Disability Services Documentation Guidelines in Higher Education

A Survey of Practices in Illinois

BY

SCOTT NATHANIEL FRIEDMAN
B.A., Elmhurst College, 2005
M.S.Ed., Northern Illinois University, 2006
M.Ed., University of Illinois at Chicago, 2013

DISSERTATION

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Defense Committee:

Fabricio Balcazar, Chair and Advisor
Glenn Fujiura
Robin Jones
Michelle Parker-Katz, Special Education
Sue Kroeger, University of Arizona
Without the love and support of my family, and through the great grace of God, this journey and research would not have been possible. Your influence has been incredible, and I dedicate this dissertation to you.

This work is also indebted to college students with disabilities and the Disability Services Professionals who work tirelessly to improve access, change attitudes, and encourage students to achieve their academic goals.
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<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>504 Plan</td>
<td>Section 504 Plan</td>
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<tr>
<td>ADA</td>
<td>Americans with Disabilities Act of 1990</td>
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<tr>
<td>ADAAA</td>
<td>Americans with Disabilities Act Amendments Act 2008</td>
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<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
</tr>
<tr>
<td>AHEAD</td>
<td>Association on Higher Education and Disability</td>
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<tr>
<td>DAC</td>
<td>Disabilities Advisory Committee</td>
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<td>IBHE</td>
<td>Illinois Board of Higher Education</td>
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<tr>
<td>ICCB</td>
<td>Illinois Community College Board</td>
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<tr>
<td>IEP</td>
<td>Individualized Educational Program</td>
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<tr>
<td>LD</td>
<td>Learning Disability</td>
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<tr>
<td>P-21</td>
<td>Preschool through Age 21 Education</td>
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<tr>
<td>Rehab Act</td>
<td>Rehabilitation Act of 1973</td>
</tr>
<tr>
<td>RtI</td>
<td>Response to Intervention</td>
</tr>
<tr>
<td>Section 504</td>
<td>Section 504 of the Rehabilitation Act of 1973</td>
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<tr>
<td>SOP</td>
<td>Summary of Performance</td>
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<tr>
<td>V.A.</td>
<td>U.S. Department of Veterans Affairs</td>
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SUMMARY

An exploratory study of postsecondary disability documentation guidelines in a single state was carried out through a mixed-methods approach. An analysis of 188 institutional and Disability Services office websites was completed to explore guiding frameworks for disability documentation practices. A survey about documentation practices was administered, and 34 participants provided data on their practices. Finally, nine participants from the survey provided copies of their documentation guidelines/requirements for a multi-case document analysis. Each portion of the study resulted in a coding of the data into one of four framing models of Disability.

After coding, it was determined that documentation practices aligned with only two of the four models proposed for the study. The vast majority of practices aligned with a traditional Individual/Medical model of Disability, while a small number of institutions had adopted recent professional guidance under a “Hybrid” approach. Although containing the study to a single state resulted in small sample sizes, it appeared that there were several factors more often associated with institutions that utilized Hybrid model practices. When the factors of office budget, full-time staffing, and numbers of students served increased, there was a higher likelihood of alignment with Hybrid approaches. The findings offered implications for statewide and national practice, and suggested that additional work must be undertaken to promote Hybrid model practices to Disability Services offices with fewer resources and smaller student enrollments.
I. INTRODUCTION

A. Background

People with disabilities cross all strata of known human variance. In the United States alone, approximately 18.7% of residents, or 56.7 million, reported a disability during a recent *Survey of Income and Program Participation* (Brault, 2012). Of these individuals with disabilities, the Census Bureau reported that less than half were employed; and that chances of access to employment decreased significantly with both increased age and severity of disability. Connected to the continuing growth of people with disabilities across the country, institutions of postsecondary education are seeing ever-increasing enrollment of students with disabilities. From just 6% during the 1995-1996 academic year (Horn, Berktold, & Bobbitt, 1999) to 11% during the 2007-2008 academic year (Snyder & Dillow, 2012; Snyder, Dillow, & Hoffman, 2007), the number of college students identifying as having a disability is increasing markedly. Recent figures further indicate that roughly 11% of college students readily identify as having one or more disabilities (U.S. Government Accountability Office, 2009; U.S. Department of Education, 2015).

As more students with multiple and complex disabilities continue to enroll at colleges and universities in greater numbers, Disability Services offices and Professionals are constantly challenged to provide ever-increasing levels of service in times of significantly heightened legal scrutiny, vacillating support from campus administrators, and severe budgetary limitations. These reasonable accommodations and services are necessary to ensure that students with disabilities have access to inaccessible environments. Because both legislation and the inclusion of students with
disabilities have come to the forefront over the past few decades, equitable access to educational environments has most often been achieved through individualized accommodations and other disability-related services designed to allow the individual to access programs and physical spaces. This trend has also resulted in a shift in the number and types of college students with disabilities, as well as how postsecondary institutions respond to the needs of these growing populations. As relevant today as it was 25 years ago, Kalivoda (1991) indicated that, “Although institutions of higher education have successfully attracted and recruited these groups of students, they must now respond to the diverse needs of the new student mix” (p. 1). Responding to these needs is indeed vital if Disability Services Professionals are to continue providing quality services in the most cost-effective and efficient manner.

At most colleges and universities, the process for accessing reasonable accommodations begins with two main factors: 1) the student self-identifying and requesting accommodations; and 2) the student providing documentation of his/her disability. While the intake process may be straightforward for some students, a significant number of new college students avoid Disability Services because of their lived experience of disability, including Special Education labeling and services. Further complicating the matter, documentation standards and intake processes vary widely from institution to institution. Currently, no federal standardization exists, nor are there broadly accepted guidelines from the leading Disability Services professional organization, the Association on Higher Education and Disability (AHEAD). There are limited previous large-scale explorations and publications about documentation guidelines in a single state, leaving ample opportunity to delve into these practices. On
a practical level, students with disabilities and their families may find difficulty in selecting a college after high school and ensuring their documentation will be readily accepted by the Disability Services office. Historically, some students come to the realization only after they have been admitted that their documentation is not sufficient to receive accommodations from the Disability Services office. What can be at stake is a student being unable to access reasonable accommodations and services simply because he/she cannot provide institutionally-acceptable documentation of his/her disability.

As new models for approaching Disability Services practice have gained traction, increased formal research efforts have been undertaken to give validity and support to innovative thinking that extends beyond traditional practices. The formation of this research is particularly indebted to hours of consultation and brainstorming with Dr. Alberto Guzman, who created a major impression on this researcher through his study of the alignment between Disability Studies and the implementation of professional standards by Disability Services professionals (Guzman, 2009). Dr. Guzman's ability to highlight practice through differing models provided a solid knowledgebase and foundational approach for this study. Although this research has a narrow focus on college and university documentation practices in a single state, there are opportunities to compare similar data elements gathered across the two studies. Because these studies are framed by similar goals and theoretical frameworks, it is important to note that some of this research provides an expansion on portions of Dr. Guzman's original thinking. This background provides valuable context to the exploration of documentation practices on a large scale.
B. **Statement of the Problem**

Many factors impact to what extent services will be approved for qualifying students with disabilities. Historically, the primary basis for provision of services has been the documentation that students submit at the time they register with the Disability Services office. The submission of documentation for review is generally paired with a process referred to commonly as an “intake” or “intake interview”. As noted, both documentation requirements and intake processes vary widely from institution to institution. Complicating prerequisites to service in this traditional model, the documentation submitted can sometimes be of such poor quality that Disability Services professionals must attempt to interpret the documents with what may be missing or extremely limited information. Some students (including older adult students, students from low-income communities, wounded veterans, and those with limited access to medical/psychological health care) may be caught in a situation where utilization of disability services is required to be academically successful, but qualification for accommodations is complicated simply because of the documentation standards the institution has required.

The transition process itself can become quite frustrating, and is starkly different from the rigid protocols experienced during P-21 Special Education (preschool through age 21; the age of Special Education termination in the State of Illinois). Not only must new students seek out the Disability Services office and then self-identify, they must also provide documentation of their disability which may or may not be accepted. Sometimes with limited knowledge about what to expect in the process, or what the acceptable documentation guidelines may be, many students and families start their
college experiences feeling very lost. Except for a very limited set of multi-institution documentation guidelines, to be discussed in the Review of the Literature, there has been to date only limited statewide efforts aimed at creating a clearinghouse of documentation information from postsecondary institutions on a larger scale. The literature has also yielded very little centralization of publicly-available documentation information for a single state that could be used by P-21 Special Education transition personnel or families as students prepare for college. These factors contribute directly to the problems that some students will experience when it comes to disability documentation.

C. **Research Questions and Secondary Goals**

A set of research questions was initially developed for this study, and they were adjusted to broaden the scope of the research. This study aimed to complete an exploratory “state of the state”, or surface-level survey of practices, through a mix of quantitative and qualitative methods proposed to explore the questions posed by the researcher. In addition, these questions were further influenced by approximately ten years of work by members of the Illinois Board of Higher Education’s (IBHE) Disabilities Advisory Committee (DAC) Documentation Subcommittee. This researcher has served as Chair and Co-Chair of the Documentation Subcommittee, and shares a common interest of improving statewide practices in Illinois through learning more about current practices at the time of the study.

For the website analysis, there was one research question. How did the information contained on institutional and Disability Services office websites relate to the models of Disability utilized in the study coding framework? This question allowed for a
broad review of publicly-available information throughout the state, and focused on how practice is presented to prospective students, current students, and the general public on college and university websites.

