

Accessibility/Disability and Accommodations Policy

Statement

Meadville Lombard Theological School is committed to providing a quality theological education to a diverse group of students and will provide reasonable accommodations to special needs within the limits of what is readily achievable. The partnership between student and Meadville Lombard in addressing a challenge presented by a disability involves the following:

Disclosure

It is the responsibility of the student to self-disclose learning disorders and/or disabilities that require accommodations.* If the student chooses to self-disclose s/he must use the Request For Accommodation form found in the Appendix. The school recognizes that the choice to self-disclose is very personal and all conversations/documentation will remain confidential.

*Accommodation refers to “modifications that need to be made to minimize the discriminatory effect of a person’s physical, emotional, or learning disability, insofar as the provision of the adjustment does not cause undue burden on the setting or the institution. In academia, reasonable accommodations are called academic adjustments, and they might include classroom adjustments, exam modifications, or administrative accommodations.”

Policy/Process

Meadville Lombard Theological School follows these guidelines and procedures for medical documentation of disabilities:

1. The clinician selected by the student must be qualified to make a diagnosis in the area of specialization (and cannot be a member of the student's family).
2. The evaluation should be written on professional letterhead, be current (usually within 6 months but no more than one year) and it should contain the date of the last appointment with the student.
3. The clinician must clearly state the disability claimed to be covered under the ADA.
4. The documentation must clearly support the claimed disability, with relevant medical and other history.
5. The evaluation must include a description of current treatments and assistive devices and technologies (if any), with estimated effectiveness in ameliorating the impact of the disability.
6. The evaluation must include a statement from the clinician indicating a timeframe within which the student should be re-evaluated for the learning disorder and/or disability, indicating that no re-evaluation is needed if that is the case.
7. There must be a description of the functional limitations the student experiences as a result of the disability which specifically addresses a post-secondary educational setting.

8. The request must clearly state the accommodations being requested.
9. The documentation must clearly support the need for the requested accommodation(s).

Once the Assistant Dean of Students receives the Request for Accommodations form (with above stated documentation), s/he reviews it (in consultation with a disabilities consultant if deemed necessary), and, with the student's written consent, consults with the clinician (if clarification is needed). The Assistant Dean of Students will then meet with the student to determine what accommodations will be reasonable and/or appropriate. Academic accommodations can be denied when appropriate documentation has not been provided by the student.

Request for Accommodation

Request for accommodations because of learning disorder or disability includes: (1) initiation of request to the Assistant Dean of Students (by the deadline); and (2) evaluation of request and clinical documentation. The evaluation of the request for accommodations may be shared with the Provost, the Director of Student Records and the Vice President, Finance and Administration as deemed appropriate. When accommodations are authorized, the student will work with the Assistant Dean of Students and the Provost to inform individual faculty members and to negotiate appropriate and reasonable accommodations.

Name _____

Student ID _____

Preferred phone number _____

Nature of learning disorder and/or disability:

Accommodation you will require at Meadville Lombard Theological School:

Attach recent clinical documentation (no older than one year) regarding disability to this form.

Student Signature _____ Date _____