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Methods of implementing general physical access guidelines for the physically disabled, and implementation techniques regarding academic access for the learning disabled, as mandated by the Rehabilitation Act of 1973

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Methods of implementing general physical access guidelines for the physically disabled, and implementation techniques regarding academic access for the learning disabled, as mandated by the Rehabilitation Act of 1973

Abstract

In September, 1973, the United States Congress passed a law which prohibits discrimination on the basis of mental or physical handicaps in every federally-funded program within the United States. The Rehabilitation Act of 1973, Section 504, states: No otherwise qualified handicapped individual in the United States ••• shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance (United States statutes at large, 1973, Appendix A). Institutions must comply with this law, or face losing federal funds.

**METHODS OF IMPLEMENTING GENERAL PHYSICAL ACCESS
GUIDELINES FOR THE PHYSICALLY DISABLED, AND
IMPLEMENTATION TECHNIQUES REGARDING ACADEMIC ACCESS
FOR THE LEARNING DISABLED, AS MANDATED BY THE
REHABILITATION ACT OF 1973**

**A Research Paper
Presented to
Department of Educational Administration
and Counseling
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**In Partial Fulfillment
of the Requirements for the Degree
Master of Arts in Education**

**by
Paul H. Felix
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This Research Paper by: Paul H Felix

Entitled: Methods of Implementing General Physical Access Guidelines for the Physically Disabled, and Implementing Techniques Regarding Academic Access for the Learning Disabled, as Mandated by the Rehabilitation Act of 1973

has been approved as meeting the research paper requirement for the Degree of Master of Arts in Education.

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INTRODUCTION

In September, 1973, the United States Congress passed a law which prohibits discrimination on the basis of mental or physical handicaps in every federally-funded program within the United States. The Rehabilitation Act of 1973, Section 504, states:

No otherwise qualified handicapped individual in the United States... shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance (United States statutes at large, 1973, Appendix A).

Institutions must comply with this law, or face losing federal funds.

Colleges and universities in this country are experiencing unprecedented increases in attendance by physically and mentally handicapped persons (Dalley, 1978; Penn and Dudley, 1980; Stilwell and Schulker, 1973). At the University of North Dakota, for example, only 11 students received special services in 1970 due to handicap. During the fall semester of 1980, the number of handicapped students increased to approximately 360 (Becker, 1980). Many of those students chose to attend the University of North Dakota because of the special services that are available for

handicapped students. Other institutions that have accommodated their programs to the needs of the handicapped have seen similar increases in the number of handicapped students (Perry, 1981).

REVIEW OF THE LITERATURE

Review of literature will be presented in three parts: (1) definitions of disability, (2) guidelines for implementing physical accessibility for handicapped individuals, and (3) guidelines for implementing academic accessibility for learning disabled (L.D.) students.

Defining Disabilities

Sussman (1969) defined disability as "a limitation experienced by the impaired individual in comparison with the activities of unimpaired individuals of similar age, sex and culture" (p. 384). Recent use of the term, disability, follows a similar pattern, and emphasizes the social activities affected by a physical or mental impairment. Some authors contend that limitations imposed by a disability are what is inferred by the term, handicap (McGowan, 1972). More often than not, though, the terms, disabled and handicapped, are used interchangeably (Yuker, 1977).

After reviewing several different usages of the term, disability, Kutner (1971) offered a social-psychological perspective that seems particularly useful. He took both the behavioral and medical aspects of the concept into consideration, and defined disability as an "enduring measurable or testable impairment of function emanating from psychological disorder, physical illness,

injury, or congenital malformation and producing longterm changes in the performance of normally expected social roles and behavior" (p. 144).

Disabilities can range from mild, to severe or profound. They can be broadly categorized as physical, emotional/behavioral, intellectual, sensory or learning disabled (Brolin, 1982).