There were two primary research questions for the survey portion of this study. One, how do the documentation guidelines utilized by the Disability Services office in its regular operations relate to a theoretical model of Disability? In other words, what are the links between practice and the types of acceptable documentation? Two, to what extent do budgetary factors, staffing, and number of students served relate to a Disability model? A subset of analyses occurred to compare the resources used to develop the institutional guidelines with the model of Disability. These primary research questions included a review period of the 2011-2012 and 2012-2013 academic years. The conclusion of the survey led into a qualitative analysis of the documentation guidelines/requirements submitted by participants.

In the document analysis portion of this study, the primary research question was: to what extent do the policies, procedures, and documentation guidelines submitted by institutions align with a related model of Disability assigned to the institution from a coding theoretical framework? By examining these research questions, this study offered the first major analysis of how differing postsecondary institution within the same state approach documentation criteria and guidelines. The research also assisted the IBHE DAC Documentation Subcommittee in their goal of developing a clearinghouse of publicly-available information on documentation and intake practices; thereby, working to reduce barriers in the transition processes between both high schools to colleges and transfer of students between colleges.
Based upon review of the literature and current practices within the Disability Services field, an initial set of hypotheses for the above research questions were developed. The first hypothesis for the survey portion was: because the Medical Model of Disability (referred to in this research as either the Individual or Individual/Medical Model) has been the pervasive model within the field, many sets of documentation guidelines are expected to be based in the Individual/Medical framework; requiring the student to submit third-party medical or mental health provider documentation. The second hypothesis for the survey portion was that offices with greater resources, as well as those offices that serve a larger number of students, are more likely to utilize documentation approaches that allow for more of a Hybrid, Social, or Universal approach. These hypotheses were developed from both a review of the literature and the researcher’s professional experience as a scholar-practitioner in the Disability Services field. These models will be explored in detail.

For the document analysis portion of the study, there was one initial hypothesis that the majority of documentation procedures analyzed will most closely align with the traditional Individual/Medical model framework. Through analysis of the study data, the researcher attempted to determine if these hypotheses aligned with the research and practice, or if proposed changes in guidelines within the Disability Services profession have opened the field to moving away from traditional guidelines and practices on disability documentation. It is important to note that the period for survey data collection about resources and enrollments started prior to, and extended after, AHEAD released the Supporting Accommodation Requests: Guidance on Documentation Practices document (2012). To account for the time between this important professional guidance,
the documentation procedures analysis asked to what extent colleges and universities in the state of Illinois have moved toward implementation of these new guidelines since they were proposed.

The purposes of this study were two-fold, and helped to achieve the overall goals of this research. First, the study aimed to examine factors of Disability Services offices at colleges and universities in the state of Illinois that led to the development and/or implementation of documentation criteria and guidelines. These factors include: budget, staffing, number of students served, how recent the documentation guidelines were developed, resources utilized in developing documentation guidelines, the documentation requirements of different categories of disabilities, and exceptions to documentation practices designed to serve unique populations. Second, the study served as a pilot for the collection of documentation information from colleges and universities throughout the state of Illinois. With support and collaboration from the IBHE DAC, the long-term goal of this data collection was to fulfill the DAC charge to the Documentation Subcommittee (T. Thompson, personal communication, September 28, 2011) of creating a single statewide resource for postsecondary documentation information:

Documentation of a disability has been fundamental to the process by which students in postsecondary education qualify for accommodations and services. Though limited large-scale best practices exist, the DAC believes that the State of Illinois can serve as a model for the entire nation by reviewing, collecting, and sharing information on current practices regarding the transition process for students with disabilities into
postsecondary education in our state. The Subcommittee will have a focus on the following items which include, but are not limited to, exploring the following:

- Processes related to students securing accommodations at postsecondary institutions;
- Submission of documentation and review by Disability Services Professionals;
- Guidelines or standards used for acceptable documentation;
- Common practices or approaches found across Illinois postsecondary institutions; and
- Collaborations that improve transition processes between both P-21 educational institutions and other routes (such as military service, the workforce, non-traditional age students, etc.).

This study served as a major large-scale collection of information about documentation guidelines in a single state. In addition to the research goals, the DAC proposed an additional goal of creating a statewide transition resource to assist students with disabilities, their families, and others involved in the transition process as they work to select a postsecondary institution and student prepares to request and utilize services that would allow access and reasonable accommodations.

D. **Framing Context**

This study, like all research, was framed by a number of contextual factors that influence thinking, development, methodologies, analysis, and conclusions. Because "disability" is a word loaded with history and meaning, and "Disability Services" equally
carries a multitude of definitions, it is important to briefly explore how these factors provided constructs within this study. To an extent, this research was framed from a scholarly and professional prospective of applying Social and Universal approaches toward Disability Services pedagogy in an attempt to move beyond traditional practices. As such, the researcher has carefully examined and selected the terms that are used throughout this research.

Initially for this study, the researcher referred to the administrative department that serves students with disabilities on college and university campuses as “Disability Support Services”. During the time taken to complete this research, however, the naming convention was changed to “Disability Services”. This was done to align the term more closely with theoretical and applied models of Disability. The word “Support”, by itself represents an undercurrent that the student requires individualized rehabilitative mechanisms to allow his/her success in the academic environment. Though the term “Services” also shares some of the same relative meaning, it is a departmental term often used by college and university offices that provide assistance and expertise to others. Perhaps other office names more closely aligned with the Social model of Disability could be used. Yet, names such as “Disability Resource Center” and “Accessibility Services” tend to be rarer in use across higher education. While wrestling to make a decision on the name to include for all offices participating in this study, the researcher turned to survey work completed by AHEAD. Kasnitz (2011) led the AHEAD biennial survey which included a question about the name of the respondent’s office. In good company with this report, “Disability Services” was found to be the most commonly utilized office name at a rate three times greater than the next most reported option.
Another conundrum of terminology included what to call the staff who engage in postsecondary Disability Services work. Traditionally, these employees hold many titles from Provider to Counselor and Specialist to Coordinator (Kasnitz, 2013). Most often, these roles are part of a larger title (e.g., Learning Disability Specialist or Disability Support Services Coordinator) that has been born out of the Individual/Medical model. Because the researcher hoped this study would serve at some level to encourage the field to progress away from titles that have a medicalized root, the term eventually selected was simply “Professional”. With many Disability Services Professionals holding graduate degrees, the term Professional best aligned with the continued growth and professionalization of practices in postsecondary Disability Services. Although Disability Services and Disability Services Professionals are the terms used in this study, the researcher acknowledges the diversity in office names and titles, historical contexts within which they were developed, naming conventions utilized in different regions of the country, the difficulty in changing such names at many institutions, and the important realization that the names alone do not set the model by which individual professionals and the office provide service to their students.

Prior to employment in the Disability Service field, the researcher started as a doctoral student in the field of interdisciplinary Disability Studies. Examining models of disability, and their historical interpretations in the United States, has resulted in a direct desire to move Disability Services practices toward Social and Universal approaches. At the same time, the realities of working as a Disability Services Professional in an office that considered itself to be progressive was highly influential to understanding how to infuse theory into practice. While significant efforts are made in this study to utilize
analysis methods that reduce bias, the study itself is framed by models of Disability that must be acknowledged before moving forward. It is with this contextual understanding that the basis of this research and the end goals were structured.
II. REVIEW OF THE LITERATURE

A. Historical Attitudes toward People with Disabilities

Defining disability can be a difficult task due to the social and historical contexts placed upon both individuals with disabilities and the conception of “disability” itself (Boorse, 2009). In Biblical times, disability was seen as unclean in society, grounds for social exclusion, representing the results of sinful parents and families, and a rationale for despise by others (Stiker, 1999). For thousands of years after that, people with disabilities would remain primarily outcast by society for perceived inability to contribute meaningfully to a primarily agricultural lifestyle. Despite already detrimental conditions for many, two changes would perhaps bring about the darkest times for people with disabilities in the Western world—the rise of modern medicine and the growth of penal systems (Braddock & Parish, 2001). With a determined focus of both systems on control of non-normative behaviors and body functions, these systems professionalized and gained societal acceptance in the belief that only through rehabilitative processes could people with disabilities actively function in the world. These beliefs have been long-lived, and only recently has societal change begun shifting toward other conceptions of understanding disability.

1. Conceptual models of disability

In attempts to study disability in the U.S., two major models of disability are commonly identified. A brief historical examination of the literature about people with disabilities tells of many accounts relating to a medicalized narrative of disability. This ‘Medical model of Disability’ (which for purposes of the study will be discussed as either the Individual or Individual/Medical model due to how the practical nature of
accommodating individual deficits is rooted in a remediation approach, is the first of the two major frameworks pervasive in American society and other Western nations. The Medical model focuses on the deficits created by abnormality in the body such as: a missing limb, psychological disability, or deafness (Barnes & Mercer, 2003; Barnes, Mercer, & Shakespeare, 1999). In order for the individual with a disability to be integrated into any societal normalcy, reliance upon medicalization (such as prosthesis) or rehabilitation (such as psychotropic drugs or training programs) are required. This is a process that puts the emphasis of blame squarely on the victims of impairment, while hegemonic social and economic systems have continued to emphasize the necessity of medical authority over many people with disabilities (Ryan, 1971).

