

DRC Flexible Participation and Course Delivery Supplemental Documentation Form

Portland State University primarily offers in-person instruction. Most of the university's academic programs have essential in-person components. Flexible Participation and Course Delivery can be approved as a reasonable accommodation if a student's disability prevents them from being able to participate in person, if the accommodation does not constitute a fundamental alteration of the program or activity, and if it is determined to be the most reasonable and appropriate accommodation available.

The individual listed below has requested Flexible Participation and Course Delivery for in-person aspects of their courses or program and academic requirements due to a disability. The Disability Resource Center (DRC) generally requires that students requesting reasonable accommodations provide documentation demonstrating a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act Amendments Act (ADAAA). A disability is defined by the ADAAA as a physical or mental impairment that substantially limits one or more major life activities.

In order for a student to be considered eligible to receive these accommodations, the documentation must show significant functional limitations that impact the student's academics and/or university life experience at P.S.U. The form below has been created as a courtesy to the Qualified Licensed professional* to fill out, however if preferred, the questions listed below could be addressed in a signed letter submitted on professional letterhead.

| To be completed by the student: | | |
|---------------------------------|----------------|--|
| Student's Name: | PSU ID: | |
| Today's date: | Date of Birth: | |
| | | |

To be completed by the Qualified, Licensed Professional:

- 1. Date of Diagnosis and Date of Most Recent Visit:
- 2. **Describe your professional relationship with the student** (e.g. type of treatment, length/history of relationship).
- Please identify the student's relevant medical or mental health diagnoses that you feel rises to the level of disability (as described above) for which remote participation may be a reasonable accommodation.

Email: drc@pdx.edu

URL: https://www.pdx.edu/disability-resource-center/

Phone: 503-725-4150

Fax: 503-725-4103

- 4. **Describe how the student's disability creates a significant barrier to their full and meaningful participation in an in-person or in-class experience.** Questions to consider include: What significant negative impacts will this student face if they are on campus? How would remote participation mitigate these negative impacts? Do you believe that remote participation is essential for the student to effectively participate in and benefit from their academic work?
 - a. For students with <u>CDC-recognized COVID-high-risk conditions</u> (e.g. diabetes): The description should include a holistic assessment of the student's health risks for being on campus, any relevant information related to vaccine efficacy for people with the student's particular type of disability or immunocompromised status, and university safety practices that would help or hinder the student in engaging in in-person learning.
 - b. For students without CDC-recognized high-risk conditions (e.g. mental health conditions): The description should include an explanation of how being on campus will disproportionately affect them such that remote participation is the only viable option. This impact must go beyond the typical stress or nervousness that most people are expected to feel in readjusting to an in-person experience.

5. Include an estimated end date when, or circumstances which would allow for, the student to resume in-person participation. We would appreciate your recommendations for accommodations which support their return to in-person participation.

| Signature of Qualified Licensed Professional*: | Date: |
|--|--------------|
| Printed Name and Title: | License #: |
| Address: | Telephone #: |
| City, State, Zip Code: | Fax #: |

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^{*}Qualified Licensed Professionals must have expertise in the differential diagnosis of the documented impairment(s) or condition(s) and follow established practices in their field.