

## Student Disability and Experiential Education

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### Abstract

As a significant percentage of students in higher education today have one or more disabilities, it is important for instructors to be aware of what disabilities, and how disabilities, impact student performance. Students with a wide range of disabilities can encounter significant obstacles when experiential instructional methods are implemented assuming that learners are disability-free. This article presents a taxonomy of disabilities and illustrates how experiential instruction can place students with disabilities in situations where they may not do well. The article also evaluates Universal Design, an approach to course design and management that attempts to address a range of student disabilities and learning styles. Finding that this approach does not fully address the problems of the experiential classroom, three strategies are proposed that increase the likelihood that all students, including those with disabilities, will have satisfying and successful experiences in courses using experiential methods.

**Keywords:** Disability, experiential, Americans with Disabilities Act, ADA, accommodations, universal design.

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Faculty in higher education today are increasingly aware of student differences – for example, differences in learning styles and national origin and culture - and the need to alter their instructional practices to better reach more of their students (see, for example, Kolb & Kolb, 2005; Auster & Wylie, 2006; Evans & Porcano, 2001; Niehoff, Turnley, Yen, & Sheu., 2001; Ryland, 1992). This article argues that possessing one or more disabilities is another important way in which college students may be different, and that this difference warrants instructor reflection and action.

Specifically, this article's major purpose is to explore the interface of student disability and experiential instructional methods. This may be the first article to examine this interface as no other could be found that examined student disability and management education (my specialty) or experiential teaching and learning. Experiential methods include role plays, case analysis and discussion in groups, and other exercises designed to test and build student capabilities and skills. Experiential instructional methods are used across many disciplines and academic departments today, including social work, communications, labor relations, counseling, and clinical psychology. I argue that students with a wide range of disabilities can encounter significant obstacles when experiential instructional methods are implemented assuming that learners are disability-free. Courses that

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are built primarily around the use of experiential methodology, as is one of mine, may pose a considerable challenge for students with disabilities. My experience base is a course with significant experiential components in management, organizational behavior, and leadership. The article argues that instructors can be more responsive to and accommodating of students with disabilities in experiential courses.

A second purpose of the article is to describe and evaluate Universal Design, which has been advanced as a classroom strategy addressing a wide range of student disabilities and learning styles. Finding that this approach does not adequately address the problems of the experiential classroom, I propose three strategies that increase the likelihood that all students, including those with disabilities, will have satisfying and successful experiences in courses using experiential methods. The third purpose of the article is to present and discuss these strategies. Because there is great variation among students with the same disability and because students may have multiple disabilities, in general I recommend, as do others, tailoring accommodations to a student (e.g., Shapiro & Rich, 1999, p. 42-44; Smith, 1998, p. 4; Byron & Parker, 2002, p. 362).

The article begins with an overview of student disabilities in higher education that indicates how prevalent they are. A taxonomy of student disabilities is then presented. The Universal Design strategy is presented and assessed in relation to the experiential classroom. The theoretical foundations of experiential teaching and learning are presented next and examples are provided that illustrate how experiential instruction can place students with disabilities in situations where they may not do well. Finally, strategies are offered to mitigate the difficulties that students with disabilities can have in the experiential classroom. The article also reports on an intervention I have begun to use at course start-up that consists of a self-assessment questionnaire for students and attached fact sheet (Appendix C). Among the several purposes of this intervention is to prompt early and valuable discussion between students with a disability and me that would indicate how I could help provide a course experience that was comfortable and successful.

### **Student Disability and Higher Education**

A significant percentage of students entering higher education today have one or more disabilities. Data from three recent studies suggest that approximately eleven percent of undergraduate students and approximately seven percent of students in graduate and professional programs, such as law and medicine, report a disability (U.S. Department of Education, 2000, 2004, 2006). Nationally, data from the 2000 United States Census indicates that one in thirteen US children, five to fifteen years old, has a physical or mental disability (2000 U.S. Census, 2007).

The number of students with disabilities in post-secondary education has been increasing, in part, because they have received sufficient support at previous educational levels to qualify for college and post-college admission (Paul, 2000; Zirkel, 2001). Also, legislation, notably Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, protects students with disabilities from discrimination, and requires that they be provided with reasonable and appropriate accommodations and

equal access to programs and services. Significantly, the legislation also requires that students be provided with *access to the content of courses*, that is, text, lectures, videos, assignments and handouts must be in a form a student can access (*Rehabilitation Act of 1973; Americans with Disabilities Act of 1990*). These statistics and trends indicate that it is likely for college and university professors to have a student with a disability in the classroom. The next section describes the disabilities an instructor may encounter in higher education.

## **A Taxonomy of Student Disabilities**

Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990 provide protection to individuals with both visible and invisible disabilities, and to those with either permanent, temporary, or occasional impairment (*Rehabilitation Act of 1973; Americans with Disabilities Act of 1990*). Examples of the last two include students receiving chemotherapy for the treatment of cancer, students recovering from surgery, and some depressions. Today, it is not uncommon for instructors to encounter temporary or occasional impairments such as these.

Those having *visible disabilities* include students who are blind, who have cerebral palsy, multiple sclerosis, or muscular dystrophy; and/or use a wheelchair, crutches or braces. For some of these disabilities, students will require assistance in accessing the visual elements of courses – syllabus, textbook, written exams, videos, chalkboard, cases and exercise instructions. For others, the comfort of the classroom chair, mobility in the classroom, and writing will be issues.

*Invisible disabilities* include visual impairment including color blindness and macular degeneration; hearing loss and deafness; neurological disorders such as Traumatic Brain Injury (TBI), learning disabilities, Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD), and Asperger's Disorder; Chronic Fatigue Syndrome (CFS); psychiatric disorders; and a chronic health impairment such as epilepsy, diabetes, arthritis, asthma, cancer, cardiac problems, and HIV/AIDS. It is useful to consider briefly four of these disabilities in more depth as they are particularly relevant to the experiential classroom. The general implications of these four and the other “invisible” disabilities for the classroom follow these descriptions, and are further discussed in other sections of this article.

### ***Learning Disabilities***

Learning disabilities is a group of disorders marked by significant difficulty in taking in, encoding, organizing, retaining and/or expressing information. Remembering, reading, writing and speaking may be affected. There is also one kind of learning disability (prosopagnosia) that makes it difficult for individuals to remember the faces of others, though this disability can also arise from a traumatic brain injury (Brinkerhoff, McGuire & Shaw, 2002, p. 112; Shapiro & Rich, 1999, p. 10-19, 29-37; Smith, 1998, p. 2; Gruter, Gruter & Carbon, 2008).