If the U.S. disability models were to be aligned along a spectrum, the Medical model would perhaps most closely align under the category of disability oppression. On the other end of the spectrum, and in direct opposition to the foundations of the Medical Model, the ‘Social model of Disability’ takes a very different approach to ascribe equitable access and freedom for people with disabilities (Silvers, 2009). The Social model has its foundations in the U.S. Disability Rights Movement with a very strong link to the U.S. Civil Rights movement (Malhotra, 2006). Instead of focusing on individual deficits, the Social model takes an approach in which Americans with disabilities are an oppressed minority group (Bickenbach, Chatterji, Badley, & Ustun 1999). It should be no surprise that the U.S. version of the Social model of disability is heavily rooted in civil rights and human rights paradigms used previously by women and African-Americans activists (Malhotra, 2006). The Social model continues to advocate for basic human rights and civil liberties that have been denied in the past to people with disabilities. All
of this advocacy is developed in the hopes of creating a more inclusive and equitable society.

The Social model of disability in the U.S. takes a human rights approach that is in direct opposition to the Medical model of disability. While the Medical model proposes that physical or mental deficits reside within the individual and that only through medically-based intervention can the person become a valued participant in society (Barnes & Mercer, 2003; Barnes, Mercer, & Shakespeare, 1999), the Social model opposes this internal blaming and posits disability as socially-defined exclusion from participation and denial of accommodation by society (Union of the Physically Impaired Against Segregation, 1974). Under the Social model, “disability” is described as a societal response toward people with impairments that develops out of negative social stereotypes leading to discrimination, inaccessible spaces, and societal failure to provide appropriate accommodations for the fullest access and inclusion (Oliver, 1990; 1996; Rosetti & Ashby, 2005). The impairment function itself is regarded as purely natural human variance and diversity that should be observed neutrally (Gill, 1987). In viewing disability through the Social model, and people with disabilities as an oppressed minority group, the advocacy and its results have been very beneficial in wide-scale social and attitudinal change. However, the environment is still fraught with poor designs that fail to meet the needs of many individuals with disabilities.

In addition to influence from the Social model, many scholars have pushed beyond this approach to investigate how environmental factors can be designed to be accessible to the greatest number of people possible. Originally developed as a tool for architectural design, known as Universal Design, the goal of this practical application is
to make the environment more accessible to all by removing barriers. Barrier reduction can occur through the use of the following seven principles: equitable use in design that is useful to people with diverse abilities; flexibility in use to accommodate a wide range of abilities; simple and intuitive use to create ease in understanding by all; perceptible information allowing effective communication; tolerance for error to reduce the likelihood of miscalculations; low physical effort to increase comfort and reduce fatigue; and size and space for approach and use with design elements that account for body size, posture, and mobility (Center for Universal Design, 1997; Center for Universal Design at NC State, 2011). Due in part to the “barrier-free movement of the 1950s” which followed World War II and the return of many injured veterans (Story, Mueller, & Mace, 1998), veterans, medical professionals, and educators began to realize how significant the barriers in the physical environment were. As part of this movement, national standards developed by non-profit groups led to state legislation, and eventually, the Architectural Barriers Act of 1968 was passed by Congress to ensure wider access for individuals with disabilities. Universal Design’s principles were developed in response to what Story, Mueller, and Mace (1998) described as architectural design in which, “…it became apparent that segregated accessible features were “special,” more expensive, and usually ugly” (p. 10). The work of early architects like Ron Mace to develop these Universal Design principles resulted in the wide-range use and integration into the design of almost every structure built today. While these principles can be utilized to design the physical environment much better, understanding the science behind learning processes helped to expand Universal Design’s usefulness within education.
For higher education, the ‘Universal model of Disability’ works to proactively design physical environments and instructional pedagogies so that the fullest diversity of learners can seamlessly engage and participate. When examined through Zola’s (1989) application of the model, the struggle of fit between societal structures for individuals with a range of impairments becomes apparent. While impairment is the obvious characteristic where social structures are unaccommodating, in higher education additional factors such as non-native language skills, poor academic preparation, low socioeconomic status, and other factors help expand the diversity to which a proactive Universal model approach can expand and improve access for a wider diversity of students (Edyburn, 2011). Universal Design as applied to teaching and learning offers endless new ways to make educational environments accessible to students. Universal Design for Learning is one methodology that utilizes Recognition, Strategic, and Affective networks within the brain to help engage learners and make learning more accessible to all (Rose & Meyer, 2002). Both physical and educational approaches to Universal Design have resulted in a better understanding of some of the barriers that individuals with disabilities have faced. As more positive attitudes and conceptions about disability continue to emerge, both societal and environmental perspectives have continued to shift. These changes impact not only physical spaces and educational pedagogy, but they have also been important in directing disability-related legislation and practice in higher education.

2. **Disability studies boundaries**

As the philosophical models of Disability have shifted in the last century, the academic field of Disability Studies has grown in response to the need for both
analysis and advocacy about the conditions of people with disabilities in the U.S. and beyond. As noted above, the Social model of Disability grew out of the Disability Rights Movement as well as the work by early scholars (Gill, 1987; Oliver, 1990) to synthesize the societal attitudes and responses to individuals with disabilities. The slogan associated with the Movement, “Nothing About Us Without Us,” helped to expand upon the growing revolution for equality of services, access, and opportunities. As explained by Charlton (1998), the above slogan was an evolution from the earlier “Our Bodies, Ourselves” and “Power to the People” (p. 3) monikers used to evoke the rationale for necessary change. As this evolution turned into revolution, a greater sociopolitical force worked to influence not only the legal climate, but also societal and attitudinal perspectives on the interactional meanings of ‘disability’.

Linton’s (1998) examination of Disability Studies provides an ambitious assessment of the boundaries of the field. Her essay discusses at length the failure of practical applications that intervene in an Individual/Medical approach, and advocates for an interdisciplinary liberal arts-based discourse. At the heart of Linton’s argument is an epistemological debate about the merits of the liberal arts approach in examining disability. Similarly within Women’s, Gender, Deaf, African-American, and other studies of underrepresented groups, a foundational epistemology exists to classify the boundaries of these fields and exempt the much more practical work completed in the associated fields beyond the academic lines. For Disability Studies as a cogent field, the lines have remained quite murky in the U.S. While much sociopolitical and contextual change has been influenced broadly by the larger Disability Rights Movement, practical application within the fields of education, architecture, law, rehabilitation, and
postsecondary Disability Services has provided tangible and quantifiable wide-scale change. This complexity is expanded by the common understanding across most fields that Disability Studies takes a ‘minority model’ perspective; however, agreeing on the boundaries of the field has been difficult (Taylor, 2011). For context and sake of argument within this research, what is actually defined using Disability Studies frameworks must be additionally refined to explore the practical applications of these models of Disability to Disability Services practices.

If, for argument within this research, we are able to accept that both Disability Studies and the Social model of Disability can be readily applied and influential at making change, then it is possible that a Disability Studies perspective can have positive effects in both the practical fields (Disability Services, Education, Rehabilitation, etc.) as well as within the liberal and fine arts (Theater, Humanities, Literature, etc.). Goodley and Moore (2000) presented a pertinent example from their work with performers with disabilities. Their exploration from within the performing arts community hit a philosophical road block when they were torn with how to present their findings. As researchers, they shared with members of the performing arts community that they had been engaging in the study, but struggled as academics due to the need to publish scholarly works. Though the researchers left their conclusions with a series of questions on how to manage the discourse of change from their practically-applied research, they expertly highlight the need for Disability Studies practices that both influence change while also challenging the hegemonic forces that impact those individuals with disabilities with whom scholars and researchers interact. This provides an opportunity to
frame research from the Social model, with an end aim toward informing professionals about opportunities for change in practice.

3. **Influence of disability models on the profession**

Though it could be surmised from the preceding section that some Disability Studies literature would be critical of approaches that meld the field with other more practical fields (such as Special Education or Disability Services), a confluence of Social and Universal model perspectives and practices within education is growing. A very basic approach at reframing practical work with young students with disabilities was based upon support structures through self-determination instead of individualized need (Nevin & Smith, 2007). Development of a student-based activist group at Syracuse University worked to not only improve access for fellow students with disabilities, but also to be the impetus for the creation of a campus-wide disability-based task force (Cory, White, & Stuckey, 2010). The leading postsecondary institution influencing the incorporation of Disability Studies perspectives into Disability Services practice, the University of Arizona, has been developing a comprehensive Center on Disability to change practice in higher education in response to the fact that disability itself has been socially constructed (Strauss & Sales, 2010). Universal Design partnerships are practical applications that work to proactively change environments through barrier reduction. Examples include faculty partnerships that help to both examine the social constructs of disability while also proactively engaging the students in more comprehensively accessible learning environments (Friedman, 2012; Shaw, 2011). As both Disability Studies and the Social model gain awareness across academia, infusing these perspectives will lead to campus-based sociopolitical change.
The examples above are just a tiny selection of the growing number in existence. To influence change as noted in Gill’s (1987) interactional dichotomy between the models, moving toward the Social approach will allow for much more examination of the differences between disabling environments and attitudes, increased exploration of how individuals come to understand impairment as a construct, a balance between individual autonomy versus societal expectations, and supporting the notion that people with disabilities could advocate for substantial change.

Within this study, the researcher is attempting to frame the research context from a variation of the Social and Universal model perspectives that hopefully will influence practices within the postsecondary Disability Services field. While the academic viewpoints shared above from the Disability Studies literature may be that this attempt is somewhat contradictory, the researcher is spurred by growing progress from within the Disability Services profession. Pushing the profession toward Social and Universal approaches has had much to do with the leadership of Sue Kroeger and her colleagues from AHEAD (Block, Loewen, & Kroeger, 2006; Kroeger, 2010; Scott, Loewen, Funckes, & Kroeger, 2003). Recent work by Alberto Guzman (Guzman, 2009; Guzman & Balcazar, 2010) on framing perspectives for the Disability Services profession with respect to the AHEAD Professional Standards also details the need for additional study and influence by Social model thinkers. Projects from the federally-funded Project ShiFT, Shaping Inclusion through Foundational Transformation (Hart, 2008), have worked to actively infuse more appropriate disability perspectives and practices onto college and university campuses. Because it has already been proven by these examples that Disability Services practices can be changed to align with Social and
Universal approaches, this study will act as part of a larger goal within Illinois to make postsecondary education more accessible to all individuals with disabilities. By critically examining the tenets of the Social and Universal models as applied to disability documentation guidelines in higher education, this work has attempted to infuse perspectives from these theories with the practices occurring throughout Illinois.

