in early cognitive or language development.
 - Documentation of current qualitative impairment in social interaction.
 - Documentation of current restricted, repetitive, and stereotyped patterns of behavior, interests, and activities.
 - Assessment of broad cognitive ability and language function using standardized assessment measures with age-appropriate norms.

b. Autistic Disorder

Autistic Disorder is a pervasive developmental disorder characterized by qualitative impairment in social interactions, qualitative impairment in communication affecting both verbal and nonverbal communication skills, and the presence of repetitive and stereotyped behaviors, interests, and activities.

- General documentation guidelines listed in Section 2.22 : Appendix DSP2.
- Diagnosis and corresponding code from the most recent DSM must be included.
- Assessment of the following diagnostic criteria is required and evaluation results must be included in the documentation:
 - Developmental history that includes evidence of Autistic Disorder symptoms in childhood
 - Documentation of qualitative impairment in social interaction.
 - Documentation of qualitative impairment in communication.
 - Documentation of restricted, repetitive, and stereotyped patterns of behavior, interests, and activities.
 - Assessment of broad cognitive ability and language function using standardized assessment measures with age-appropriate norms.

4. Acquired Brain Injury (ABI)

Brain injury can result from external trauma, such as a closed head or an object penetration injury, or internal trauma, such as a cerebral vascular accident or tumor. ABI can cause physical, cognitive, emotional, social, and vocational changes that can affect an individual for a short period

of time or permanently. Depending on the location and extent of the injury, symptoms can vary widely. Understanding functional changes after an injury and resulting implications for education are more important than only knowing the cause or type of injury.

- General documentation guidelines listed in Section 2.22: Appendix DSP2.
- Documentation of date of occurrence/diagnosis and the nature of the neurological illness or traumatic event that resulted in brain injury.
- Depending upon the functional domains impacted by the injury, assessments of cognitive and academic deficits and strengths, psychosocial-emotional functioning, and/or motor/sensory abilities relevant to academic functioning may be essential components of documentation of the impact of an acquired brain injury for an individual student.
- Impairments following an acquired brain injury may change rapidly in the weeks and months after the injury, and a more stable picture of residual weaknesses may not be apparent for 1-2 years after an injury. More recent documentation may be necessary to adequately assess the student's current accommodation needs.
- Cognitive and academic processing weaknesses and strengths must be evident on multiple measures and not based on a single discrepant score:
 - Academic Achievement
 - Reading (decoding, fluency, and comprehension)
 - Mathematics (calculations, math fluency, applied reasoning)
 - Written Language (spelling, fluency, written expression)
 - Cognitive Processing Skills
 - Attention
 - Executive Functions
 - Fluency/Automaticity
 - Memory/Learning
 - Oral Language
 - Phonological/Orthographic Processing
 - Visual-Motor
 - Visual-Perceptual/Visual-Spatial

5. Psychological Disorders

Some individuals experience significant disruptions in mood, thinking, and behavioral regulation that are secondary to a psychological disorder. Many different psychological disorders can interfere with cognitive, emotional, and social functioning and may negatively impact a student's ability to function in an academic environment. The symptoms and associated impairment may be either chronic or episodic. Test anxiety by itself is not considered a psychological disorder. Complete descriptions and diagnostic criteria for psychological disorders are available in the current version of the DSM.

- General documentation guidelines listed in Section 2.22: Appendix DSP2.
- DSM diagnosis and corresponding DSM code.
- Description of the history, current symptoms, and severity of the disorder.
- Description of the expected progression or stability of the disorder.
- Description of the current functional limitations impacting academic performance resulting from the disorder.

Documentation guidelines for the remaining disability categories can be found in the Academic Affairs Handbook at http://www.usg.edu/academics/handbook/section2/2.22/appendix_dsp3.phtml.

16. What kinds of tests can be used to document a specific learning disability?

For a list of suggested measures to meet the Board of Regents criteria for assessing academic achievement and cognitive processing skills, please refer to [Suggested Assessment Measures](#).