### ***Psychiatric Disorders***

Psychiatric disorders include chronic or temporary major or minor depression; bipolar disorder characterized by alternating periods of high, even manic, energy and periods of moodiness, irritability or depression; anxiety disorders, including social anxiety disorder; and obsessive-compulsive disorder, in which adherence to ritual, or avoiding germs or close proximity to others, drives behavior (Koplewicz, 2002; Waltz, 2000; Heimberg, Liebowitz, Hope, & Schneier, 1995; Attiullah, Eisen, & Rasmussen, 2000).

### ***ADD and ADHD***

An individual with ADHD is impulsive, easily distracted, inattentive and hyperactive, often wanting to get up and change his or her location. An individual with ADD has difficulty sustaining attention but is not characterized by hyperactivity (Hallowell & Ratey, 1994; Byron & Parker, 2002).

### ***Asperger's Disorder***

Asperger's Disorder was first described in the 1940's by Viennese pediatrician Hans Asperger, who observed autistic-like behaviors and difficulties with social and communication skills in boys who had normal cognitive and language development (Autism Society of America, 2008). Individuals with Asperger's often want to fit in and interact with others, but they may be awkward, not understanding of conventional social rules, or show a lack of empathy. Common are limited eye contact, difficulty in sustaining normal conversation, unusual speech patterns – e.g., lacking inflection or too loud - and not understanding the subtleties of language, such as gestures, irony or humor (Autism Society of America, 2008). On my campus, disability services staff report that the number of students with a diagnosis of Asperger's Disorder has significantly increased, and the integration of these students present a major challenge.

In relation to the classroom, students with invisible disabilities may have limited energy; difficulty walking or sitting for long periods; difficulties in reading, speaking and writing; social difficulties; and difficulties in attending and in listening.

Concerning the disabilities present among students in higher education, an orthopedic or mobility impairment is the disability most frequently reported (29.4% of undergraduates who report a disability; 25.1% of graduate students who report a disability); and the data indicates that all disabilities are present and reported across both student populations (U.S. Department of Education, 2000, 2004, 2006). Universal Design is an instructional strategy that its proponents argue meets the needs of many students with disabilities. The next section describes this strategy and evaluates it in relation to the experiential classroom.

## Universal Design

Universal Design (UD) is a contemporary approach to course design and course management at any academic level that aims at meeting the needs of diverse learners, including students with different abilities and different disabilities, students speaking English as a second language, older students, and students with different learning styles (Northwestern University Services for Students with Disabilities, 2005; Brinkerhoff, 1991; Ohio State University Partnership Grant, n.d.).<sup>2</sup> Done well, UD “minimizes the need to make special arrangements for individuals” (Burgstahler, 2007, p. 37). UD has been found to benefit all students, and one resource describes UD as “just good teaching” (Ohio State University Partnership Grant, n.d.).

In UD, in essence, a classroom is created that permits all students access to content, materials, tools and support services. A UD course is characterized by features such as the following (Northwestern University Services for Students with Disabilities, 2005; Brinkerhoff, 1991; Ohio State University Partnership Grant, n.d.):

- Course decision making is completed so others have ample time to have course materials developed in alternate formats, such as books on tape and Braille.
- Preferential seating for those with visual and hearing problems.
- Material is presented in an organized fashion and at a reasonable pace.
- The previous lesson is reviewed; the present lesson is previewed and summarized at the end.
- Important terms or ideas are written on the board.
- An instructor avoids talking with his or her back to the class.
- Questions asked by students are repeated by the instructor.
- An instructor secures a note taker for some students, allows students to tape record lectures, or provides students with a copy of his or her notes.
- Technology is used to increase student accessibility to course content. For example, selecting a text that is also available on-line, and making the syllabus, assignments, and homework sheets also available on-line as well as in class. This permits students to locate material that may be misplaced and, in some cases, to view these materials using assistive technology, that is, technology that presents text in a large-type format, translates text into the spoken word, or, when a student is preparing a paper, translates the spoken word into written text.
- Instructional methods are varied to stimulate interest and to permit movement. An instructor provides illustrations, distributes and reviews handouts, and uses audio and visual supplements in class. When videos are used they are closed-captioned.
- Peer mentoring, group discussions, and cooperative learning are used in addition to whole class sessions.

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<sup>2</sup> Additional resources on Universal Design are: Preiser, Wolfgang F.E. and Ostroff, Elaine, Eds., 2001, *Universal Design Handbook*, McGraw-Hill Professional, New York; and Higbee, J.L., Ed., 2003, *Curriculum Transformation and Disability: Implementing Universal Design in Higher Education*, University of Minnesota, Minneapolis, MN. AHEAD – the Association on Higher Education and Disability – has assembled a comprehensive list of resources on Universal Design. See [http://ahead.org/resources/ud\\_intro.php](http://ahead.org/resources/ud_intro.php). Retrieved December 30, 2008.

- Both written and oral instructions for assignments or a class activity are provided, instructions are clarified, and questions are welcomed and sought.
- Shorter exams are given more frequently.
- Students are permitted to demonstrate knowledge of subject matter through alternate means.
- Clear feedback is provided to students.

Certainly, the proponents of UD have proposed classroom accommodations appropriate for and responsive to different student abilities and many student disabilities and, in the end, beneficial to virtually all students. Notwithstanding the suggested work with peers and in groups, the thinking and work done here has assumed a primarily traditional, rather than an experiential, classroom experience, that is, one involving daily lectures, whole-class discussions, videos, overheads, and Power Point slides (Northwestern University Services for Students with Disabilities, 2005; Brinkerhoff, 1991; Ohio State University Partnership Grant, n.d.). Though UD is a valuable contribution, it does not adequately address the issues that are likely to arise for students with disabilities in the experiential classroom.

### **Experiential Teaching and Learning, and Student Disability**

In experiential teaching and learning students are involved directly in an activity, discuss the activity and build awareness and insight, and, it is hoped, incorporate their new understanding into their daily lives (Luckner & Nadler, 1997). Experiential learning involves a direct encounter with the phenomena being studied rather than merely thinking about the encounter (Brookfield, 1983; Kolb, 1984). One source claims that “what experiential learning does best is to capture the interest and involvement of participants but most importantly it contributes significantly to the transfer of learning” (Utah State Office of Education, 2008).