B. Legal Underpinnings of Disability Services and Access

1. Foundational disability legislation

Nearly ten years after Civil Rights Act of 1964 (1991) protections were in full force, Congress worked to ensure basic human rights for Americans with disabilities. Through the Rehabilitation Act (Rehab Act) of 1973 (1998), the first major step was taken to ensure the rights of people with disabilities. The legislation is broken into four main components revolving around prohibiting discrimination against people with disabilities in federal hiring, hiring in companies with federal contracts/projects, services or agencies funded by federal financial assistance, and electronic and information technology. Additional protections for children with disabilities were enacted through the Education for All Handicapped Children Act of 1975, which mandated a free and appropriate public education in the least restrictive academic environment. Together, these laws set a major foundation for protecting some of the most basic rights of people with disabilities within U.S. educational systems.

Unfortunately, the Rehab Act and the Education for All Handicapped Children Act were nowhere near enough as standalone laws to prevent continued discrimination against people with disabilities on a larger national scale. Growing concern about limited rights, public conflict from disability activists, pressure from international organizations,
and the U.S. Disability Rights Movement resulted in Congress passing the Americans with Disabilities Act of 1990 (ADA). The ADA, which is based upon many of the tenets of the Civil Rights Act of 1964 (1991), has five titles which directly relate to prohibiting discrimination against people with disabilities. Title I took much of its expanded legislative power about employment from the Rehabilitation Act, but Titles II through V include prohibiting discrimination in public services, public places, transportation, and telecommunications. The ADA has allowed for dramatic changes in U.S. society, and in the perspectives and attitudes expressed toward people with disabilities.

Since initial passage of the ADA, pervasive discriminatory practices against employees with disabilities continued in many sectors. Congress realized the failure of the ADA, and worked to restore and strengthen the original intent of the law through a major amendment (U.S. Equal Employment Opportunity Commission, n.d.). In 2008, the ADA Amendments Act (2008), or ADAAA, was signed into law. This legislation not only strengthened protections by broadly clarifying the definitions of disabilities, it mandated that the traditional extensive analysis of an individual’s disability no longer be the commonly accepted practice. Fundamental changes in the amendments include expansion of the major life activities and bodily functions lists, clarification on mitigating measures such as eyeglasses or medication, clarification about episodic disabilities, and changes to the definitions under “regarded as” having a disability. In its strengthened form, the ADAAA works to ensure ongoing access and more opportunities for individuals with disabilities. This was partially accomplished by requiring the Department of Education, Department of Justice, and the Equal Employment
Opportunity Commission to develop new regulations that support the prevention of discrimination in schools, public places, and work places across the country.

2. **Disability law in higher education**

   The end of World War II brought about a renewed nation and a transformed outlook on who should be going to college. With the effects of the Great Depression only one decade past, and the brutality of war fresh on the minds of many, Congress was quickly persuaded to act in support of returning veterans. The result of this swift and overwhelming action was the Servicemen’s Readjustment Act of 1944; better known by the common name- the G.I. Bill. At a cost exceeding $5.5 billion, more than 2.2 million veterans enrolled in colleges and universities after World War II. This included approximately 60,000 women and 70,000 African-American veterans; many of whom would have likely never attended college (Kiester, 1994). The G.I. Bill provided far more than educational opportunities to returning veterans, it provided a major financial structure directly linking the federal government to colleges and universities across the higher education system.

   The U.S. Civil Rights Movement saw expanding opportunities for students from many diverse backgrounds. To aid in this process, the federal government enacted a number of laws aimed at the continued expansion of higher education. Building of community colleges, construction of new academic buildings, expansion of federal student loan programs, training for teachers of children with disabilities, money for libraries, and vast funding for other areas of higher education were included in the
Higher Education Facilities Act of 1963. President Johnson was so supportive of this legislation at its signing that his remarks declared, “...it is concrete evidence of a renewed and continuing national commitment to education as the key to our Nation's social and technological and economic and moral progress” (1963, December 16). Vast support by Congress and President Johnson was also given to the Higher Education Act of 1965, which aimed to increase access to college for middle and lower-income students. To do so, the Higher Education Act provided funds to increase services to students and expanded significantly the system for providing federal student financial aid. President Johnson’s approach to education drastically changed the federal government’s involvement within higher education, and that direct involvement is deeply interwoven today.

With this new legislation in place, the federal government maintained direct contact with college students and institutions of higher education through reauthorizations to the Higher Education Act roughly every five years. Authority over educational policy-making had been previously split amongst several federal agencies, Congressional boards, and the individual states. In 1979, however, Congress recognized the need to create a single Department of Education via the Department of Education Organization Act of 1979 (1980). The newly-formed federal agency was centralized to focus exclusively on educational issues. The Department of Education organizational structure also includes an Undersecretary of the Office of Postsecondary Education responsible for overseeing aspects related directly to higher education, adult vocational programs, Historically Black Colleges and Universities, tribal colleges, and
financial aid. Further, a major goal of the Department was to develop and provide clarity on implementation of the regulations to federal legislation.

Engagement between the federal government and higher education continued to grow as the government became further involved with student financial aid programs. The Higher Education Act provides statutory power for administering federal financial aid programs such as the Pell grant and Stafford, Perkins, Direct, and PLUS loans. This financial aid is administered to students through two Department of Education sub-agencies: The Federal Family Education Loan Program and the Federal Direct Student Loan Program. Since these student loans originate within the federal government, students often receive a much lower interest rate than they would by borrowing through banks and private lenders. These loan programs have fully integrated the Department of Education and federal funds across the higher education landscape, and have opened the doors to access for many American college students who otherwise could not afford to attend.

As access has continued to expand for students, so too has progress and involvement between the federal government and institutions of higher education. As mentioned above, the Higher Education Act is generally reauthorized every five years, with ongoing congressional amendments as necessary, to meet the changing needs of the higher education system. The Higher Education Opportunity Act of 2008 reauthorization takes considerable effort in redefining terminology about institutions of higher education, expanding qualifications for federal student aid, adding additional protections for students, and modifying older outdated laws. Added to the Higher Education opportunity Act were specific provisions that included students with
intellectual disabilities in higher education (20 U.S.C. § 1091) and emphasizing the use of Universal Design within the classroom (20 U.S.C. § 1003). A main goal of this reauthorization was to increase opportunity, while at the same time protecting and strengthening academics in colleges and universities.

C. **Disability Documentation in Higher Education**

As mentioned in the Introduction, documentation criteria and guidelines have tended to vary widely amongst colleges and universities. Under Section 504 of the Rehab Act legislation, there are two underlying components that have created a need for documentation. The first is that a student must self-identify as an individual with a disability and request accommodations. Though not specifically stated in the law as a requirement, most Disability Services professionals would posit that students must self-identify because the institution would not otherwise know that the individual had a disability (Disability Rights California, 2010). The second is that a student must “qualify” as an individual with a disability according to the definitions set out by the law. Most colleges and universities are not equipped to complete formalized assessment processes for the wide range of possible disabilities, so Disability Services offices generally request third-party documentation from a medical, psychological, or educational provider as proof of the student’s disability and functional limitations. This qualification under Section 504 (34 C.F.R. Part 104, et seq.) was the commonly utilized definition of disability until the recent revisions under the ADAAA of 2008 (2009). An underlying outcome of the law that has been bolstered by the Regulations recognizes that individual institutions may develop standards for requesting reasonable levels of
documentation from students. Although there is no legally-mandated set of standards for documentation guidelines at the federal level, Disability Services professionals have looked to other resources for guidance on documentation practices.

The most commonly utilized documentation standards in the Disability Services field come from those developed by members of AHEAD. Though Disability Services offices have formally existed since just after World War II (University of Illinois at Urbana-Champaign, n.d.), broad documentation guidelines did not evolve until after passage of the ADA. In general, documentation should contain a set of basic criteria. L. Scott Lissner (Bowen & Lissner, 2010; Lissner, 1999; Lissner, 2011), the foremost expert on this topic, provided a general list of documentation guideline requirements which align nearly identically to the commonly-used AHEAD best practices (n.d.). For many students preparing to make the transition to college, the following items would be expected of documentation submitted to most colleges and universities:

- A diagnostic statement from a qualified professional that identifies the disability, date of diagnosis, and date of evaluation/assessment;
- Describes the evaluation or assessment used to determine the disability;
- Describes the functional impact/limitations that the disability has and interprets the assessment results in the context of the educational environment;
- Provides a listing of treatments, medications, assistive devices, and past accommodations prescribed as well as makes recommendations for appropriate academic accommodations;
- Describes the expected progression of the disability; and
- Lists credentials for the diagnosing professional or evaluator.
While medical records, and to a similar extent appropriate psychological assessments, have generally provided sufficient information for approval of disability-related accommodations, great contention has existed about the documentation guidelines for students with learning disabilities (LD) and Attention Deficit Hyperactivity Disorder (ADHD). This issue was addressed by AHEAD (1997) members through an ad hoc committee. Although the general documentation criteria from Lissner’s list was also recommended, a more detailed look at the actual learning disability psychoeducational assessment was described. In particular, the ad hoc committee recommended to AHEAD members that LD documentation include detailed assessment of the following domains: aptitude, academic achievement, and information processing. In addition, the battery of normed test scores and the clinical summary must lead the evaluator to assign an actual diagnosis and provide a set of recommendations for appropriate academic accommodations. With so many of these assessments administered within primary and secondary schools, questions from Disability Services professionals often existed about the quality of these findings.