Accommodations

17. What kinds of accommodations are available?

Institutional level

The choice of accommodation must be based on the information provided in the documentation. A detailed description of current substantial limitation in the academic environment is essential to identify appropriate academic accommodations, auxiliary aids, and services. Specific requests for accommodations need to be linked to the student's current functional limitations, and the rationale for each recommendation clearly stated.

Examples of accommodations that can be granted at the institutional level, if justified by documentation include:

- Extended time on exams
- A quiet place for taking tests
- Permission to audio-record lectures and/or have a designated note taker
- Use of a non-programmable calculator
- Use of computer-based technologies for reading and/or written work
- Textbooks and other print materials in alternative format

Regents level

A small number of accommodations are considered Regents level accommodations. These include:

- A course substitution for the high school Required High School Curriculum (RHSC) foreign language requirement;
- Additional semesters in Learning Support; and
- Regents' Test, Collegiate Placement Exam (CPE) or COMPASS modifications beyond those that can be granted by the institution. (2.22.04, 2.22.05)

If the student is requesting a Regents level accommodation, the RCLD must review the student's documentation and approve the accommodation. The DSP will obtain the student's written permission to send a copy of the documentation to the center. The center will notify the DSP in writing of the results of this review and will provide detailed information about the reasons for any

disapprovals. Most disapprovals occur because the documentation does not contain all of the information required by the Board of Regents for documentation of a disability. For example, some evaluation reports do not include enough information regarding correlated cognitive processing deficits, and may not consider socio-emotional factors that might be contributing to the learning or academic problems.

18. Who decides which accommodations will be provided to an individual student?

Eligibility for accommodations at a state college or university is determined by the University System. Accommodations approved previously at the high school level, or at a non-University System of Georgia institution, may or may not be granted.

If a student has been evaluated at an RCLD, the RCLD's written report will include a list of recommended accommodations that are consistent with University System policy. If the student has been evaluated elsewhere, the disability service provider may choose to seek consultation from an RLCD to identify appropriate accommodations based on that student's specific needs. A small number of accommodations are considered Regents level accommodations and must be approved by an RCLD. (See #16)

19. Must students with learning disorders meet all of the Required High School Curriculum admission requirements?

Applicants with disabilities are expected to have completed the Required High School Curriculum (RHSC) with the appropriate instructional accommodations. The Core Curriculum of each college requires students to complete college-level courses in English, mathematics, social science, and science, and no exemptions or substitutions are permitted for these required college courses. Students who are unable to complete the high school college preparatory courses in these areas are unlikely to succeed in college courses and will not be provided with RHSC exceptions in the admissions process.

An additional RHSC requirement is two years of a foreign language. Because foreign language is not required in college for all majors, students with learning disorders that preclude acquisition of a foreign language may petition for admission without completing this RHSC requirement.

20. What is required for students with learning disorders, who have not completed the Required High School Curriculum foreign language requirement, to petition for admission? (See Section 2.22.03.01)

To receive permission for a RHSC foreign language substitution:

- Students should notify the Office of Admission, at the time of application that they are petitioning for a RHSC foreign language substitution.
- Students should contact the DSP at the institution for assistance in completing the petition.
- Students should be instructed to submit their petition documentation at least six months in advance of the beginning of the term in which they wish to enroll.