The work of David Kolb has been very influential in shaping the experiential approach in education and experiential practice (Kolb, 1984). Influenced by the powerful methodology of the T- or Training Group, in which the spontaneous behavior of participants becomes the source of important learning, Kolb proposes a four-step model of learning. The learning process often begins with an individual carrying out a particular action and observing the effect of this action in this situation (Step 1 – Concrete Experience). This experience is reflected upon and, in part, what was revealed about the action’s strengths and weaknesses is identified (Step 2 – Observation and Reflection). The individual then formulates some generalized learning that informs action taken in the future in similar circumstances (Step 3 – Forming Abstract Concepts). The intent of the individual may be to have action in the future be more effective. Finally, an individual tests out his or her learning by actually applying it (Step 4 – Testing in New Situations). Accordingly and in general, experiential education and the experiential classroom features the direct in-

volvement of students in experiences from which learning can be derived, and the opportunity to engage in subsequent experiences where they may apply their learning.<sup>32</sup>

The experiential classroom makes use of many tools to foster learning by students. These include simulations that may involve role plays; case analysis and discussion in groups; group problem solving; events designed to test student capabilities and skills in such areas as communicating, listening, summarizing and representing; and instruction followed by practice. The experiential classroom will often involve confronting students with various tasks and challenges and is characterized by an element of spontaneity, that is, what is done and worked on in class may not be announced in advance. Though students can learn much from simulations and exercises in class that require action, involvement and reflection on their part, in this author's experience, for many students with a disability there is a very real possibility of negative outcomes, such as ineffectiveness and embarrassment.

Theoretically it is conceivable, and some past classroom experience confirms, that recurring and vital exercises in my courses are very difficult situations for students with certain disabilities, particularly neurological disabilities, such as learning disabilities, Traumatic Brain Injury (TBI), Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD); auditory disabilities; other physical disabilities, such as the effects of chemotherapy; and psychiatric disabilities, such as social anxiety disorder, bipolar disorders and depression. For example, take the experience of small group problem solving and decision making, a common pedagogical strategy used in many courses. This experience typically requires: quick reading and mastery of a written case that contains essential facts; high sustained energy and focus until a group decision is achieved; the ability to take in, understand, remember and combine the ideas of others; relevant, appropriate comments; members taking turns across many such experiences in recording or posting on newsprint group members' ideas; a well-reasoned decision concerning why one supports or does not support a course of action tentatively favored by the group; and the willingness and the ability to present the group's decision to the instructor and to the class. While acknowledging that there is great variation among students with the same disability, in general, disabilities such as the ones above make it difficult to perform, and therefore learn, these roles and responsibilities.

For example, depending on a student's particular learning disability and the degree of disability students with learning disabilities could have difficulty reading and mastering the facts of a written case in the time typically allotted for this activity; organizing and remembering case facts; combining and integrating one's own and others' ideas; recording the ideas of others; and publicly articulating and defending a group's decision in a case, particularly if the decision was complex. Maintaining sustained focus and energy until the decision-making task had been concluded, essential for combining and integrating ideas and other group tasks, would be difficult for certain students with ADD, ADHD, depression, or a chronic health issue.

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<sup>3</sup> Experiential education has been defined to include cooperative education placements, service learning and practicum experiences (Keen & Howard, 2002; Cantor, 1990), but the experiential classroom is the focus of this article.

The following are examples of other experiential exercises that are developmentally important and widely used in some form in my field and in others, yet which are likely to pose problems for students with disabilities. Identified for each exercise are a selection of disabilities that could affect a student's performance. It is important to note that medications taken by a student for a disability, such as for anxiety, depression, or a chronic health issue can also adversely affect student performance.<sup>4</sup>

***Self-Introductions in Small or Moderately-Sized Groups, or to the Entire Class, and Learning Other's Names***

This exercise may pose problems for students with social anxiety disorder, a learning disability, TBI, Asperger's Disorder, depression, bi-polar disorder, or a chronic health issue. For example, a student with social anxiety disorder may experience severe stress that interferes with recalling personal information and learning other's names.

***A Personal Space Exercise***

In this exercise a student seeks answers to simple questions from a partner, while walking towards him or her, infringing on his/her personal space. This exercise may pose problems for students with an orthopedic disability, social anxiety disorder, a learning disability, an auditory impairment, depression, bi-polar disorder, obsessive-compulsive disorder, Asperger's Disorder, TBI, or a chronic health issue. For example, certain orthopedic disabilities makes this an awkward or difficult exercise for a student, and a student with an auditory disability may be unable to hear the questions asked by his or her partner, most certainly in a classroom where other students are simultaneously carrying out this activity.

***A Back-To-Back Exercise Designed to Test and Improve Clarity in Communication***

In this exercise, two students are seated back-to-back and each, in turn, must describe a drawing to be reproduced by his or her partner. This exercise may pose problems for students with an auditory impairment, blindness or a visual impairment, an orthopedic disability, a learning disability, Asperger's Disorder, or TBI. Because this is invariably a noisy class activity as many student pairs are communicating at once it is likely to be an especially challenging environment for a student with an auditory disability. Students with a learning disability may have great difficulty in accurately displaying spatially the spoken instructions of his or her partner.

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<sup>4</sup> As an example, a student with schizophrenia at my university reported to campus disability staff that the new medication he was taking was successful in blocking the voices he heard for years. However, because of the medication he was either falling asleep in class or had great difficulty in maintaining attention and understanding the information being presented (personal communication, university disability services staff).

### ***Listening Exercises***

In one common form of this exercise a moderately complex story is read to the class. Students working alone then answer questions on the story, volunteer and discuss their answers, and score their work. This exercise may pose problems for students with an auditory impairment, blindness or a visual impairment, a learning disability, TBI, depression, bi-polar disorder, ADD and ADHD, or a chronic health issue. A student with TBI or some learning disabilities may have difficulty remembering facts from the story and are likely to have fewer correct answers than most group or class members.

