

## Disability Definition and Accommodation Matrix

<u>DISABILITY</u>	<u>DIAGNOSIS</u>	<u>DEFINITION</u>	<u>QUALIFYING PROFESSIONAL</u>	<u>ACCOMMODATION</u>	<u>ADDITIONAL INFORMATION AND RESOURCES</u>
Chronic Health Impairments	<ul style="list-style-type: none"> <li>• CF</li> <li>• HIV</li> <li>• cancer</li> <li>• hepatitis</li> <li>• kidney disease</li> <li>• allergies</li> <li>• asthma</li> <li>• fibromyalgia</li> <li>• chemical sensitivities</li> </ul>	Chronic health impairments include medical conditions that significantly limit a student's ability to function in an educational environment. A diagnosis of a medical condition alone is not sufficient.	Professionals qualified to diagnose (dependent on the diagnosis). 1. Physician 2. Medical specialist	<ul style="list-style-type: none"> <li>• extended program completion time</li> <li>• part-time programming</li> <li>• refreshments/food in classroom</li> <li>• extended time for coursework</li> <li>• specialized seating in classroom</li> <li>• mobility in classroom</li> <li>• exit/re-entry for episodic illness</li> <li>• extended exam time</li> <li>• taped text</li> <li>• taping lectures</li> <li>• entry/exit from classroom as needed</li> <li>• access to private room for medications/illness</li> <li>• proximity to washroom</li> <li>• adapted technology</li> </ul>	Will depend significantly on the condition being accommodated. Common characteristics include fatigue, chronic pain, restrictions on types of environments the student can work in.
Cognitive Disability	Mild Intellectual Disability	A person is considered to have a mild intellectual disability if intellectual functioning is 2.01 - 3.00 standard deviations below the norm on an individually administered psycho-educational assessment of intellectual functioning.	Professionals qualified to diagnose a cognitive disability: 1. Registered Psychologist 2. School Psychologist	No disability related accommodations will mitigate for this disability in a post-secondary academic educational environment	<p>DSM IV - TR: mild (IQ 50-70)</p> <p><b><u>K-12 BC School Policy Manual</u></b></p> <p>Adult Special Education Programming</p> <p>Learning Centres and Tutoring Resources</p> <p>May be eligible for CSG Funding</p>

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Cognitive Disability	Moderate to Severe Intellectual Disability	A person is considered to have a moderate to severe/profound intellectual disability if intellectual functioning is greater than 3 standard deviations below the norm on an individually administered psycho-educational assessment of intellectual functioning.	Professionals qualified to diagnose a cognitive disability: 1. Registered Psychologist School Psychologist	No disability related accommodations will mitigate for this disability in a post-secondary academic educational environment	DSM IV - TR: moderate (IQ 35-50) Severe (IQ 20-40) Profound (IQ 20-25)  K-12 BC School Policy Manual  Adult Special Education Programming  May be eligible for CSG Funding
Hearing Disability	deaf  <u>Type of Loss</u> <ul style="list-style-type: none"> <li>• conductive</li> <li>• sensorineural</li> <li>• mixed hearing loss</li> <li>• tinnitus</li> </ul>	<p>have a severe to profound hearing impairment and use sign language as their primary mode of communication; although some deaf individuals rely on oral communication; some deaf individuals may have residual hearing and may use a hearing aid to augment the communication process, monitor their voice or hear environmental sounds.</p> <p><u>Severe Loss</u> Students can only hear loud noises at close distances. They require hearing aids, may benefit from intensive auditory training and specialized instructional techniques in reading, language, and speech development. Loss is between 71 to 90 decibels.</p> <p><u>Profound Loss</u> These students rely on vision rather than hearing for processing information. The student is usually a candidate for signing systems or captioning, and specialized instructional techniques. They</p>	Professionals qualified to diagnose hearing loss: 1. Audiologist	<p>Accommodations will depend on the functional impact, age of onset, prognosis and diagnosis of the hearing loss</p> <ul style="list-style-type: none"> <li>• ASL, Contact Sign &amp; (Oral) Interpreting</li> <li>• Real Time Captioning</li> <li>• notetaking</li> <li>• electronic note taking</li> <li>• adaptive technology</li> <li>• captioned videos</li> <li>• soft/hard copies of overheads</li> <li>• access to shared drives re lecture notes</li> <li>• TTYS</li> <li>• visual warning signals</li> <li>• alternate coursework &amp; assignments/ exams</li> <li>• preferred seating</li> <li>• exam instructions/ announcements in writing,</li> <li>• tutoring</li> <li>• extended program completion timeline</li> <li>• extended time on exams</li> </ul>	<p><u>Documentation:</u> An Audiological Assessment &amp; Report is required: a medical diagnosis of hearing loss, along with the prognosis and functional impact of the loss.</p> <p>The audiogram indicates the degree of hearing loss measured in decibel loss according to internationally agreed upon standards. Decibel losses do not always correlate with educational implications and therefore should not be a sole criterion for determination of support services</p> <p>Assessment to determine the strengths and weaknesses of the student in the area of language development and communication skills, as well as to determine the method of communication to be used in the educational setting may be required</p> <p>An English literacy assessment supports effective accommodation planning.</p> <p><u>Age of Onset:</u> Congenitally Deaf: refers to students who were born with a hearing loss.</p>