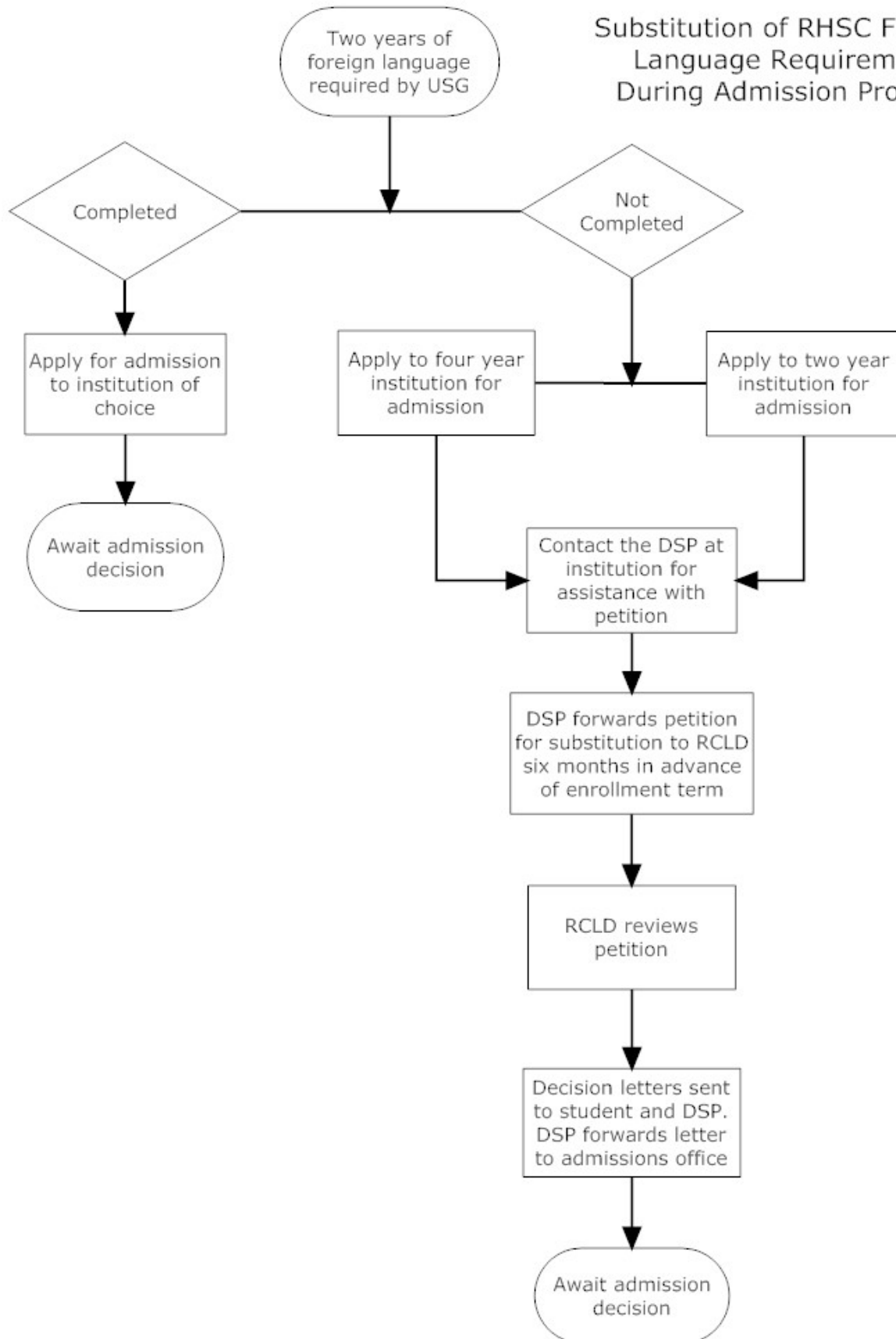
If the petition is approved, the student will be allowed to satisfy the RHSC foreign language requirement by substituting another type of course. The approval of a petition for substitution does not waive the requirement.

Approval of a petition for a course substitution for the RHSC foreign language requirement does not extend to the foreign language requirements of certain degree programs at the University level. Students must submit a separate petition, following their institution's standard procedures for modifications to program requirements, to request a course substitution for foreign language coursework required for a specific program of study or degree.

21. Does approval of a RHSC foreign language substitution guarantee a similar substitution for any foreign language courses that are required in the student's chosen major or program of study?