#### ***A Listening Exercise in Pairs***

In this exercise a student is expected to remember and apply certain listening/helping rules in his or her interaction with another. This exercise may pose problems for students with social anxiety disorder, an auditory impairment, a learning disability, Asperger's Disorder, TBI, depression, bi-polar disorder, ADD and ADHD, or a chronic health issue. For example, a student with a learning disability, TBI, or depression involved in this exercise or in the ones described immediately below may have difficulty following directions provided to the class and remembering the actions to use and to avoid.

#### ***Other Exercises in Which Students Practice Behavior***

In these exercises students are expected, in pairs, to either practice or to demonstrate to the class right or wrong ways of handling a particular interpersonal task, such as checking a perception, evaluating work performance, and responding to problems. These exercises may pose problems for students with social anxiety disorder, a learning disability, an auditory impairment, depression, bi-polar disorder, Asperger's Disorder, TBI, or a chronic health issue.

#### ***Mock Interviews***

In mock interviews a student is expected to answer questions posed by a "recruiter". This exercise may pose problems for students with social anxiety disorder, an auditory impairment, a learning disability, Asperger's Disorder, TBI, depression, bi-polar disorder, ADD and ADHD, or a chronic health issue. Interviews are performances and these may be uncomfortable and difficult for a student with a social anxiety disorder. Carried out in a noisy classroom this exercise would be difficult for a student with an auditory impairment, ADD or ADHD. The retrieval, organization, and articulation of personal information could be difficult for certain students with a learning disability or TBI.

Many of these exercises are conceived as "challenges" for students from which significant learning can be derived. From student journals I have learned that students experience them as challenges, as well. It is very likely that for students with certain disabilities these classroom events may be terrifying and, unfortunately, the exercises may elicit behavior that becomes a source of embarrassment. No instructor, of course, wishes these outcomes for any student. The next section proposes strategies for instructors that reduce

the likelihood of these outcomes, and provides examples of accommodations that can be created for experiential activities.

### **Proactive Strategies**

It is possible to visualize at least three proactive strategies available to an instructor that make it more likely that the outcomes from experiential activities and courses are, in balance, positive ones for all students, including those with disabilities. These will require the investment of additional time by a faculty member, yet it is hoped that he or she will consider this investment worthwhile. These strategies are not mutually exclusive, that is, the strategies, including the last two, can be implemented together.

To date, I have effectively implemented the first strategy. Funded inquiry on student disability in higher education led to extensive discussion with staff at the University's disabilities services office, and participation in its workshops. The student self-assessment questionnaire and fact-sheet to be discussed shortly (Appendix C) and this article and its examples were inspired and informed by these activities. I have not as yet had the opportunity to fully implement to my satisfaction the second and third strategies, which involve close work with a student with a disability across a semester, but will most certainly do so when the next opportunity arises. I am confident both in my ability to implement these strategies and confident that implementing one or both will lead to a better classroom experience for students with a disability. The self-assessment questionnaire has prompted constructive discussion with students with disabilities enrolled in my courses in two successive semesters. These discussions will be summarized in the section of this article that describes the self-assessment instrument.

In advance of implementing the recommendations in this article, including administering the self-assessment questionnaire, an instructor is advised to consult with the professional staff of his or her campus disability services office. Some colleges and universities have specific policies in place that are relevant to these activities and the professional staff of this office is usually very well informed about them. These recommendations, particularly the first and second ones, are also important ones for, and relevant to, courses primarily using lectures and those that infrequently employ experiential methods, including group work.

#### ***Disability Services Office***

Today, most college and university campuses have a disability services office responsible for counseling students who have, or who believe they have, a disability, and for arranging campus and course accommodations. Typical course accommodations include providing students with assistive technology, some examples of which were described above; requesting extended time on examinations; and providing distraction-reduced exam settings with exam monitors and, when required, keyboards on which answers to examination questions can be typed.

Most students with a disability will pass through and have discussions with personnel in this office. For this reason, it is important for instructors who teach experiential courses to talk with the professional office staff about them. With course descriptions, disability professionals are in an excellent position to counsel and prepare their students. For example, some students, such as those with a temporary disability, may be counseled to take the course in another semester when they would be better able to handle its requirements.

The staff will be able to indicate to an instructor how he or she can help a particular student with a disability who is enrolled, or future students with a disability, in advance of the start of the semester and during the semester. For example, students for whom reading is difficult often wish to begin reading in advance of course start-up, and would, therefore, appreciate learning of early reading assignments. Again, disability services staff can often arrange for a student to receive assistive technology if this is required.

As professionals, they are also likely to highlight problem areas in a course beyond those an instructor might see, and to suggest remedies for those problems. Finally, the professional staff may want to know if there is a more conventionally structured course a student could take in lieu of one employing experiential methods.

An instructor should be aware that, often, there are a number of students with disabilities who do not work through this office and its staff, or who work with the staff only sporadically (Tincani, 2004; personal communication, university disability services staff).

### ***Pre-Semester, Early-Semester and On-Going Discussion with Students with Disabilities***

An instructor is sometimes informed in advance that he or she will have a student in class with a disability, either by the disability services office or by the student him- or herself. In other cases, a student will approach an instructor at the end of an early class and indicate that he or she has a disability, or a student might make this known on a student information card he/she completes and submits in class. A statement in the course syllabus, like the one in Appendix A, which is the one I use, will convey that an instructor is willing to meet with students to discuss disability-related issues.

In these instances, an instructor can arrange to meet with a student outside of class to discuss the course. Some disabilities are obvious because they are visible and others are not. It is important to note that the name of a student's disability or disabilities is a private matter. While a student may choose to reveal this information to an instructor, an instructor cannot ask, nor can the disability services office reveal, a student's specific disability or disabilities (LRP Publications, 2007). Nevertheless, even in the absence of this information, there is much that is constructive that can be done.

At the meeting, the instructor can begin by stating that he or she does not have to know what the disability is but wishes to know how it affects the student. The instructor should describe in detail the goals of the course, his or her expectations for students, the nature and examples of class activities, and how he/she intends to evaluate student performance.

Appendix B presents a selection of questions an instructor could ask a student after describing the course. If a student disability is temporary, for example, chemotherapy effects or some depressions, discussion might indicate that it would be better for a student to take the course once he or she is better able to handle its demands. However, many disabilities, such as Traumatic Brain Injury, ADD, ADHD and learning disabilities are permanent conditions. Discussion might indicate that it would be better for a student to take a more conventionally organized elective.