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		<p>may require evaluation of their reading and language skills. A loss of 91 decibels or more is described as profound.</p>			<p>Adventitiously deaf: this term refers to students who were born with normal hearing but whose hearing became impaired later in life due to illness, accident, hereditary factors, progressive hearing loss, etc</p> <p>Pre-lingual Deafness: this term is used to describe individuals who have lost their hearing before language skills are well established, which means the loss of hearing occurred before the age of four years</p> <ul style="list-style-type: none"> <li>a) English is a second language</li> <li>b) May have acquired manual communication when very young</li> <li>c) May not have acquired language until late in life</li> <li>d) Have not heard common sounds (tone of voice, a phone ring etc)</li> </ul> <p>Post-Lingual Deafness: this term is used to describe individuals whose hearing loss occurred after normal language patterns have been established.</p> <p>Students usually have:</p> <ul style="list-style-type: none"> <li>a) A better knowledge base</li> <li>b) Better speech</li> <li>c) Better written communication</li> </ul> <p>There are a number of emerging technologies that may meet the needs of some students who are deaf and hard of hearing. Please contact ISP should you require further information on these options.</p>

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					<p>Students with hearing loss would usually exhibit the following profile to qualify for extended testing time:</p> <ul style="list-style-type: none"> <li>• Born or lost hearing at an early age, particularly the years which are formative for language development</li> <li>• Have a moderate-severe or higher level of hearing loss</li> <li>• Provide corroborating information about their language difficulties (e.g. previous language difficulties, English grades, teacher/instructor comments, self-reports)</li> </ul> <p>The provision of extended time on exams for the above reasons is not intended to compensate when English is a second language for the students.</p> <p>Hearing Disabilities UBC Disability Resource Centre</p>
Hearing Disability	<p>Hard of Hearing</p> <p><u>Type of Loss</u></p> <ul style="list-style-type: none"> <li>• Conductive</li> <li>• Sensori-neural</li> <li>• Mixed Hearing Loss</li> <li>• Tinnitus</li> </ul>	<p>Students usually have a mild to severe hearing loss and use speech as their primary mode of communication.</p> <p><u>Mild</u></p> <p>Student may miss up to 50% of class discussions especially if voices are soft or the environment is noisy. Students may require the use of a hearing aid or personal FM system and other accommodations that match their individual needs. Loss is between 26 to 40 decibels.</p>	<p>Professionals qualified to diagnose hearing loss:</p> <ol style="list-style-type: none"> <li>1. Audiologist</li> </ol>	<p>Accommodations will depend on the functional impact, age of onset, prognosis and diagnosis of the hearing loss</p> <ul style="list-style-type: none"> <li>• Oral, Contact Sign, (ASL) Interpreting</li> <li>• real time captioning</li> <li>• notetaking</li> <li>• electronic notetaking</li> <li>• adaptive technology (FM Loops, conference microphones)</li> <li>• captioned videos</li> <li>• soft/hard copies of</li> </ul>	<p><u>Documentation:</u></p> <p>An Audiological Assessment &amp; Report is required: a medical diagnosis of hearing loss, along with the prognosis and functional impact of the loss. Decibel losses do not always correlate with educational implications and therefore should not be a sole criterion for determination of support services. Assessment to determine the strengths and weaknesses of the student in the area of language development and communication skills may be required; the assessment should also determine</p>