The term handicapped includes conditions or diseases such as speech, hearing, and orthopedic impairments, epilepsy, muscular dystrophy, cerebral palsy, cancer, diabetes, multiple sclerosis, heart diseases, emotional illness, and mental retardation; and specific learning disabilities such as perceptual handicaps, dyslexia, developmental aphasia, and minimal brain dysfunction. To be considered a handicap or a disability, a mental or physical impairment must substantially limit one or more of the major life functions (Department of Health, Education and Welfare, 1977).

Physical Accessibility for Disabled Individuals

It has been estimated that architectural barriers may pose a problem to as many as 47.1 million people nationwide. Included in the estimate of those affected are 11.7 million ambulatory disabled, 12.5 million temporarily injured, 2.4 million deaf, 11.0 million hearing impaired, 1.3 million blind, and 2.0-8.0 million visually impaired (DeGraff, 1977). DeGraff (1977) noted that people can be counted

more than once due to multiple handicaps. His estimate did not include persons who are not actually disabled according to current definitions, but for whom architectural barriers pose problems of various kinds. Included in this group are women in the later stages of pregnancy, parents with infant carriages, shoppers with grocery or market carts, and those who, simply for health reasons, cannot climb a flight of steps. The "one in ten Americans" adage about disadvantages applies to those who are 65 years of age and older.

For college officials who are not sufficiently familiar with the mandates of the Rehabilitation Act, the costs of providing physical accessibility for the handicapped may appear exorbitant. It must be remembered, however, that not every inch of campus needs to be made architecturally accessible for equal participation by handicapped students (Snyder, 1982).

The following example of a typical university illustrates the magnitude of the task of implementing physical accessibility for students. The main campus of University "Y" is 1.3 miles long and .3 miles wide, and accommodates more than 100 buildings. Approximately 34 of the campus buildings have ground level entrances which provide ready wheel chair access. It would be far from accurate to assume from these statistics that two-thirds of University "Y" is functionally inaccessible (DeGraff, 1977). Even under the Rehabilitation Act regulations, University "Y" had no

intention of making the other two-thirds of the campus accessible. There is a practical, realistic difference between ideal and functional accessibility. Ninety-plus percent of the campus' primary classrooms, cultural, recreational, and residential buildings are included in the 34 building total (Synder, 1982).

On occasion, appointments are made by handicapped students in smaller, inaccessible offices which are not used by students on regular basis. These office appointments are scheduled for accessible campus locations when they are made by ambulatory disabled persons (DeGraff, 1977).

Architectural accessibility can also be augmented by a process called programmatic accessibility where participation in the relocated meeting or activity is not reduced (DeGraff, 1977). Section 85.22 of the Rehabilitation Act states that a recipient of federal money should operate each program in such a manner that the program, when viewed in its entirety, is accessible to handicapped persons. This does not require the recipient to make each facility, or all parts of its facilities, accessible to and usable by handicapped people. The recipient may achieve compliance in other ways: the redesign of equipment, reassignment to accessible classrooms, or reassignment of services to accessible buildings. In choosing among available options, the recipient should give priority to those that offer the most appropriate, integrated settings to handicapped

individuals. Although the ideal accessibility may never be achieved totally, a functional combination of both architectural and programatic accessibility can be used in most cases to meet the needs of handicapped people (Snyder, 1982).

It is important that universities choose appropriate accessibility criteria (DeGraff, 1977). A larger number of more severely handicapped students, using larger, motorized wheel chairs, are appearing on many campuses. Modifications for architectural accessibility must be up-to-date to accommodate the needs of more severely disabled students and their equipment. This must be accomplished without impeding the less severely disabled students on campus. Many accessibility criteria do not satisfy these considerations (Snyder, 1982).

Recommendations for ongoing accessibility updates include an administrative survey team to implement architectural changes. This survey team should be allowed considerable freedom to function, and to make recommendations deemed appropriate by the team (Potter, 1977). An institution should have in place an evaluation program that will ascertain the effectiveness of its service systems for handicapped students. Each institution should also develop an educational program for its students and faculty to explore disabilities and their educational implications. Disability groups and handicapped individuals should be involved in planning such a

program. Disabled students in post-secondary institutions should have support groups with which to share problems and evaluate progress relative to their disability. Placement and employment preparation services should be available to all disabled students. Aided by the guidelines set forth in the Rehabilitation Act, along with current recommendations to make institutions accessible, higher education should be able to keep abreast of handicapped student services (Potter, 1977).