The RHSC foreign language substitution is for admission purposes only; it does not guarantee a substitution for a foreign language requirement in the student's chosen major. Students may petition to a designated committee at each institution for a substitution of any foreign language course(s) required for the major. In some fields of study, the institution may decide that the foreign language requirement is an "essential course/program requirement" which cannot be substituted, regardless of a documented disability.

Substitution of RHSC Foreign Language Requirement During Admission Process



Comparison of ADA and Amended ADA

Issue	ADA (as construed by the courts)	ADA, As Amended by the ADA Amendments Act
<p>Scope of the Definition of Disability: In General</p>	<p>The ADA defines a “disability,” in part, as a physical or mental impairment that substantially limits a major life activity of an individual. (This is the first prong of the definition of disability.)</p> <p>In several cases, the Supreme Court has narrowly construed this definition in a way that has led lower courts to exclude a range of individuals from coverage, including individuals with diabetes, epilepsy, cancer, muscular dystrophy, and artificial limbs.</p>	<p>The ADAAA defines a “disability,” in part, as a physical or mental impairment that substantially limits a major life activity of an individual. (This is the first prong of the definition of disability.)</p> <p>The ADAAA rejects the Supreme Court’s interpretation of “substantially limits” by providing a rule of construction stating that the term “substantially limits” shall be interpreted consistently with the findings and purposes of the ADAAA.</p> <p>Findings and purposes make clear that Congress intended to apply a less demanding standard than that applied by the courts, and to cover a broad range of individuals.</p> <p>A rule of construction provides that the definition of disability shall be construed in favor of broad coverage of individuals, to the maximum extent permitted by the terms of the ADA.</p>
<p>Mitigating Measures</p>	<p>One way in which the Supreme Court narrowed the group of people covered under the ADA was by ruling, in the case of <i>Sutton v. United Airlines</i>, that mitigating measures (such as medication or devices) were to be taken into account in determining whether a person was substantially limited in a major life activity. Thus, if</p>	<p>The ADAAA provides that the ameliorative effects of mitigating measures should not be considered in determining whether an individual has an impairment that substantially limits a major life activity.</p> <p>An exception is made for “ordinary eyeglasses or contact lenses,” which may be taken into account.</p>

	medication or devices enabled a person with an impairment to function well, that person was often held by a court not to have a disability under the ADA – even if the impairment was the basis for discrimination.	
“Substantially Limits”	The Court held in <i>Toyota Motor Mfg. of Kentucky v. Williams</i> that an impairment “substantially limits” a “major life activity” if it “prevents or severely restricts the individual” from performing the activity. 534 U.S. 184, 198 (2002).	The ADAAA requires that the term “substantially limits” be interpreted consistently with the findings and purposes of the Act. The findings of the Act state that the EEOC and the Supreme Court have incorrectly interpreted the term “substantially limits” to establish a greater degree of limitation than had been intended by Congress.
The “Major Life Activity” Requirement	In the <i>Williams</i> case, the Supreme Court ruled that a “major life activity” must be an activity that is “of central importance to most people’s daily lives.” 534 U.S. 184	The ADAAA includes a non-exhaustive list of major life activities, such as seeing, hearing, eating, sleeping, walking, learning and concentrating. Major life activities also include the operation of “major bodily functions,” such as the immune system, normal cell growth, and the endocrine system.
Episodic Conditions and Multiple Major Life Activities	Some lower courts have held that individuals must be limited in more than one major life activity in order to have a disability under the law. Other courts have held that episodic or intermittent impairments, such as epilepsy or post-traumatic stress disorder, are not covered under the law.	The ADAAA makes clear that an impairment that substantially limits a major life activity need not also limit other major life activities in order to be considered a disability. In addition, the ADAAA clarifies that impairments that are episodic or in remission are considered disabilities if the impairment would substantially limit a major life activity when the condition is considered in its active state.
Regarded as	In the third prong of the definition of	The ADAAA provides that an