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		<p><u>Moderate</u> Classroom conversation from 3 to 5 feet away can be understood if the structure and vocabulary is controlled. Hearing aides and/ or FM systems are essential. Loss is between 41 to 55 decibels.</p> <p><u>Moderate to Severe</u> Without amplification students with this degree of loss can miss up to 100% of speech information. Full time use of amplification is essential as may be other accommodations. They will probably require additional help in all language based academic subjects. Moderate loss is between 56 to 70 decibels.</p>		<p>overheads, Access to shared drives re lecture notes</p> <ul style="list-style-type: none"> <li>• TTYs</li> <li>• visual warning signals</li> <li>• alternate coursework/ assignments, exams</li> <li>• preferred seating</li> <li>• exam instructions/ announcements in writing</li> <li>• tutoring</li> <li>• room changes re acoustics</li> <li>• extended program completion timeline</li> <li>• extended time on exams</li> </ul>	<p>the method of communication to be used in the educational setting</p> <p>An English literacy assessment supports effective accommodation planning.</p> <p><u>Syndromes /Diseases Associated with Hearing Loss:</u> Cerebral Palsy, Measles, Mumps, Meningitis, Cleft Palate/Lip, Treacher Collins Syndrome, Crouzon's Syndrome, Turner's Syndrome, Down's Syndrome, Usher's Syndrome; Muscular Dystrophy, Waardenburg's Syndrome, Congenital Rubella</p> <p><u>Age of Onset:</u> Congenitally Deaf: refers to individuals who were born with a hearing loss.</p> <p>Adventitiously deaf: this term refers to individuals who were born with normal hearing but whose hearing became impaired later in life due to illness, accident, hereditary factors, progressive hearing loss, etc</p> <p>Pre-lingual Deafness: this term is used to describe individuals who have lost their hearing before language skills are well established, which means the loss of hearing occurred before the age of four years</p> <p>a) English is a second language b) May have acquired manual communication when very young c) May not have acquired language until late in life</p>

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					<p>d) Have not heard common sounds (tone of voice, a phone ring etc)</p> <p>Post-Lingual Deafness: this term is used to describe individuals whose hearing loss occurred after normal language patterns have been established.</p> <p>Students usually have:</p> <ul style="list-style-type: none"> <li>a) A better knowledge base</li> <li>b) Better speech</li> <li>c) Better written communication</li> </ul> <p>Re: adaptive technology www.adaptech.org</p> <p>BCIT Interpreting Services Project Ministry of Education K-12 BC School Policy Manual WIDHH</p> <p>There are a number of emerging technologies that may meet the needs of some students who are deaf and hard of hearing. Please contact ISP should you require further information on these options.</p> <p>Students with hearing loss would usually exhibit the following profile to qualify for extended testing time:</p> <ul style="list-style-type: none"> <li>• Born or lost hearing at an early age, particularly the years which are formative for language development</li> <li>• Have a moderate-severe or higher level of hearing loss</li> <li>• Provide corroborating information about heir</li> </ul>