The Rehabilitation Act also requires that institutions make information available regarding physical accessibility of campus facilities. For handicapped students needing specialized information such as this, information objectives are threefold: to introduce the campus to an interested applicant, orient a new campus community member, and to serve as a reference to an existing member (Snyder, 1982).

Although my paper is on general guidelines for providing physical access, techniques and specifications for implementation are outlined in detail. Many individual physical access problems must be addressed (for detailed information see Appendix B).

Academic Accessibility for Learning Disabled

In recent years, students having learning disabilities have emerged as one of the main categories of handicapped students who require special programs to obtain equality of access to various educational programs.

Factors responsible for the increased participation of L.D. students in post-secondary education include: improved methods of identifying children who are learning disabled, appropriate implementation of special education programs in elementary and secondary schools, the influx of students who will be provided an education with necessary support services, and the awareness by post-secondary institutions that, with the provision of necessary support services, L.D. students can succeed in college, technical schools, and beyond (Krulwich, 1983).

If institutions are to provide academic access to L.D students, learning disabilities must be recognized. In order to do this, the general characteristics of L.D. students must first be defined (Snyder, 1982).

Many L.D. students have difficulty with hand-eye coordination and kinesthetic output. These problems become manifest when the hand does not write what the mind directs. Such students misspell

words, including their own name, cross out the incorrect letters, or just simply write back over them (Lopez, 1982).

The inconsistent spelling of small, frequently used words, goes beyond the problem of a student who is just a poor speller. An L.D. student may use three different spellings for the same word within a given paragraph. When asked which spelling of the word is the correct one, the student may not be able to give the correct answer. Therefore, he/she effects a cloaking mechanism. Quite simply, the L.D. student avoids using the word (Snyder, 1982).

Another characteristic looked for in identifying an L.D. student is that of verbal preservation. Many times during an interview, the student may have a difficult time terminating speech. He/she will sometime ramble on, or will reiterate exactly the same answer (Lopez, 1982).

Other characteristics of the L.D. student include a short attention span, restlessness, poor motor coordination, extreme distractability, impulsivity, anomalous handwriting, difficulty in copying material or inaccurate copying, difficulty in putting thoughts down in writing, or the inability to comprehend figurative language. If the number and type of characteristics a student has are correlated, then an assessment of a possible learning disability can be made (Snyder, 1982).

If a student has one or more of the above screening characteristics, it is quite possible he/she may have a learning disability, and should be provided auxiliary aid required under the Rehabilitation Act (Lopez, 1982).

Once a student has been diagnosed as learning disabled, the next step is to determine what form of assistance the student needs. Through appropriate placement, the student may be assured of equal academic accessibility (Snyder, 1983).

Initially, it is helpful to place L.D. students in a class with faculty who are known to be sympathetic to certain adjustments by handicapped and disabled student learners. Participation in a pre-registration activity enables students to arrange for certain auxiliary aids which they may need to complete required course work, e.g., taped textbooks, tape recorders, and readers for students who will require them during an examination. A proofreader is another aid that may be needed by a handicapped student learner. Students who have disabilities involving the writing of information may be provided with a transcriber. The purpose of the proofreader or the transcriber is not to write the students' papers, but to insure that the handicapped students receive proper credit for what they have been able to formulate in their own minds, rather than be penalized for an inability to put information down on paper in a coherent format (Snyder, 1982).

Another auxiliary aid which may be provided is tutoring. Tutors undergo a comprehensive, extensive training program in three different areas:

1. Study skills and cognitive bases of tutoring, including methods of reading a textbook, proper time management, and how to plan a tutoring session.
2. Affective aspects of tutoring, such as how to establish rapport with a tutee, how to manage a difficult tutoring situation, and how to develop self-esteem for a tutee.
- (3) Record keeping procedures and the accountability aspects of a tutoring program. It also addresses ethical and legal aspects of specific tutoring situations, and provides a general overview of the total tutoring programs operation (Lopez, 1982).