In addition to both the general documentation criteria and the more specific requirements of LD assessments, there are other potential sources of documentation as well. Medical and psychological evaluations that meet the general guidelines have usually been viewed as sufficient documentation for students with physical disabilities, chronic health conditions, visual impairments, deafness/hearing loss, and psychological disabilities. These disabilities are diagnosed using evaluative references within the respective professional fields. The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (American Psychiatric Association, 2013) and the International
Statistical Classification of Diseases and Related Health Problems, 10th Revision (World Health Organization, 2007) are common reference sources to which Disability Services professionals often refer in the qualification process for the above listed disability categories. The external, referenceable diagnoses add a level of validity not always available in other forms of documentation.

From the P-21 educational perspective, many students with disabilities will have either an Individualized Educational Program (IEP) or a Section 504 Plan (504 Plan). The IEP is the primary document for P-21 students with disabilities who have an impact on academic achievement, while the 504 Plan focuses on health impairments that have a larger impact on overall functioning. The laws governing these documents are slightly different in nature, so while all students with disabilities are protected from discrimination under Section 504 of the Rehab Act, generally students receiving services and accommodations related to academics will have an IEP. At the culmination of high school, the student will become involved with the creation of a Summary of Performance (SOP) document. The SOP is a general summary of the student's academic functioning and their postsecondary goals. The SOP often includes the student's perceptions about usefulness of academic accommodations during high school. Like some of the other forms of documentation discussed above, these Special Education documents may present Disability Services professional myriad concerns about eligibility for disability services at their college or university. Though the documents exist and work to serve students with disabilities at the P-21 level, they may not be accepted by the student’s college or university.
To combat these long-standing issues, and to continue moving the Disability Services profession away from the Individual/Medical model of Disability perspective, AHEAD announced a new document entitled *Supporting Accommodation Requests: Guidance on Documentation Practices* (2012). This document supersedes the *Essential Elements* (AHEAD, n.d.) on several following rationale: 1) the ADAAA fundamentally works to reduce barriers to access whenever possible so that individuals with disabilities will have more seamless participation in society; 2) society itself is seeing a more active shift towards understanding of the Social model of Disability, therefore resulting in a major change in how many Americans are viewing the concepts of both ‘impairment’ and ‘disability’; 3) a goal existed to best align with more recent legal outcomes as well as the spirit behind federal law, regulations, and case law; and 4) the disparity in documentation guidelines and acceptable standards at different institutions continued to be a major problem nationally. As noted earlier, Section 504 and ADA Regulations observe that individual institutions may set reasonable documentation guidelines; however, the disparity in what is reasonable has resulted in the vast variation of standards at different colleges and universities.

D. **Concerns about Documentation and Documentation Guidelines**

Although almost all institutions of higher education require students with disabilities to provide some documentation of their disability, there are a large number of potential concerns about both the documentation received from students and the guidelines that individual institutions utilize. The work of AHEAD (1997), Lissner (1999, 2011), and others (Brinkerhoff & Banerjee, 2007; Educational Testing Service, 2007a, 2007b, 2008, 2010, 2011; Madaus & Shaw, 2006) has laid a foundation for many of the
documentation practices within the profession, but they still had not been coordinated enough to develop large-scale consensus on a set of documentation standards for national implementation. Unlike many certifying agencies and professional associations that have members utilize a defined set of standards, interpretation of the law created opportunities for variation in practices based upon the authority of the individual institution. Many Disability Services professionals have found themselves in conflicting arguments when reviewing documentation because of these very complex issues, and sometimes experience difficulty in determining when a single piece of documentation is acceptable. Below is a discussion on some of these documentation concerns and professional considerations.

1. **Insufficiency concerns**

   In many cases the documentation provided by a student lacks enough quality information to make a determination about eligibility. As an example, many students with an IEP or 504 Plan in high school will find that a significant percentage of colleges and universities do not accept these items as standalone documentation. The U.S. Department of Education (Office for Civil Rights, 2011) even provided students and families information that IEP and Section 504 Plans may be helpful in identifying services, however, they have generally not been considered sufficient standalone documentation for the postsecondary level. Not only will some students find after graduating from high school that their documentation will not be accepted in college, they also often need to seek out expensive additional evaluation.

   Unfortunately, insufficient information is commonly found in LD documentation provided by both high schools and third-party evaluators (Banerjee, Madaus, & Gelbar,
2015; Weis, Speridakos, & Ludwig, 2014). McGuire, Madaus, Litt, and Ramirez (1996) noted in their study of LD documentation provided by students to a large, public university that nearly half of the psychoeducational assessments they analyzed utilized only one evaluative measure. These documents most often provided a measure of aptitude without any measure of performance. Submitting high-quality documentation from medical and mental health providers can similarly be difficult for students with physical and psychological disabilities. Though these providers are often well-intentioned in ensuring the student has acceptable documentation so that they can access appropriate college accommodations, these professionals may not have adequate time or knowledge to provide documentation that would meet all components of the institution’s guidelines. Again, these students are often sent back to their medical or mental health provider for additional documentation. While insufficient documentation outcomes may be frustrating to both students and Disability Services professionals, so too can be the accuracy of documentation that many students receive from diagnosticians.

2. **Accuracy concerns**

In particular, LD documentation may have more challenges than evaluations for other categories of disabilities. Learning disabilities have been evaluated in multiple ways, including: discrepancy-based models (academic performance is significantly lower than overall IQ); deviation from grade level (student’s performance is significantly below grade level expectations); and clinical-based methods (other formal assessments) (Gregg & Scott, 2000). McGuire et al. (1996) noted two major problems with accuracy in their assessment of LD documentation submitted by students. These
included the lack of multiple measures in nearly half of the assessments, and the use of inappropriate assessments that are not normed for college-aged students or adults.

Assessment results may be problematic, and sometimes the accommodation conclusions made by evaluators and Disability Services professionals are questionable. A study of Disability Services Directors and LD Coordinators (Ofiesh & McAfee, 2000) found that both LD evaluators and Disability Services staff often were not trained directly in working with LD students. The result is that they may not have been able to make accurate recommendations about appropriate accommodations based upon the documentation submitted. This finding is supported by a recent review of LD documentation and recommended accommodations from clinicians (Weis, Dean, & Osborne, 2014). They found that clinician recommendations were often generalized, lacked reference to the student’s academic history, and failed to be specific to the student’s individual needs. Without accepted accuracy standards for LD documentation, it is very difficult for Disability Services professionals to provide accommodations consistently when serving this population. Similar concerns about accuracy could easily be applied to the other categories of disabilities.

3. **Recency concerns**

While accuracy is critical, another concern is that of “recency” (also sometimes referred to as “currency” of documentation). Recency is often practically applied as a time limit by which documentation is expired because the assessment and recommendations may be too old. These standards have often been developed in comparing retesting practices from educational, medical, mental health, and psycho-
educational practitioners. Such recency standards vary widely amongst colleges and universities, and often appear to be arbitrarily set at best.

Recency is considered important by many Disability Services professionals because a more recent evaluation/reevaluation may provide new or additional information that would aid in determining the most appropriate and reasonable accommodations. Disabilities such as deafness, blindness, and permanent physical disabilities may not need recent documentation because the impairment is unlikely to change considerably if the diagnosis is one that remains relatively stable over time. Recency of LD assessments have been a more contentious point amongst Disability Services professionals. Hatzes, Reiff, and Bramel (2002) found that 86% of Disability Services participants in their study do not automatically accept a previous LD diagnosis and 67% of participants noted that they reject documentation that is not current. With concerns about LD and ADHD documentation, recency was a factor of importance in the most well-known legal case about disability documentation in higher education, Guckenberger V. Boston University (1997). In this case, the defendants contended that Boston University created an unreasonable standard in requiring LD and ADHD assessments to have been completed within the past three years. While there was not credible evidence to support the argument that LD changes significantly after age 18, the court noted that Boston University proved ADHD can change and therefore can request a reevaluation every three years (Gregg & Scott, 2000). Despite the clear legal ruling in this limited case, the greater lack of guidance coupled with the constantly changing nature of disability law still holds true this concern for many Disability Services professionals.
Neither the ADA nor Section 504 provides detail on acceptable documentation guidelines. Further, none of the regulations developed by the federal agencies, charged with responsibility for enforcing these civil rights laws, provide national guidance on disability documentation guidelines in higher education. Instead, the courts and federal agencies have subsumed to the concept under the regulations to allow colleges and universities to set their own documentation standards (Brinkerhoff & Loew, 2011). Because of this, documentation reviewed across similar institutions often lacks any semblance of standardization about how recent the assessment should have been completed. Imagine that you are a student planning to transfer from the local community college to a nearby university. While the community college accepted your IEP and provided you with accommodations, the first week at university you come to find out that you will not receive accommodations unless you procure current and expensive psycho-educational testing on your own. Without any standardization regarding the recency of acceptable documentation, some students are finding themselves denied services and some institutions are finding themselves legally liable. The recency standard has many potential drawbacks, and this may be particularly influenced by the history in the Individual/Medical model approach toward professionalized assessment and documentation practices.