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					<p>language difficulties (e.g. previous language difficulties, English grades, teacher/instructor comments, self-reports)</p> <p>The provision of extended time on exams for the above reasons is not intended to compensate when English is a second language for the student.</p> <p>Hearing Disabilities UBC Disability Resource Centre</p>
Mental Health Disability	<ul style="list-style-type: none"> <li>• depression</li> <li>• bipolar disorder</li> <li>• schizophrenia</li> <li>• panic disorder</li> <li>• social anxiety</li> <li>• generalized anxiety disorder</li> <li>• PTSD</li> <li>• specific phobias</li> <li>• obsessive compulsive disorders</li> <li>• eating disorders</li> <li>• substance abuse</li> </ul>	<p>Mental health (psychiatric) disorders involve disturbances in thinking, emotion, and behaviour. These disorders are caused by complex interactions between physical, psychological, social, cultural, and hereditary influences</p> <p>The terms mental illness or psychiatric disability are used interchangeably. The term refers to people with mental health problems that may limit their major life activities during periods of illness. Major life activities include caring for oneself, working and learning.</p>	<p>Professionals qualified to diagnose Mental Health Disabilities (dependent on the diagnosis):</p> <ol style="list-style-type: none"> <li>1. Psychiatrist</li> <li>2. Psychologist</li> </ol> <p>Diagnosis may be made by a Physician where <b>no other resource is available in that community</b></p>	<ul style="list-style-type: none"> <li>• extended program completion timeline</li> <li>• part-time programming</li> <li>• refreshments/food in classroom</li> <li>• extended time for coursework</li> <li>• specialized seating in classroom</li> <li>• mobility in classroom</li> <li>• exit/reentry for episodic illness</li> <li>• extended time on exams</li> <li>• taped text</li> <li>• taping lectures</li> <li>• entry/exit from classroom as needed</li> <li>• access to private room for medications/illness</li> <li>• note taking</li> <li>• student assistants</li> <li>• adapted technology</li> </ul>	<p>"The School Book, Building Accommodation in Post Secondary Settings for Persons with Mental Illness" - developed by National Office of the Canadian Mental Health Association</p> <p>DSM-IV</p> <p>"Handbook on Supported Education, Providing Services for Students with Psychological Disabilities (Karen Unger)</p> <p>Merck Manual of Medical Information</p>
Multiple Disabilities		Two or more distinct disabilities	See relevant categories of disability		