Assuming that these are not the outcomes, that is, a student elects to remain enrolled in the course, the student in this discussion will almost certainly be able to describe the kind of assistance in the semester he or she would value. For example, a student with a learning disability might request to receive in advance copies of written cases, a role in a role play, in-class instruction sheets, and the like, so that these can be studied in advance and need not be quickly read and mastered in class. A student with a learning or vision disability might request that cases and instruction sheets be read aloud in class so he/she can better comprehend them. In a course where self-introductions are required, a student might seek permission to refer to notes or cards that had been prepared in advance when it is his or her turn. Students with significant anxiety may request permission to present a paper or group decision from his or her seat rather than standing or presenting it at the front of the class. Students might also indicate how their medical treatments and medications will influence their class attendance and class participation. Students may indicate a need periodically to stand and stretch during class. A student might indicate in this meeting or a later one that because of his or her disability performance in a particular class activity would be poor and/or embarrassing. He or she might request to observe rather than take part.

This student-centered approach is prudent because there is great variation among students with the same disability. Obtaining the assistance of students with a disability in shaping course accommodations also supports the larger movement to train students and adults with disabilities to be effective self-advocates. In settings that may not be ideal for those with a disability, self-advocacy by individuals improves the chances of personal and career success (Brinkerhoff, 1994; Palmer & Roessler, 2000; Skinner, 1998).

At this initial meeting plans should be made to talk again once the semester is underway. With regard to the conversations an instructor may have with students, it is important to remember two things. First, it is important that an instructor indicate to the student in the initial discussion that it is necessary to treat the agreed-upon accommodations as tentative until they are reviewed and approved by the professional staff in the disability services office. This review is crucial before accommodations are made. By law and in the interest of fairness, accommodations must be valid and appropriate ones for a disability, and only the professional staff, by virtue of their training, can make this determination. Recognizing the primacy of the disability services office protects the student, professor and university from claims of favoritism and unfair advantage. Second, the course accommodations granted must be reasonable ones and not diminish the integrity or ignore the goals of the course.

### ***Enlist the Support and Assistance of Other Students in the Class***

This author's experience suggests that students can be very supportive of students with special needs. Students have been observed assisting athletes and others in class who have been injured; working with and bringing up to date students who have missed class for health reasons; and consoling colleagues who have experienced a significant loss of a friend, family member or pet. In line with this, an instructor may be able to enlist the help of students to create a positive and supportive class environment for a student with a disability. For a student with Asperger's Disorder or another form of autism this strategy would seem to be most important as the student's actions might not otherwise be understood by other students, and easily misunderstood. Reports indicate the importance of supportive social networks that include other students to the academic and social success of students with Asperger's Disorder (Myers, 2009; Bullard, 2004). Indeed, it is increasingly common for families with an autistic child to hold a party when they move into new neighborhoods, so other children can learn about and be predisposed to be kind to their child (e.g., Hardy, 2004).

There is evidence that disabled and non-disabled students benefit from this arrangement, some academically when students without disabilities provide tutoring assistance to students with disabilities (Smith, 2003; McDonnell, Mathot-Buckner, Thorson, & Fister, 2001). Of course, in a university business program establishing alliances between disabled and non-disabled students is good preparation for future work roles, including the role of a manager. Work settings, like educational settings, have to make reasonable accommodations for individuals with disabilities, and it is often the manager and the worker who craft these accommodations (*Americans with Disabilities Act of 1990*). Miller (2000) indicates how business schools are an appropriate venue for educating future managers about managing HIV/AIDS in the workplace.

For this approach to work a student must be willing to make his or her disability known to the instructor and to other students. The student is not required to name his or her disability<sup>5</sup>, yet he or she must be candid and disclose the kinds of difficulties encountered because of the disability. A student needs to let others know the forms of assistance he or she would find valuable, and perhaps re-open this issue as the course unfolds. For example, a student might request that cases distributed for group analysis and decision making, and instructions for other class exercises, be read aloud. A student with Traumatic Brain Injury, a learning or another disability might desire to have one or more in-group run-throughs before presenting a group decision to the class. Because certain disabilities such as cerebral palsy and learning disabilities affect the formulation or expression of ideas, and reaction to the ideas of others, students may request that a group or class be patient when he or she participates. A student with an anxiety disorder might indicate a desire to step out of the group briefly in order to do deep breathing or, in another way, calm him- or herself before rejoining the group. A student with ADHD may indicate that he or she may occasionally forget to bring materials needed for class and that he or she would appreciate being reminded of course assignments and due dates. To keep a group member with ADHD focused and involved in a group task he or she might be asked to function as

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<sup>5</sup> By law, a student cannot be required to disclose this information (LRP Publications, 2007).

group recorder, or assigned another group task. Both the student and his/her group can treat this assignment as an experiment to see if this action achieves the outcome(s) desired.

These are only a few examples of the kinds of understanding that might be sought, and the accommodations that might be arranged. With the understanding and acceptance of his or her group and/or class, a student with a disability might, on occasion or across a course, be more willing to throw him- or herself into class activities in order to learn how well he or she can perform.

### **Prompting Student Disclosure Through a Self-Assessment Questionnaire**

The successful use of the previous two strategies requires voluntary self-disclosure by a student with a disability. Recently, I developed a student self-assessment questionnaire and associated fact sheet to make this more likely (see Appendix C).

The primary purpose of the questionnaire and fact sheet is to prompt students who may have an undiagnosed disability, or who are attempting to cope with a known disability on their own, to meet with staff at the disabilities services office for informal discussion and evaluation. Depending on the outcome of these discussions, if students are willing, the office can facilitate collaboration between students and me that is very likely to be mutually beneficial. Another purpose of the questionnaire and fact sheet is to prompt direct and immediate constructive discussion with students. Of course, another outcome is to increase the likelihood that students receive assistance in relation to their other courses, as well. The questionnaire and fact sheet are intended to be helpful, and this intervention is a proactive response to the increasing number of students on campus with a disability.

The self-assessment has thirty-four questions and is capable of suggesting the presence of up to nine disabilities: learning disabilities; ADD and ADHD; a health problem or impairment; social anxiety disorder; Asperger's Disorder or Syndrome; clinical depression; bipolar disorder or bipolar depression; and obsessive-compulsive disorder. The fact-sheet offers information on each disability and encourages students, depending on their answers on the self-assessment, to have informal discussion with and evaluation by professional members of the campus disability office. The telephone extensions for these staff are provided. (The course syllabus has their names, telephone extensions, and e-mail addresses.)