4. **Response to intervention concerns**

Under the No Child Left Behind Act of 2001 (2002), a new process was developed for assessing and supporting struggling students. This process, called Response to Intervention (RtI), utilizes research-based interventions to improve academic performance of all underperforming students. RtI is essentially a three-tier
system of increasing educational interventions. In 2004, the Individuals with Disabilities Education Improvement Act (2004) was reauthorized with specific regulations (Evaluations and Reevaluations, 2006) to align with RtI. These rules shifted away from the historical practice of Special Education eligibility through psycho-educational discrepancy assessments. This was particularly true of struggling students who potentially had a learning disability, and the resulting processes engaged students in intervention practices to assess the student’s response to new academic supports. Participation in RtI intervention programs allows P-21 experts the opportunity to evaluate levels of intervention and data prior to any assignment of disability. Longitudinal data on the student’s actual responses to the academic interventions is collected and analyzed, and could result in either return to the regular academic setting with supports or movement to the next tier with additional intervention. Once a student fails to adequately respond to the increasing levels of intervention, they can then be referred for an eligibility determination of a specific learning disability.

RtI has been highly criticized by the leading organization of LD professionals, The Learning Disabilities Association of America. In their 2010 white paper, a panel of experts provided a set of five conclusions about the use of RtI practices. Two major focal points within the conclusions were that RtI data alone was not sufficient for identifying students with specific learning disabilities, and assessing both psychological processing and achievement strengths and weaknesses was the most clinically empirical method for determining a learning disability. A response to the white paper (The Consortium for Evidence-Based Early Intervention Practices, 2010) later that year, rebuffed the concerns and indicated that specific learning disabilities are multi-
dimensional and that multiple evidenced-based interventions have allowed students to succeed regardless of patterns of cognitive strengths and weaknesses.

Within the context of postsecondary Disability Services offices, RtI has become a factor in acceptable documentation for two reasons. First, RtI documents generally do not qualify a student as having a disability. RtI documents, sometimes referred to as “Problem-Solving Plans”, most often do not contain any disability diagnosis as these documents are not generally part of Special Education eligibility. For those involved in RtI interventions, both students and parents may mistakenly believe that they have received Special Education services or academic accommodations. In actuality, the modifications are part of the data gathering process of hierarchical interventions. Second, the RtI process may inadvertently prevent students with mild learning disabilities from advancing through all of the tiers to the referral for Special Education eligibility. As noted in the Learning Disabilities Association of America white paper, RtI may prevent the identification of students with learning disabilities due to marginal positive responses to the educational interventions. Many students who have engaged in RtI interventions will interact with the Disability Services office only to be told that they must provide actual documentation of their learning disability.

5. **ADA Amendments Act changes**

As noted, federal legislation allows individual institutions to develop their own set of documentation requirements (Office for Civil Rights, 2011). While many colleges and universities have chosen to utilize the underlying AHEAD “Seven Essential Elements of Quality Disability Documentation” (n.d.), the actual technical requirements for the type and scope of documentation based on category of disability vary widely. For
example, the study author’s previous public institution allowed students with learning disabilities to submit standalone documentation of either a full psychoeducational assessment or a copy of their high school SOP/IEP. A private institution nearby required that students seeking accommodations for a learning disability provide a full adult-normed psycho-educational assessment. They also required the evaluator complete a separate prescriptive institutional form about the assessment results. While both institutions require similar common elements for a student’s documentation, the actual assessments provided could vary significantly. This variance has been further increasing under changes brought forth by the ADAAA regulations.

When discussing the ADAAA, it is important to note the intent of the amendments act. Congress amended and strengthened the original ADA by underscoring how consistent and pervasive discrimination continued against individuals with disabilities since the original civil rights legislation in 1990 (42 U.S.C. 126 § 12101). A term used repeatedly throughout the new ADAAA and its amendments refers to the “burdens” placed on individuals with disabilities. In effect, the new ADAAA has focused on reducing burdens that individuals with disabilities experience. In particular, this legislation also expects colleges and universities to reduce the burdens they place on students with disabilities regarding their documentation requirements (28 C.F.R. 36 § 309). Expansion upon the legislation includes several important notes: requests for documentation should be narrow enough to define the individual’s need for accommodations, significant weight should be given to the past effectiveness of accommodations, documentation should be accepted without further inquiry from a qualified professional who knows the student, more weight should be given to clinical
and professional narratives, and the process should allow for the student to self-report their assessment of useful accommodations within the academic setting (Bowen & Lissner, 2010; Lissner, 2011). All of these items are aimed at reducing possible discrimination through the reduction of burdensome documentation barriers.

The Supporting Accommodation Requests: Guidance on Documentation Practices (2012) document asked AHEAD members and non-AHEAD Disability Services professionals to reframe their practices to best align with the intent of the ADAA AAA and the Social model of Disability. To practically do this, the review committee developed a three-tiered structure for acceptable documentation sources: Primary—student’s self-report, Secondary—observation and interaction with the Disability Services professional, and Tertiary—information from external/third party sources such as an IEP, 504, SOP, medical or psychological documentation (AHEAD, 2012, p. 2). The proposed AHEAD documentation review process includes individual review, a commonsense standard, a non-burdensome process, and whether information is current and relevant (2012). This individual review process aims to create a consistent, yet flexible documentation review process through which Disability Services professionals can utilize available reasonable documentation sources to arrive at decisions to approve accommodations for students (Disability Compliance for Higher Education, 2012). The AHEAD document is short in nature, and does not provide detailed descriptions or requirements for professionals about implementing the revised practice at their home institutions. The AHEAD guidance may have created significantly greater awareness of the need to make documentation review processes less burdensome to students, but it also resulted in many Disability Services professionals unsure of what would be
acceptable practice within the culture of their institutions. AHEAD (2012) continued to respond to member concerns about the new guidance on documentation practices by releasing follow-up information that engaged Disability Services professionals in ongoing discussion.

Although the reduction in documentation burdens seemed to make common sense, Disability Services offices were starting to see some of the consequences of this legislation. Concerns listed above regarding recency and accuracy can be compounded in documentation that is extremely outdated, making it difficult for Disability Services professionals to assess the validity of the assessment. Another concern raised is that the quality of the documentation may be lowered when the qualifications of the evaluator may not be based upon clinical or evaluative expertise with the category of disability. This means that a credentialed evaluator may have little experience diagnosing the disability, or providing recommendations of reasonable accommodations within the documentation. Though it is still too early to see how this reduction in burdens will impact colleges and universities, recent legal action against private testing agencies (*United States v. National Board of Medical Examiners*, 2011; U.S. Department of Justice, 2014) indicates that all entities covered under Title II or III of the ADAAA should be working to reduce documentation burdens and barriers whenever possible. The move by AHEAD has made a clear statement in alignment with the underlying goals of the ADAAA, and this is valuable professional momentum toward achieving practices within the Social and Universal models of Disability.

6. **Factors impacting underrepresented students**
Though concerns noted above address elements found within documentation, it is also valuable to consider some of the factors impacting historically-underrepresented students with disabilities. It is commonly known that P-21 Special Education has enrolled a disproportionate number of students from low-income and racial/ethnic backgrounds (Artiles & Trent, 1994; Deno, 1970; Zhang, Katsiyannis, Ju, & Roberts, 2014). While significant progress within Special Education has been made over the past several decades to reduce this bias (Morgan et al., 2015), there are still some representation concerns in higher education. Newman, Wagner, Cameto, Knokey, and Shaver (2010) found in evaluation of national longitudinal data that enrollment of students with disabilities increased significantly from 1990 to 2005. Unfortunately, students with disabilities from low-income families were half as likely to enroll in postsecondary education (Newman, Wagner, Cameto, & Knokey, 2009). The authors also indicated that there was disproportionate enrollment by type of institution, with more than 50% of all college students with disabilities attending two-year colleges. In a positive light, postsecondary participation of students with disabilities was roughly equal to students without disabilities when race/ethnicity was compared. From the literature, trends, and students who access Disability Services offices, many Disability Services Professionals have an awareness of how the factors of income equality and race/ethnicity have impacted academic preparation, quality of documentation, and access to preparatory accommodations and supports.

Above-and-beyond the concerns with administration, age, and quality of documentation, it is critical that Disability Services Professionals bring a heightened cultural competency to the processes they utilize to review documentation and approve
reasonable accommodations. Cultural identities, norms, and expectations of students from underrepresented backgrounds must be considered. For example, many Disability Services Professionals know about or can identify when students are transitioning from high schools in which accommodations, services, assistive technology, etc., may not have been as readily available due to inequitable school funding that traditionally impacts low-income communities with high levels of racial/ethnic segregation (Madaus, Grigal, & Hughes, 2014). These dynamics, including the impact of limited English language fluency, must be evaluated when considering which reasonable accommodations would holistically allow the most appropriate access to educational environments (Trainor, Murray, & Kim, 2014). In particular, the disproportionate enrollment of low-income students and students with disabilities at the nation’s two-year colleges require that professionals at these particular institutions have increased competency to provide the highest levels of service to student populations that have historically been underserved and underprepared.

E.  **Statewide Approaches to Documentation Guidelines**

Though the aim of this study is to provide for a comprehensive collection and analysis of postsecondary documentation guidelines in Illinois, four states have previously worked to create a set of statewide, or large-scale system-wide, documentation standards or sets of documentation information. The most often cited source is a set of statewide guidelines and individual institutional requirements from the state of Wisconsin (Wisconsin Technical College System, 2011). The second is a set of guidelines developed by the Connecticut Association on Higher Education and Disability (2008) to create more consistency by Disability Services providers across their state.
The third is a set of guidelines from the South Dakota Department of Education (2008) that has many similar elements to the Wisconsin document. Fourth, the California State University system (2009) utilizes a standardized set of disability documentation guidelines. Fifth, Disability Services professionals in North Dakota (2013) came to agreement on utilizing the AHEAD 2012 guidelines. Finally, the Illinois Interagency Coordinating Council (2006a; 2006b; Rhodes, 2006) attempted a statewide survey of public institutions. Table I below summarizes the components of these documentation approaches.