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		requiring accommodation	Only list the disability being accommodated		
Multiple Disabilities	<ul style="list-style-type: none"> <li>• deafblind</li> <li>• deaf and visually impaired</li> <li>• hard of hearing and blind</li> <li>• hard of hearing and visually impaired</li> </ul>	<p>Hearing loss between 56 and more than 91 decibels;</p> <p>Visual acuity of visual acuity of 6/21 (20/70) in the better eye with correction;</p> <p>A visual field of 20 degrees or less; any progressive eye disease with a prognosis of becoming one of the above in the next few years; or</p> <p>a visual problem or related visual stamina that is not correctable and that results in the student functioning as if his or her visual acuity is limited to 6/21 (20/70) or less</p> <p>Students are considered to be deafblind if they have a substantial loss of both sight and hearing such that neither is a reliable access to information. A student's visual and auditory losses can range from partial sight to total blindness and from moderate to profound hearing loss. The combination of these sensory losses results in significant difficulties in acquiring educational, vocational, avocational and social skills.</p> <p><u>Functionally deafblind</u> Students who are deafblind have little or no hearing or vision. Communication will often depend on when they lost their functional hearing and vision.</p>	<p>Professionals qualified to diagnose deafblindness:</p> <ol style="list-style-type: none"> <li>1. Audiologist</li> <li>2. Ophthalmologist</li> <li>3. Multi-disciplinary team</li> </ol>	<p>Accommodations will depend on the functional impact, age of onset, prognosis and diagnosis of the deafblindness</p> <ul style="list-style-type: none"> <li>• Oral, Contact Sign, (ASL) Interpreting, Tactile/modified Interpreting,</li> <li>• real time captioning</li> <li>• intervening</li> <li>• notetaking</li> <li>• electronic notetaking</li> <li>• adaptive technology (FM loops, conference microphones, large print programs, Braille programs etc.)</li> <li>• captioned videos</li> <li>• soft/hard copies of overheads</li> <li>• access to shared drives re: lecture notes</li> <li>• TTYs</li> <li>• visual warning signals</li> <li>• alternate coursework/ assignments, exams</li> <li>• preferred seating</li> <li>• exam instructions/ announcements in writing</li> <li>• tutoring</li> <li>• room changes re: acoustics</li> <li>• environmental accommodations (amount &amp; type of</li> </ul>	<p><u>Documentation:</u> Information describing sensory acuity (vision and hearing), physical development, orientation and mobility skills, social development, academic abilities, educational achievement, and communication skills. A functional vision and hearing assessment should be completed to identify the educational implications of the student's disability (see deaf and hard of hearing). Career/educational counselling &amp; an English literacy assessment are essential to effective accommodation planning.</p> <p><u>Syndromes/diseases associated with deafblindness:</u> Ushers Syndrome Congenital Rubella CHARGE Association</p> <p><u>Age Of Onset</u> Congenitally deafblind: students who are born with a dual sensory impairment; they may be born with hearing or vision loss and experience diminished vision or hearing later in life. Adventitiously deafblind: students who are born with sight and hearing but lose some or all of these senses later in life as a result of an illness or accident. See pre-lingual and post-lingual deafness Loss of vision may take place over a</p>

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		<p>Some students utilise finger spelling or English-based signs rather than ASL. Others will learn tactile communication methods such as Braille.</p> <p><u>Deaf and visually impaired</u> Students who are functionally deaf but have some residual vision. Some will use ASL, while others will prefer an oral mode.</p> <p><u>Hard of hearing and blind</u> Students who are functionally blind but have some residual hearing.</p> <p><b><i>Hard of hearing and visually impaired</i></b> Students with some degree of combined hearing and visual impairments.</p>		<p>lighting, glare, contrast)</p> <ul style="list-style-type: none"> <li>• extended program completion timeline</li> <li>• extended time on exams</li> <li>• mobility training (provided by CNIB)</li> </ul>	<p>period of years and vary between loss of central and peripheral vision, or they may experience night blindness. Often students are reluctant to admit to diminishing vision and do not identify themselves as being deafblind (deaf and visually impaired)</p> <p>Example of functional implications: Student grew up as person who is blind and received services in residential or mainstreamed settings. They have used their residual hearing as a major way of receiving information and have received orientation and mobility training (hard of hearing and blind). Students may be reluctant to admit to a dual sensory impairment or be aware of its impact on their school performance. A hearing loss is a more difficult barrier when the individual cannot augment what is heard with visual or environmental cues (hard of hearing and visually impaired). Intervenors: are trained to provide sensory information to compensate for hearing and vision loss, to facilitate interaction with the physical environment and society. Intervening can include interpreting, guiding and personal care.</p> <p>Re: Adaptive Technology <a href="http://www.adaptech.org">www.adaptech.org</a> BCIT Interpreting Services Project Ministry of Education, K-12 BC</p>