The questionnaire and fact sheet were developed using materials prepared by the disability services office, including materials used in campus presentations; resources discovered in the preparation of past scholarly work; and information from WebMD.com, information created in close collaboration with the world-renown Cleveland Clinic. The questionnaire and fact sheet was reviewed, refined, and approved by disability services professional staff, who supported its classroom administration.

Students complete and retain the questionnaire and fact sheet. To preserve privacy, the questionnaire is not collected and students are not required to share their answers with other students or with me. I administered the questionnaire in Fall 2008 and Spring 2009, and spoke about it briefly after its administration. It may be possible to turn this intervention into an activity or exercise that engages the entire class, though this would have to be done with great care. Reflection on this application of the questionnaire will continue.

In both semesters, students seemed to take great care in completing the self-assessment and in reading the information on the fact sheet. The results of an eight-question survey completed by students in Spring 2009 about two weeks after the self-assessment was administered strongly supports its continued use. Students indicated that: they trusted the instructor when he said their answers would remain confidential; they provided honest answers to the questions; completing the self-assessment did not make them uncomfortable; they learned a lot from the instrument; and the self-assessment should be used in classes in the future.

The administration of the questionnaire in the fall did not prompt any immediate discussion with a student, and, as far as the disability staff and I could determine, it did not prompt any student to visit the campus disability office in the course of the semester. During the semester, I did have a constructive discussion with a student with a disability prompted, I believe, by both the questionnaire and a record of poor exam performance. The student had been attempting to cope on her own with dyslexia, a learning disability. For this particular student, the experiential methods used in her course – primarily completing brief cases in advance of class and sharing and discussing answers to case questions in a small group – did not pose significant problems for her. I encouraged her to secure more current external evaluation of her disability, something desired, as well, by the disabilities services office and which would be required if she was to receive potentially useful accommodations, such as a distraction-reduced examination environment or extended time on examinations. Unwilling to pursue a new evaluation of her disability during the semester she did benefit somewhat from our review and discussion of her previous examinations.

In Spring 2009, I had another constructive discussion with a student with a disability. The discussion was initiated by the student and, again, was prompted by both the questionnaire and poor performance on the first course exam. Diagnosed four years ago with multiple disabilities, by his own admission only one – a learning disability – seemed to affect his performance in the almost entirely experientially-based course, and it impacted only his exam performance. He claimed to have moved beyond his depression and to have perhaps “outgrown” his Aspergers – the latter surprised me as he did not display the characteristic behaviors. I subsequently learned from disabilities services staff that individuals may be diagnosed with mild Asperger-like symptoms. Following my suggestion, this student, a junior, contacted the disabilities office and learned that his parents, unbeknownst to him, had filed reports documenting his disabilities when he had first enrolled at the university. As the reports were sufficiently current he was able to receive assistance and accommodations at once. His discussion with disabilities staff focused on test-preparation and test-taking strategies. The staff suggested, and I approved, extended time

on examinations and a distraction-reduced exam setting. These activities and accommodations considerably improved this student's exam performance.

Both students would likely benefit from shorter and more frequent examinations, one of the principles of Universal Design. While this may certainly be possible in future semesters, this change in course design will have to be most carefully weighed in terms of its impact on instructional goals.

Prior to the administration of an instrument like the self-assessment an instructor would be advised to determine if students have taken part in a similar activity, perhaps in their new-student orientation or first-year program. I know this is not the case for my institution. In the future, I plan to either make available to students additional information on counseling services or have on hand a counseling professional who would speak briefly to students after the self-assessment has been completed and the associated fact sheet reviewed.

### ***The Disability Excuse***

Faculty report that some students, in response to poor performance on an exam, in a lab, or on an assignment, will plead to the instructor that they have a learning disability or other special need and seek future accommodations (reviewer's comment; presentations by campus disability services staff). To be clear, only the disability services office and its professional staff, alone or in consultation with other professionals, have the ability to determine and to request course accommodations on a student's behalf. Most colleges and universities have policies to this effect. Individual faculty members and departments need to refer these students to this campus office rather than crafting accommodations on their own. This could be clearly stated in the course syllabus and reinforced through an announcement in class at the beginning of a semester.

## **Summary**

The proportion of students with a disability in higher education has reached a point where it is likely they will be encountered in the classroom. Consequently, it is important for instructors to be aware of the challenges faced by students with different disabilities, and to be willing to plan and conduct their courses with these students in mind.

The principles of Universal Design provide a template for the design of courses that accommodate the needs of students with different abilities, disabilities, language facility, and learning styles. It is clear that the application of these principles will likely help all students, not just those with a disability. Readers are encouraged to do additional reading in this area and to apply UD principles in their classrooms.

If experiential teaching and learning, with its emphasis on direct experience, action and spontaneity is carried out without some awareness of student disability, it is likely to place students with disabilities in difficult situations. Without additional and often advance work on an instructor's part the characteristics of a disability may function to keep

some students from performing well. In this article specific recommendations are made to increase the likelihood that all students will have satisfying and successful experiences in experiential courses. First, it is recommended that an instructor using experiential methods establish a relationship and begin a dialogue with personnel in the campus disability services office. Course descriptions provided by instructors to disabilities staff are valuable for several reasons. They can be used to counsel students in course selection and to prepare students for course requirements. Provided with a course description disability services staff can allocate or acquire course-related resources students will need and value, such as assistive technology and tape recorders. Professional staff may highlight problem areas in courses for students with disabilities and suggest to an instructor supplemental course practices and procedures that would be helpful to these students.

Second, instructors are encouraged to have at least one pre-course or early course discussion with each student enrolled with a disability. Knowledge that a student has a disability may come from the disability services office or from the student, and students may be more prone to reveal this information by a statement concerning disability in the course syllabus, a statement by the instructor in class, or through the distribution of an instrument like the self-assessment questionnaire. In the initial meeting with the student the instructor would describe course requirements and procedures and the student would indicate the kind of accommodations that would lead to improved learning and to a more comfortable and successful course experience. The agreed upon accommodations should be shared with disability services professional staff so that they can verify that the accommodations are appropriate ones for the student's disability. While instructors are encouraged to be open and flexible, in the end, no instructor is required to make accommodations that reduce the integrity of a course. An instructor is also encouraged to have additional discussion with students across the semester for the purpose of learning, and for the purpose of making additional course adjustments, if required.