<table>
<thead>
<tr>
<th>State/System Document</th>
<th>Mission/Goal</th>
<th>Contents Include</th>
<th>Document Created For</th>
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<tbody>
<tr>
<td>Wisconsin Technical College System- A Wisconsin Disability Documentation Guide (2011 revision)</td>
<td>“Wisconsin educators …had expressed a need for guidance related to documentation of disability for adolescents and adults continuing their education after high school.”</td>
<td>-General documentation information for students transferring -Disability specific documentation guidelines; including appropriate assessments -Resources</td>
<td>-Students preparing to transfer -P-21 educators -Postsecondary educators -Disability Services Professionals</td>
</tr>
<tr>
<td>Connecticut Association on Higher Education and Disability- Disability Documentation</td>
<td>“The purpose of these guidelines…is to promote consistency across postsecondary institutions with regard to appropriate disability</td>
<td>-Essential documentation elements -Disability specific documentation guidelines; including</td>
<td>-Students preparing to transfer -P-21 educators -Disability Services Professionals</td>
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</tbody>
</table>
Guidelines to Determine Eligibility for Accommodations at the Postsecondary Level (2008) documentation for applicant students."
appropriate assessments

South Dakota Transition Services Liaison Project- South Dakota’s Guide of Post-Secondary Disability Documentation (2008; much borrowed text from the Wisconsin document) "South Dakota educators… have expressed a need for guidance related to documentation of disability for adolescents and adults continuing their education after high school."
-General documentation information for students transferring -Disability specific documentation guidelines; including appropriate assessments -Resources -Students preparing to transfer -P-21 educators -Postsecondary educators -Disability Services Professionals

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</thead>
<tbody>
<tr>
<td>California State University System-Policy for the Provision of Accommodations and Support Services to Students with Disabilities (2009)</td>
<td>“The Policy for Provision of Accommodations and Support Services to Students with Disabilities was drafted by the System-wide Advisory Committee for Services to Students with Disabilities and represents more than two years of discussion…”</td>
<td>-Specific guidelines for Learning Disability documentation; including appropriate assessments -System-wide policy for providing accommodations</td>
<td>-Disability Services Professionals</td>
</tr>
<tr>
<td>North Dakota Disability Services</td>
<td>“…members use documentation of</td>
<td>-Council members adopted the new</td>
<td>-Students preparing to transfer</td>
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TABLE I (continued)
SUMMARY OF STATEWIDE/SYSTEM-WIDE DOCUMENTATION APPROACHES
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<thead>
<tr>
<th>Source</th>
<th>Description</th>
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<th>Description</th>
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<th>Description</th>
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<tbody>
<tr>
<td>Council (2013)</td>
<td>disability to 1) establish whether an individual is a person with a disability and 2) provide a rationale for identifying and implementing reasonable accommodations.”</td>
<td>AHEAD (2012)</td>
<td>guidance</td>
<td>Disability Services Professionals</td>
<td></td>
</tr>
<tr>
<td>Illinois Interagency Coordinating Council- Documentation Requirements for Students with Disabilities: Accessing Support Services within the Postsecondary Setting (2006a; 2006b)</td>
<td>“…inform colleges/universities [of differing] documentation requirements…” and “promote change in the process to standardize requirements and decrease barriers in the transition process…” (D. Contri, personal communication, December 5, 2011)</td>
<td>Raw survey results with initial analysis</td>
<td>List of participants</td>
<td>Initial findings (Rhodes, 2006)</td>
<td></td>
</tr>
</tbody>
</table>

It is particularly helpful to examine the survey initiated by the Illinois Interagency Coordinating Council (2006a, 2006b). This unpublished work represents a solid attempt at a statewide survey even though only public universities and community colleges were included. The survey asked eleven questions of Disability Services professionals, with the intent of describing some features of acceptable documentation. Additional questions were asked to highlight the discrepancies within and amongst Illinois colleges and universities, which led to a final question about whether Disability Services professionals would be interested in a “standardized form” (Illinois Interagency Coordinating Council, 2006b, p. 2). Though this question was answered by most participants, the actual wording highlights one limitation of this original study- aspects of
the questions appear to be written in a manner that could cause some confusion for Disability Services professionals (e.g., the “standardized form” question does not specify if the goal is feedback about a document to be created or standardization of the documentation system). Regardless, the results provide for some interesting information.

From the Illinois (Illinois Interagency Coordinating Council, 2006b) survey information provided, several important pieces of information were discovered. Forty-six institutions responded, including one multi-campus system counted as a single respondent. Of the participants, 100% indicated that students with questions about documentation could find information on both the institution’s website and by visiting the office, calling, or requesting print documents. Participants were also asked about utilizing a standardized format. Though the question is not entirely clear about what that format would be, 59% of participants stated that they would use a standardized statewide format, and another 22% said that they might be interesting in using one.

These survey questions and responses also provided some inspiration to the aspects of the current study. A component of this research will be a qualitative evaluation of publicly-available website information about disability documentation from Illinois colleges and universities. Since all of the participant institutions in the 2006 survey indicated website information was available, this study will allow a follow-up to determine to what extent the public institutions continue to have documentation information publicly-available. In this study’s survey component, the 2006 question about a standardized format will be revised and added. Amongst discussions by the IBHE DAC and Documentation Subcommittee members, as well as the general
undertone of the Disability Services profession, movement toward a standardized format for any aspect of postsecondary disability documentation has been very limited. Multiple factors preventing this action have been discussed in the documentation literature reviewed above. Because the Illinois Interagency Coordinating Council 2006 survey response to this question indicates that more than 50% of participants were potentially interested in moving toward a more standardized format, it seems essential to ask a clearer question to participants in this study.

Shifting back to the set of documents from Table I, the intent of these documentation approaches was broadly to improve the consistency by which documentation is prepared, access to information for the public, and increased acceptance by institutions of higher education. Each approach appears to be rooted in the need for consistency, and the work groups that designed these documents modeled collaborative use of multiple stakeholders from across their state or system. Two of the states, Wisconsin and South Dakota, developed documents geared toward the transition process from high school to postsecondary education. The documents have a focus on the students and their advocates, such as Special Education transition personnel and parents. The Connecticut and California approaches are more aligned with statewide/system-wide consistency standards for individual postsecondary institutions. Less of a direct focus on the transition process, these approaches align Disability Services professionals across the state/system to improve the consistency by which accommodations are approved. Through utilizing common documentation standards, there are also opportunities to create a confluence of increased consistency
within models of Disability that better align with the goals of burden reduction under the ADAAA.

F. **Philosophical Frameworks for Providing Disability Services**

As discussed above, “disability” is easily viewed from multiple philosophical, theoretical, historical, and societal perspectives. Though often discussed in Disability Studies literature as a continuum, from Medical/Individual to Social to Universal, the models require more finesse in terms of their application to research about postsecondary Disability Services practices. Research by Guzman (2009) and Guzman and Balcazar (2010) indicated that the most prevalent model used within Disability Services is the Individual/Medical model. By asking for participants to rank some of their approaches and beliefs, this often occurred with some integration of Social and Universal Model components moving toward more of a hybrid model approach. The three worldview approaches (Guzman & Balcazar, 2010) were defined as:

- **Individual Approach-** Looks at the individual and seeks strategies that will compensate or level the playing field;
- **Social Approach-** Looks at the environment and seeks strategies to remove barriers; and
- **Universal Approach-** Looks at the design and seeks to develop an environment inclusive of the largest number of persons possible.

Though Guzman (2009) found that the vast majority of participants in his study utilized the Individual model as the foundation of their work, “it was also evident in these findings that participants were aware and to some degree use[d] elements of social and universal approaches when implementing…standards” (p. 193). The outcomes of his
study indicate that while the Individual Model has been the broader basis for most accommodative work within the Disability Services profession, opportunities for the integration of Social and Universal perspectives may be extremely beneficial to advancing practical work within the field.

The current study provides an opportunity to expand upon a portion of Guzman's work by utilizing revised versions of his definitions. In addition, this study adds a new “Hybrid” model to more accurately describe the work in which Disability Services professionals engage across the country. This model framework is added in response to some of the results and analysis of Guzman’s (2009) original doctoral dissertation research. In his work, it was noted that the Individual approach served as the “ubiquitous foundation to the implementation of most of the core AHEAD components as well as the program standards” (Guzman, 2009, p. 58). In effect, working from within the Individual framework indicated a higher likelihood to accommodate student’s disabilities as deficits. At the same time, Guzman’s work informed the field by discussing results that indicate some Disability Services professionals ascribe to a more Universal approach in theory despite the actual practice within an Individual framework for accommodating students. Block, Loewen, and Kroeger (2006) put forth a charge to the Disability Services profession to utilize a series of leading practices within Disability Services offices that would help bridge the transition from medicalized to more Universal model approaches. The work noted above highlights that while there is growing aspiration to utilize Universal approaches, it is often sublimated to a larger extent with Individual Model practice. By incorporating a new Hybrid model definition into this study, it allows for an opportunity to utilize a new option that could likely be a
more accurate description of many Disability Services documentation practices. Taken together, these ideas will help expand upon previous research while also working toward better align of Disability Services practices with Social and Universal model perspectives.