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					School Policy Manual CNIB WIDHH
Neurological Disability	(ie) Cerebral palsy, multiple sclerosis, muscular dystrophy, graphic praxis, head injury, stroke, Parkinson's disease, Tourette's syndrome, fetal alcohol syndrome/fetal alcohol effects, epilepsy, and other conditions not covered under other neurological categories	Neurological disability refers to an impairment or limitation due to injury or illness that has resulted at the central nervous system including the brain. Difficulties are exhibited in one or more of the following areas: the use of memory, the control and use of cognitive functioning, sensory and motor skills, speech, language, organizational skills, information processing, affect, social skills, or basic life functions.	Professionals qualified to diagnose (dependent on the diagnosis). 1. Neurologist 2. Psychologists 3. Neuro-psychologists 4. Psychiatrists 5. Physician	Because the term neurological disability covers all types of conditions caused by damage to the nervous system, accommodation will vary greatly depending on the condition. The list below is very general. See the accommodations listed specific to the diagnosis for accommodation more specific to the disabling condition.  <ul style="list-style-type: none"> <li>• extended time for exams</li> <li>• distraction free or reduced environment for exams</li> <li>• extended time on class assignments</li> <li>• alternate format materials</li> <li>• attendant care</li> <li>• allowance for beverages</li> <li>• preferred seating</li> <li>• tutoring</li> <li>• readers</li> <li>• notetakers</li> <li>• adapted technology</li> </ul>	DSM IV - TR
Neurological Disability	Learning Disability	Learning Disabilities are diagnosed when the individuals' achievement on individually administered standardized tests in reading, mathematics, or written expression is substantially below that expected for age, schooling	Professionals Qualified to Diagnose Learning Disabilities: 1. Registered Psychologists with expertise in diagnosing LD 2. Registered School Psychologists	<ul style="list-style-type: none"> <li>• extended time for exams</li> <li>• notetaker in class</li> <li>• taped lectures</li> <li>• distraction free or reduced exam setting</li> <li>• spell checker</li> <li>• use of computer</li> </ul>	DSM - IV Criteria (Diagnostic Statistical Manual American Psychiatric Association)

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		and level of intelligence. The learning problems significantly interfere with academic achievement or activities of daily living that require reading, mathematical or writing skills. A variety of statistical approaches can be used to establish that a discrepancy is statistically significant		<ul style="list-style-type: none"> <li>• reader</li> <li>• scribe</li> <li>• alternate format</li> <li>• alternate exam format</li> <li>• extended time for course completion</li> <li>• extended time for program completion</li> <li>• adaptive technology</li> </ul>	
Neurological Disability	Potential Learning Disability	Student has documentation that needs to be updated, or student does not have documentation and is pursuing current assessment or student has current assessment and needs time to obtain it	Disability Services Provider		<p>Student is pursuing adequate documentation to support accommodation request</p> <p>As a service, accommodation may be granted on a provisional basis for 1 semester pending current documentation of learning disability</p>
Neurological Disability	<ul style="list-style-type: none"> <li>• Attention-Deficit/Hyperactivity Disorder (ADHD)</li> <li>• Attention Deficit Disorder (ADD)</li> </ul>	ADHD is a Neurological condition/ Disruptive Behavior Disorder characterized by the presence of a set of chronic and impairing behavior patterns that display abnormal levels of inattention, hyperactivity, or their combination (DSM-IV).	Professionals qualified to diagnose ADD /ADHD: <ol style="list-style-type: none"> <li>1. Psychologists</li> <li>2. Neuro-psychologists</li> <li>3. Psychiatrists</li> <li>4. Physician</li> </ol>	<ul style="list-style-type: none"> <li>• priority registration for classes</li> <li>• record lectures</li> <li>• notetaker/study partner</li> <li>• reduced course load</li> <li>• alternate format texts</li> <li>• specialized software (Inspiration, Text Help - Read and Write)</li> <li>• distraction free environment for exams</li> <li>• extra time for examinations</li> <li>• supervised breaks for longer exams</li> <li>• student assistants</li> <li>• adapted technology</li> </ul>	DSM - IV Criteria (Diagnostic Statistical Manual American Psychiatric Association  ADHD Consortium for Documentation for ADHD
Neurological Disability	Autism	Autism is a pervasive developmental neurological disorder.  The autism spectrum includes Asperger's Syndrome (AS),	Professionals qualified to diagnose Autism: <ol style="list-style-type: none"> <li>1. Physician</li> <li>2. Psychologist/Neuro-Psych</li> <li>3. Psychiatrist</li> <li>4. Neurologist</li> </ol>	<ul style="list-style-type: none"> <li>• extended program completion time</li> <li>• part-time programming</li> <li>• extended time for coursework</li> <li>• priority seating</li> </ul>	Ministry of Education  National Center on Birth Defects and Developmental Disabilities (US) Website