Finally, if a student is willing to disclose his or her disability to a class, or to an assigned class group, his/her classmates can support, encourage, and assist a student across the semester. The student with a disability can indicate to classmates and instructor what forms of assistance would be most valued. As a consequence of the support that he or she receives a student with a disability may be more willing to engage in experiential experiences in the same way a student without a disability would, as a test, and to learn how well he or she can perform.

This is perhaps the first article to explore the intersection of student disability and experiential learning. I will continue to look for opportunities to apply the strategies proposed in this article and to carefully record and report their outcomes. As the number of students with disabilities in a course section is likely to be small and the degree of disability will vary a qualitative research strategy rather than an empirical one would seem to be most appropriate here. The Kolb four-stage model of learning and growth, which involves experience, reflection, learning and planning future action, and practicing new behavior, could be used to shape at least part of this research (Kolb, 1984). With some modification, student journals, essentially self-reports on significant classroom experiences that I currently use in an experiential course, could be used to monitor the experi-

ences of students with disabilities and to evaluate their movement through these four stages. One potentially valuable empirical strategy would be to divide a population of students with disabilities into cohorts based on their disability, and to have them report on their experiences in experiential classrooms. Both qualitative and empirical research methods would contribute to a fuller understanding of student experience and suggest strategies for using experiential methods.

There are many instructors who employ experiential methods in their teaching, some extensively (Luckner & Nadler, 1997; and personal communication with members of the Experiential Learning Association, an affiliate of the Eastern Academy of Management, and others). I encourage them to use the strategies proposed in this article and to report on the outcomes. As these instructors, collectively, are quite creative, I encourage them, as well, to suggest new approaches for working with students with disabilities in experiential settings.

It is important to note that given the increasing prevalence of disabilities on the college campus it may be necessary for an academic department to re-visit and weigh the issue of the courses that are required in a major field of study. While complete treatment of this issue is beyond the scope of this paper, the issue of reasonable and appropriate accommodations for students with disabilities has been and remains a key one, particularly in professional programs in medicine and law (e.g., Denbo, 2003; Blair & Salzberg, 2007). In light of the discussion in this article, an academic department may want to weigh both alternate paths through a major and legitimate course substitutions that would be permitted on occasion because of student disability.

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## **Appendix A**

### **Sample of a Disability Statement for a Course Syllabus**

#### **If You Have a Disability**

I am most willing to make accommodations for students having a disability.

Please contact either of the persons below immediately to schedule an appointment for a confidential informal assessment if

1. You have, or think you may have, a disability or medical condition that may affect your performance, attendance, or grades in this class and for which you wish to discuss course adjustments or accommodations;
  2. You may require medical attention during class: or
  3. You may need special emergency evacuation preparations or procedures.
- Dr. \_\_\_\_\_ (\_\_\_\_ - \_\_\_\_ X7xxx; \_\_\_\_\_@rider.edu)  
Director, Services for Students with Disabilities
  - Ms. \_\_\_\_\_ (\_\_\_\_ - \_\_\_\_ X7xxx; \_\_\_\_\_@rider.edu)  
Specialist, Services for Students with Disabilities

Following a review of documentation submitted by a student and his/her health provider(s) appropriate course accommodations can be requested.

You are welcome to contact me privately to discuss your specific situation or needs. I would like to know how I might be of help.

## **Appendix B**

### **Interview Questions**

The following is a selection of questions that could be posed by an instructor when he or she meets with a student who has a disability. The purpose of this initial discussion is to surface information and to learn what course accommodations would be valuable ones for the student.

- What is your overall reaction to the course as I have described it?
- Are there elements or aspects of the course you are concerned about? Why?
- Is there anything I could do concerning these elements that would be helpful to you?
- What elements or parts of this course would not pose any problems for you?
- In other courses what course and instructor practices and procedures have you found helpful because of your disability?
- How do you think your attendance will be affected by your disability?
- How do you think your preparation will be affected by your disability?
- How do you think your participation will be affected by your disability?
- In this course you will be working with other students (or, with a small, stable group of students; or, with small groups of students). In my experience students can be very understanding. Are there useful things they could be told about you and your disability? Are there things other students you will be working with could do that would be helpful to you?

## Appendix C Student Self-Assessment Questionnaire and Associated Fact Sheet

### SELF-ASSESSMENT

This assessment may be of great value to you and requires completely honest answers to each question. You will not turn in this assessment and you will not be required to share your answers with other students. This assessment is entirely for your benefit.

Answer all questions and then consult the information that follows these questions.

#### SECTION A

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Is understanding readings in courses difficult for you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Is organizing and writing a paper difficult for you?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you have trouble remembering material for exams?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you have difficulty in following oral directions?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Do you make careless mistakes in doing math?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

#### SECTION B

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 6. Are you easily distracted and have difficulty completing tasks?             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Do you consider yourself disorganized?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Are you frequently late with assignments or unprepared for class?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Do you often make decisions without thinking enough about the consequences? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

#### SECTION C

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 10. Are you experiencing a health issue, receiving treatment for a health issue, or taking medication that makes it difficult for you to get to early morning classes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Is there a chance you may need assistance during class because of a health condition or illness?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Do you have a health condition which makes it a challenge to take tests on time or finish projects on time?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Do you have a health condition that periodically leaves you fatigued or makes it difficult to do work or concentrate?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

#### SECTION D

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 14. Are you very self-conscious and fearful of embarrassment in social situations?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Do you often experience any of the following in social situations – blushing, sweating, trembling, fast heart beat, nausea? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Are you usually anxious when you enter a classroom?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. Are you most comfortable when you are alone?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**SECTION E**

18. Do new social situations make you anxious? Yes  No
19. Do you often get the message from others that your actions in a group or social setting are inappropriate? Yes  No
20. Do you have trouble understanding others? Yes  No
21. Do you avoid eye contact with others as much as possible? Yes  No
22. Do you believe that you often do or say the wrong thing in conversations with others? Yes  No

**SECTION F**

23. For some while have you felt little pleasure or interest in doing things? Yes  No
24. Have you experienced long periods of sadness or guilt that has kept you from doing things or getting things done? Yes  No
25. Do you frequently have thoughts of feeling worthless? Yes  No
26. Do you lack the energy to take care of your work, social, and daily life? Yes  No

**SECTION G**

27. Do you have mood swings – feeling low or depressed for a period of time and then feeling great? Yes  No
28. Have you experienced periods of feeling down followed by periods where you had great energy and needed little sleep? Yes  No
29. Have you experienced sudden changes from being joyful to being irritable or angry? Yes  No

**SECTION H**

30. Would you describe yourself as frequently obsessive – exceptionally devoted to some activity or task to the exclusion of everything else? Yes  No
31. Often, do you not submit work because it is not perfect? Yes  No
32. Do you have thoughts, images, and impulses that occur over and over? Yes  No
33. Do you frequently perform some activity, like checking a lock or a door, in order to feel safe? Yes  No
34. Is it important to you that you perform repeated rituals that interfere with your daily life? Yes  No

Turn to the next page and consult the information you will find there and on the pages that follow.