<p>Having a Disability</p>	<p>disability, the ADA covers people with impairments who are “regarded as” disabled. In the <i>Sutton</i> case, the Supreme Court established a very high requirement for an individual to show that he or she is substantially limited in working – essentially requiring the individual to prove that the covered entity that engaged in the discrimination also believed that many other employers would have discriminated against that individual as well. More generally, lower courts have required individuals to show what was in a covered entity’s head in order to establish coverage under the “regarded as” prong.</p>	<p>individual can establish coverage under the “regarded as” prong by showing that he or she was subjected to an action prohibited by the ADA based on an actual or perceived impairment, regardless of whether the impairment limits a major life activity. This reinstates the approach of the Supreme Court in the 1987 case of <i>School Board of Nassau County v. Arline</i>, 480 U.S. 273. Transitory and minor impairments are excluded from this coverage, and employers and other covered entities under the ADA have no duty to provide a reasonable accommodation or modification to individuals who fall solely under the “regarded as” prong.</p>
<p>Findings and Narrow Construction</p>	<p>In the <i>Sutton</i> case, the Supreme Court based its narrow reading of the definition of disability in the ADA partly on the ADA’s findings that “some 43,000,000 Americans have one or more physical or mental disabilities” and that “individuals with disabilities are a discrete and insular minority.” <i>Sutton</i>, 527 U.S. at 484; 527 U.S. at 494 (Ginsburg, J. concurring).</p> <p>In the <i>Williams</i> case, the Court used the finding regarding 43 million Americans with disabilities to confirm its conclusion that the terms “substantially limits” and “major life activity” must be “interpreted strictly to create a demanding standard for qualifying as disabled.” 534 U.S. at 197.</p>	<p>The ADAAA replaces the two findings used by the Supreme Court to narrow coverage under the ADA with findings and purposes indicative of the breadth of coverage intended by the ADA. The findings make clear that the ADAAA rejects the Court’s holdings in <i>Sutton</i> and <i>Williams</i> and reinstates a broad view of the definition of disability. It adds two new findings, stating that <i>Williams</i> interpreted the term “substantially limits” to require a greater degree of limitation than Congress had intended and that the EEOC’s regulations defining “substantially limits” as “significantly restricted” were inconsistent with congressional intent by expressing too high a standard. The ADAAA also adds two new purposes, conveying Congress’ expectation that the EEOC will revise that portion of its regulations that defined “substantially limits” as having too high a level of severity and conveying Congress’ intent that the</p>

		primary object of courts' attention in ADA cases should be whether covered entities have complied with their obligations and that the question of whether an individual's impairment is a disability should not demand extensive analysis.
Regulatory Authority	In <i>Sutton</i> , the Court held that "no agency has been delegated authority to interpret the term 'disability'" through regulations. 527 U.S. at 479.	Title V of the ADA (42 U.S.C. 12201) is amended to grant the EEOC, the Attorney General, and the Secretary of Transportation authority to issue regulations interpreting the definition of disability under the ADA.
Academic Requirements in Higher Education	Higher education institutions are subject to the ADA's requirements. For example, Title III of the ADA requires that universities make reasonable modifications in their policies, unless the university can demonstrate that making such modifications would "fundamentally alter" the nature of the educational service being offered.	To address the concerns of higher education institutions, S. 3406 explicitly states that "nothing in this Act alters the [Title III fundamental alteration provision] specifying that reasonable modifications in policies, practices, or procedures shall be required, unless an entity can demonstrate that making such modifications in policies, practices, or procedures, including academic requirements in postsecondary education, would fundamentally alter the nature of the goods, services, facilities, privileges, advantages, or accommodations involved." This provision thus restates current law in order to clarify that the changes in the definition of disability do not change the "fundamental alteration" provision of the ADA.