



Ohio Institute of Allied Health

School of Integrative Healthcare

Policy Number: EDU 30

Department: EDUCATION

Effective Date: 10/1/2012

Next Review Date: 3/15/2025

Subject: Students with Disabilities

Purpose: To define students with disabilities

Policy:

Disabled Applicants – Due to the nature of the vocational training programs, disabled students (mental and physical) must be evaluated for their ability to benefit from the training. Disabled students who are deemed to be unable to benefit from the training will be encouraged to seek other career paths.

OIAH complies with the Americans with Disabilities Act of 1990 and is wheelchair accessible. The facility is equipped with ramp access from the parking lot, extra wide hallways and doors, A.D.A. required door handles, and a restroom to accommodate disabled students.

If a student is interested in attending the school but is in need of reasonable accommodations, the student should schedule an appointment with the Campus Director (or designee). At this meeting, the Campus Director (or designee), and student will discuss the nature of the reported disability and its impact on learning. The Campus Director (or designee) and student will also discuss the process of receiving reasonable accommodations at OIAH and the types of accommodations available.

The student should bring copies of current documentation of a disability to this meeting. Documentation must be provided by a medical expert within the last three years and include:

- a diagnosis of the disability;
- how the diagnosis was determined (what tests were given and the results); and
- a clinical summary, which includes an assessment of how the disability will impact the individual in a college environment and what accommodations are recommended.

Upon completion of the initial meeting, a formal request for the accommodation must be submitted in writing to the school.

Note: To be eligible for Title IV HEA funding the student must be able to benefit with the reasonable accommodations

Campus Director Signature: _____ **Date:** _____