Another service for learning disabled students is academic study skills. Most L.D. students are encouraged to register for a course in college survival skills. The main components of this course include effective note taking, how to take objective and essay exams as well as how to study for them, productive use of the library, proper methods for writing a term paper, and overall study skills. Effective time management skills are emphasized. Also, the use of

modification techniques and other social skills to change behaviors of professors is practiced (Snyder, 1982).

The auxiliary aids provided by a handicapped student service program or a learning skills center can be instrumental in providing equal academic access for L.D. college students. Considerably more can be done, however, if professors can be persuaded to take the time to learn about specific learning disabilities and various approaches to teaching the L. D. student. For example, if a professor would alter his teaching style from lecture format to that of a visual, pictorial presentation, L.D. students could use more than one modality in processing information within a classroom setting (Snyder, 1982). This approach uses the ability the students possess in order to help them learn the material, rather than attempting to nullify the deficiencies that the students may have (Lopez, 1982).

Establishing a program to serve L.D. students need not be expensive. Most of the services required are already provided for in one way or another within most collegiate settings. Tutoring services, for example, are usually provided; only a small amount of training would enable a group of tutors to be qualified to work with L.D. students. Instructional media are present in most libraries, and tape recorders are provided on a loan basis. Handicapped student services personnel could certainly set up a system whereby

L.D. students would have access to media material. The use of volunteers can minimize the cost of providing these programs and services (Snyder, 1982).

L.D. student programs usually consist of three types. The first is the pre-college year or semester; this is usually located on a college campus, but can also be included in a secondary school setting. The main emphasis is on diagnosing strengths and individual learning styles. There is usually a large counseling component, with emphases on choice of, and application for, admission to college. These preparatory programs are usually small, ranging in size from three to six students. Many times they also include psychotherapeutic services (Lopez, 1982).

Second is the learning disabilities program contained within a college or university. Major emphasis is placed on individual counseling, academic advising, and identification of educational and personal strengths. Usually, an L.D. specialist coordinates the program. Diagnostic evaluation is typically a part of this program. Regular classes are taken for college credit, and noncredit courses designed to enhance specific skills are often part of such a program. Social skills are also addressed, usually in the form of peer counseling and structured opportunities for various social interactions. The major goal of the L.D. program is to teach students how to manage their disability themselves, and to provide

the necessary support services so that they can function independently in a collegiate setting. This should enable the L.D. student to earn a degree and to handle basic life situations (Hartman, 1983).

Third, universities and colleges admit L.D. students through their regular enrollment process. Most all these institutions have some sort of support system available to all their students. L.D. students may register with the disabled student services officer, and, hopefully, appropriate modifications can be arranged. L.D. students who could succeed in a setting like this include those who can manage their disability, those who are fairly assertive about their needs, and those who possess a strong motivation to succeed. Networking is a necessary and effective tool of the coordinator for handicapped college students. Since many positions are being cut because of budget considerations, it is imperative that we look to the community as a possible resource for expanding and enhancing programs (Krulwich, 1983).

If equality of academic access is to be provided for L.D. students, college officials must recognize that more is involved than providing special services for students who request them. The learning disability program must include awareness training, outreach screening, and a referral system. The program must be available through those student services which are likely to be in

contact with undiagnosed L.D. students, e.g., learning skills centers or counseling centers. Faculty members who adapt their teaching styles and techniques to make material more presentable and accessible to L.D. students also play a vital role. Many of these services are already in place on many college campuses, and can be adapted quite easily to the needs of the L.D. student (Lopez, 1982).