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**If you have one or more “Yes” answers to questions in a section it is recommended that you explore further the possibility that you may be functioning with a disability.** Success in school and work – having your performance match your aspirations – may be blocked by one or more **disabilities**.

The origin of many disabilities is neurobiological or neuro-chemical, so a person should not feel guilty or embarrassed if he or she has a disability. What is important is that a person seeks assistance at once to better understand and manage a disability.

At Rider, at other universities, and in workplaces there are personnel who are very willing to join individuals with a disability in evaluating adjustments in courses and settings that make personal success more likely. They are required to keep information about a student’s or worker’s disability **confidential**.

**If you have not already done so, your instructor strongly urges you to contact and speak with one of the individuals from Rider’s Services for Students with Disabilities mentioned in your syllabus (campus number – (609) 896-5000 Ext.7xxx or Ext.7xxx).** They can help you in your exploration of the possibility of a disability. They have been of great help to other students and are able to discuss next steps with you. Your instructor is most willing to provide additional information or to talk with you about your answers on this assessment, as well.

## **SECTION A**

A “Yes” answer to one or more questions in this section may indicate that you have a learning disability, a disorder in which a person of at least average intelligence has difficulty in taking in and understanding, organizing and expressing information. There may be difficulty in listening or reading comprehension, written and oral expression, and in performing math calculations. Sometimes, visually, words or lines of text are skipped, or, in doing math and adding up a column, the wrong numbers are included or numbers are missed.

## **SECTION B**

A “Yes” answer to one or more questions in this section may indicate that you have Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). Individuals with these disorders are often creative, intuitive, and bright. Indicators of these disorders are difficulty in maintaining attention or focus, disorganization, chronic procrastination, work that is not completed, restlessness, and impulsively making decisions without thinking them through.

## **SECTION C**

A "Yes" answer to one or more questions indicates that you may have either a permanent, temporary, or occasional health problem or impairment. When these interfere with major life activities such as learning and working they are considered a disability. Individuals

with significant health issues must be provided with reasonable adjustments and accommodations at school and at work. Rider's Services for Students with Disabilities can help you arrange your schedule to better meet your needs, can help you with time management strategies to help you cope with your courses and condition, and can help you explain your needs to your professors. Examples of permanent health problems are cardiac and some respiratory problems, epilepsy, Chronic Fatigue Syndrome (CFS), arthritis, diabetes, and HIV/AIDS. Examples of temporary and occasional impairment include individuals receiving chemotherapy for the treatment of cancer and individuals recovering from surgery.

## **SECTION D**

A "Yes" answer to one or more questions in this section may indicate that you have a Social Anxiety Disorder. A person with this disorder is fearful of social situations, is self-conscious, and is afraid that he or she will be judged and criticized by others, or make mistakes and be embarrassed in front of others. Sometimes a person will be afraid only of specific types of situations, such as speaking in public. A person will fear a situation before it even happens, for days or weeks before the event. Sometimes a person may avoid going to school or work to avoid social situations, and have difficulty in making or keeping friends.

## **SECTION E**

A "Yes" answer to one or more questions in this section may indicate that you have Asperger's Syndrome. A person with Asperger's Syndrome is typically average to bright yet has problems in the important areas of social and communication skills. A person with Asperger's may not pick up on social cues, does not realize when someone is joking, avoids eye contact in conversation, and may often feel as if he or she has said or done the wrong thing in interaction with others. Starting and sustaining a conversation and understanding others may be difficult.

## **SECTION F**

A "Yes" answer to one or more questions in this section may indicate that you have clinical depression. Feeling sad and depressed at times can be a normal response to life events and to loss. When feelings of intense sadness, including feeling helpless, hopeless, and worthless last for days to weeks and interfere with a person's life and work, he or she may be experiencing clinical depression. Clinical depression is a medical condition that can be treated. Signs of clinical depression are a depressed mood during most of the day, particularly in the morning; fatigue or loss of energy almost every day; impaired concentration and indecisiveness; feelings of worthlessness or guilt almost every day; and a marked diminishment or lack of interest in almost all activities.

**SECTION G**

A “Yes” answer to one or more questions in this section may indicate that you have Bipolar Disorder or Bipolar Depression. A person with this disorder switches between two opposite mood poles – thus the name, bipolar. A period when a person is feeling very happy and energetic is followed by one in which he or she feels very sad, has low energy, and may be irritable. A person with a bipolar disorder is sometimes referred to as manic-depressive because the word “manic” describes the high mood period in which a person is excessively happy, excited, restless and sometimes impulsive. During low periods, besides the symptoms mentioned above, a person experiences a loss of enjoyment from things that were once pleasurable. This period may also be characterized by crying, and difficulty in concentrating and making decisions.

**SECTION H**

A “Yes” answer to one or more questions in this section may indicate that you have an Obsessive-Compulsive Disorder. With this disorder a person is troubled by recurring thoughts, fears or images that he or she cannot control. These thoughts lead to the need to perform certain routines to reduce the anxiety created by the thoughts and fears. A fear of contamination by germs can lead to repeated hand washing or bathing. A fear of harm can lead to repeat checking of things such as locks and stoves. A need for order or exactness can lead to constantly arranging things a certain way, or strict adherence to a daily ritual. The disorder can progress to the point of taking up hours of a person’s day and interfering with his or her life. A person may be aware that one’s obsessions and compulsions are senseless and unrealistic, yet it is often difficult to stop them.