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Physical Disability	<ul style="list-style-type: none"> <li>• Arthritis</li> <li>• repetitive strain injury</li> <li>• carpal tunnel syndrome</li> <li>• soft tissue injury</li> <li>• spina bifida</li> <li>• amputations</li> <li>• paraplegia</li> <li>• quadriplegia</li> <li>• obesity</li> </ul>	Physical impairments include a number of disabilities causing loss of function in areas of independent movement resulting from nervous system impairment, amputation and/or a musculoskeletal condition.	<p>Professionals qualified to diagnose physical disabilities:</p> <ol style="list-style-type: none"> <li>1. Physician</li> <li>2. specialist in area of disability</li> </ol>	<ul style="list-style-type: none"> <li>• advanced registration</li> <li>• mobility in classroom</li> <li>• use of a computer or keyboard for in-class assignments and essays</li> <li>• notetaker</li> <li>• tutor/reader</li> <li>• taped lectures</li> <li>• attendant care</li> <li>• alternate format texts</li> <li>• reduced course load</li> <li>• Extended time for course work</li> <li>• computer or word processor for exams</li> <li>• writing tool accessories (pen/cil grips, large pens)</li> <li>• adapted software (Naturally Speaking, word prediction programs)</li> <li>• scribe</li> <li>• extended time</li> <li>• exams in alternate format</li> </ul>	<p>Ministry of Education</p> <p>Assessments should integrate current, relevant information related to the student's intellectual, sensory, physical and communicative abilities.</p>
Visual	<ul style="list-style-type: none"> <li>• blind</li> </ul>	Visual impairment is a generic	Professionals qualified to	<ul style="list-style-type: none"> <li>• alternate format</li> </ul>	CNIB

## Disability Definition and Accommodation Matrix

<u>DISABILITY</u>	<u>DIAGNOSIS</u>	DEFINITION	<u>QUALIFYING PROFESSIONAL</u>	<u>ACCOMMODATION</u>	ADDITIONAL INFORMATION AND RESOURCES
Disability	<ul style="list-style-type: none"> <li>• legally blind</li> <li>• partially sighted</li> <li>• low vision</li> <li>• cortically visually impaired.</li> </ul>	<p>term which covers a range of difficulties with vision, including:</p> <ol style="list-style-type: none"> <li>1. a visual acuity of 6/21 (20/70) or less in the better eye after correction;</li> <li>2. a visual field of 20 degrees or less;</li> <li>3. any progressive eye disease with a prognosis of becoming one of the above in the next few years; or</li> <li>4. a visual problem or related visual stamina that is not correctable and that results in the student functioning as if his or her visual acuity is limited to 6/21 (20/70) or less;</li> <li>5. For educational purposes, a student with visual impairment is one whose visual acuity is not sufficient for the student to participate with ease in everyday activities.</li> </ol>	<p>diagnose visual impairment:</p> <ol style="list-style-type: none"> <li>1. Ophthalmologist</li> </ol>	<p>materials (audio, e-text, braille)</p> <ul style="list-style-type: none"> <li>• extended time for exam</li> <li>• extended time for assignments</li> <li>• access to adaptive technology (voice output software, magnification software, refreshable braille, braille, scanner, etc.)</li> <li>• reader</li> <li>• extended time for course completion</li> <li>• extended time for program completion</li> <li>• tactile graphics</li> <li>• large print</li> <li>• student assistants</li> <li>• scribe</li> </ul>	<p>Ministry of Education CILS</p>