CONCLUSION

Institutions of higher learning which have federally-funded programs are complying with federal mandates to make themselves physically accessible to handicapped people. Failure to do this could result in a loss of federal monies. Different means of compliance include scheduling appointments at accessible campus locations, programmatic accessibility, redesign of equipment, reassignment of classrooms, or reassignment of other services to accessible buildings. Priority should be given to methods that offer programs to handicapped people in the most integrated settings that prove appropriate. It is important that universities choose appropriate accessibility criteria. Recommendations for ongoing access help with this. Provisions must also be made for making information available regarding their facilities.

To provide appropriate academic access to the learning disabled, there must be a current and workable definition of learning disability, proper identification techniques must be in place, and adequate support services must be implemented. Equality of academic access involves more than providing aids. There must be awareness training, an outreach screening and referral system should be available, and faculty members should adjust their teaching styles to make material more understandable to L.D. students.

The integration of physically handicapped and L.D. students into the college community does not happen quickly. College student personnel services staff members can facilitate integration by becoming aware of the various needs of handicapped students, and by providing educational programs that will increase the knowledge, and reduce the uncertainty, about how to educate effectively the handicapped students in the college population.

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Appendix A.

AN ACT

To replace the Vocational Rehabilitation Act, to extend and revise the authorization of grants to States for vocational rehabilitation services, with special emphasis on services to those with the most severe handicaps, to expand special Federal responsibilities and research and training programs with respect to handicapped individuals, to establish special responsibilities in the Secretary of Health, Education, and Welfare for coordination of all programs with respect to handicapped individuals within the Department of Health, Education, and Welfare, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act, with the following table of contents, may be cited as the "Rehabilitation Act of 1973":

PUBLIC LAW 93-112-SEPT. 26, 1973

Declaration of Purpose

Sec. 2. The purpose of this Act is to provide a statutory basis for the Rehabilitation Services Administration, and to authorize programs to--

- (1) develop and implement comprehensive and continuing State plans for meeting the current and future needs for providing vocational rehabilitation services to handicapped individuals and to provide such services for the benefit of such individuals, serving first those with the most severe handicaps, so that they may prepare for and engage in gainful employment;
- (2) evaluate the rehabilitation potential of handicapped individuals;
- (3) conduct a study to develop methods of providing rehabilitation services to meet the current and future needs of handicapped individuals for whom a vocational goal is not possible or feasible so that they may improve their ability to live with greater independence and self-sufficiency;
- (4) assist in the construction and improvement of rehabilitation facilities;
- (5) develop new and innovative methods of applying the most advanced medical technology, scientific achievement, and psychological and social knowledge to solve rehabilitation problems and develop new and innovative methods of providing rehabilitation services to handicapped

individuals through research, special projects, and demonstrations;

- (6) initiate and expand services to groups of handicapped individuals (including those who are homebound or institutionalized) who have been underserved in the past;
- (7) conduct various studies and experiments to focus on long neglected problem areas;
- (8) promote and expand employment opportunities in the public and private sectors for handicapped individuals and to place such individuals in employment;
- (9) establish client assistance pilot projects;
- (10) provide assistance for the purpose of increasing the number of rehabilitation personnel and increasing their skills through training; and
- (11) evaluate existing approaches to architectural and transportation barriers confronting handicapped individuals, develop new such approaches, enforce statutory and regulatory standards and requirements regarding barrier-free construction of public facilities and study and develop solutions to existing architectural and transportation barriers impeding handicapped individuals.

Nondiscrimination Under Federal Grants

Sec. 504. No otherwise qualified handicapped individual in the United States, as defined in section 7 (6), shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

Approved September 26, 1973.

Appendix B.

Specialized physical accessibility information includes: basic wheelchair information, basic crutch and brace information, walks, curb/cut outs, ramps, wheelchair/lifts, parking facilities, entrances, doors, stairs, elevators, public restrooms, residence halls, residence hall bathrooms, hall ways, cafeterias, drinking fountains, walking surface treatment, laundry facilities, postal services, telephones, signage, vending machines, library resources, gymnasium facilities, performing arts, lecture halls, laboratories, alarm systems, intersection walk lights, kitchenettes and health services.