For the purposes of this study, four model frameworks are defined. While rooted within the literature and history of disability experiences in the U.S., these definitions attempt to also consider practical application within the Disability Services field. While the goal of this research was not solely to define practices at colleges and universities based on a model, the models provided the framing structure for better understanding how documentation practices and guidelines are developed and implemented. The four model frameworks are:

1. **Individual/Medical Model**- Disability is viewed as a functional limitation in need of accommodation to level the playing field. An example of providing individualized accommodations to a student could be extended testing time for a student with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder who experiences distraction during timed exams.

2. **Social Model**- There is a sociopolitical context that marginalizes individuals with impairments and prevents them from participating in many aspects of society. An example would be that Disability Services professionals work to reduce social barriers, such as negative attitudes that some faculty and staff may have about students with disabilities participating in college, by creating awareness and professional development sessions on-campus.
3. Universal Model- Societal structures poorly fit the large range of human abilities, and the physical and educational environments must be designed proactively to meet the needs of as many users as possible. By creating environmental and academic structures that allow as many students as possible to succeed without the need for additional individual accommodations, this model takes a proactive approach to access. For example, ensuring that adjustable tables and workstations are built into the design of academic spaces ensures that seamless access is available.

4. Hybrid Model- To ensure equal access for students with disabilities, Disability Services professionals must provide some individualized accommodations to meet each student’s need. At the same time, Disability Services professionals must work proactively to improve access by reducing societal, physical, and educational barriers that prevent students with disabilities from full access. Practically, Disability Services professionals will provide some individualized accommodations to students with disabilities while also actively working to improve the social and physical environments of their campuses. Developed from the literature, this Hybrid model is a realization that some Disability Services offices have implemented aspects of the Social and/or Universal model even though many of the practices are still rooted situated within the Individual model.

G. Overview of the Study

The aim of this study was to investigate factors that led to the development and use of documentation guidelines by colleges and universities within the state of Illinois. Factors explored included: budget, staffing, demographic and professional factors
(identification as an individual with a disability, time in the profession, highest degree, field of academic study, etc.), number of students with disabilities served, how recent the documentation guidelines were developed, and the model of Disability (Medical/Individual, Social, Universal, or a Hybrid model) used in the development of the documentation guidelines. The study also served as a pilot collection of Disability Services documentation guidelines and information from each college and university throughout the state. This exploratory study attempted to serve as an initial large-scale collection of information about documentation requirements and practices within a single state. The study also included an analysis of each set of documentation guidelines submitted by individual participants. Utilizing the models of Disability described above, a systematic protocol allowed a model to be assigned based upon the way the institution developed and/or operationally utilized their documentation guidelines. This collection helped lead to the creation of a statewide transition resource to assist students with disabilities and their families as they select a postsecondary institution and attempt to register with the Disability Services office.

Four primary research questions were developed at the outset of this study. First, how does the information contained on institutional and Disability Services office websites relate to the models of Disability? Second, how were the documentation guidelines utilized by the Disability Services office in its regular operations related to a theoretical model of Disability? Third, to what extent did budgetary factors, staffing, and number of students served relate to a Disability model? Fourth, to what extent did the policies, procedures, and documentation guidelines submitted by institutions align with a related model of Disability coded for the institution?
• The hypothesis for question one was that the majority of websites would reside within the traditional Individual/Medical model of Disability.

• The hypothesis for question two was that the majority of documentation guidelines practices would default to the traditional Individual/Medical model.

• The hypothesis for question three was that Disability Services offices with larger budgets, staffing, and number of students served would more likely utilize practices that align with the Social, Universal, and Hybrid models.

• The final hypothesis was that the majority of documentation guidelines would follow the traditional Individual/Medical model framework, but that there should be some movement toward alignment with the newest AHEAD documentation guidance (2012).
III. METHODOLOGY

A. Role of the Researcher

As stated by Nobel Laureate Dr. Albert Szent-Györgyi, “Research is to see what everybody else has seen, and to think what nobody else has thought” (Peter, 1993, p. 140). In exploration of this research, I hope to engage the profession in discussion that moves beyond the knowledge of daily practice into innovative opportunities for seamless integration and access for the fullest range of diverse learners. None of these learners have been more oppressed by educational systems than students with disabilities. After several years as a Disability Services Professional, I bring a perspective to this work in believing both in continuous process improvement and advocacy for the students whom I have served. This exploratory research on documentation practices highlights a concern raised often by Disability Services Professionals, students, and other stakeholders; and learning more about the extent of this concern in an innovative and systematic manner aims to bring thinking needed to effect real change.

My educational preparation, employment experiences, and professional service have each added to my understanding of the overwhelming importance of advocating for underrepresented students. Graduate studies in Disability Studies, Higher Education, and Special Education have opened my eyes to both systems that reinforce stereotypical approaches toward students, but also to opportunities for investigating and practicing ways to evolve beyond traditional hegemonic practices. As I have grown in my capacity to better understand the systems within which I have engaged, this has guided my professional experiences. This has taken me from student activities as an
undergraduate to frontline student services and teaching college students with intellectual disabilities to directing a large community college Disability Services office and finally to a position as a Student Affairs Dean. I have always been fortunate to engage in experiences where I could support my colleagues in providing supports and thinking to help students to move beyond their expected potential. For students with disabilities, it gives me great satisfaction to think about opportunities to move beyond traditional Disability Services roles, and see the growth of innovative Disability Services offices that work hard to serve students holistically in all of their academic and personal endeavors.

As a researcher, my own growth in philosophical understanding and practical experience continues to influence my topics of research interest. I have always engaged my colleagues and staff in continuous process improvement to ultimately benefit students. At the same time, I know that improving the Disability Services field through my own nexus of stimulus encourages me to help develop innovative practices and models (Gomez, 2011). Many of these practices aim to improve this work through broad-based professional development opportunities for both Disability Services staff; as well as a rare group of some of the often most contentious stakeholders- individual faculty who believe certain disabilities do not exist. Through this work, I have found that there are multiple opportunities for not only critically examining our work as research-practitioners, but for truly moving our colleagues to think as advocates alongside individuals with disabilities (Lockwood, Friedman, & Naru, 2012). I have personally experienced how these advocates move the needle to reduce physical, social, and attitudinal barriers for students with disabilities.
Notwithstanding my professional perspectives, I bring my own personal experiences of disability to my daily understanding. Disability has always been a part of life for my family. Certainly nothing odd or strange, but rather just life as I have always known it. I am so very fortunate because, before I even knew about the Social model of Disability, my family lived in such a manner that Carol Gill’s (1987) dichotomy between the Medical and Social models was a description of how my family lived. From a young age, my family acted as advocates to ensure that access and inclusion was a basic right for those members with disabilities. As I grew, my own experience developing a chronic health condition has resulted in further reframing my conceptions of impairment and disability. Although I have attempted to work and think within the contexts offered by the Social model, I struggle along with many to fully comprehend my station within a medically-complex world.

Though my role as a researcher in this study is to help develop a better understanding of current practices of disability documentation, I know that I have an academic and personal duty to ensure that the outcomes of this work will reduce barriers for students with disabilities. At the same time, I anticipate that this work will highlight opportunities to influence change within the Disability Services profession. My notions about the outcomes as a researcher, scholar, and practitioner led me to expect that the discussion on disability documentation is more complex than ever with the shifting legal landscape created under the ADAAA (Heywood, 2011). This wide-scale approach, framed in Social model thinking and advocacy for students with disabilities, should help the profession better conceptualize current practices in addition to those innovative practices that may be moving into the future. Many opportunities exist to
share with Disability Services Professionals information about these models and practices so that the work is forward-thinking.

B. **Participants and Recruitment**

The participants for this research included college and university personnel who had the responsibility of directing or administering a Disability Services office at a postsecondary institution based within the State of Illinois. Due to the complexity of the postsecondary education system in Illinois, which also includes career and technical programs (e.g., cosmetology, dog grooming, bar tending, etc.) offered by non-college entities, these institutions were removed from this study. Institutions based in another state but operating in Illinois were also removed. Participant institutions were contacted with support from the Illinois Board of Higher Education (IBHE). As of submission for the Institutional Review Board application, IBHE (2015) published authority over 12 public university campuses, 48 community college campuses, 99 private not-for-profit institutions, and 29 private for-profit institutions. The Illinois Math and Science Academy, Quad-Cities Graduate Study Center, and University Center of Lake County were also excluded as they are not independent institutions of higher education. IBHE staff and DAC members committed limited resources to assist in the recruitment, data collection, and overall dissemination processes.

A request for participation was sent to all of the 188 institutions. For the survey analysis, the researcher’s institution of doctoral study and one previous employer were excluded. The researcher previously worked as an employee to develop or assist in developing the disability documentation guidelines for these institutions. Removing these two institutions from the survey and document analysis components of the study
was done to reduce bias in the data and results; particularly considering the researcher has been framed in practice by the Social model of Disability when many colleague institutions may be utilizing other framing models.

1. **Website selection strategy**

   Because the researcher utilized only publicly-available website information for this portion of the study, no contact with any participants was necessary. The researcher developed a web address listing from the IBHE’s *Institutions List by Sector* (2015). Because not all of the institutions on the list had an embedded web address, the researcher updated an internal list with current web addresses through simple Google searching.

2. **Survey recruitment strategy**

   The following procedures were utilized to collect the survey data and attempted to control for errors. Because the researcher anticipated a small sample size and relatively low participation rate, the survey was administered as a broad census to gather a snapshot of the “state of the state” Disability Services documentation practices. Such survey designs are open to data collection and analysis errors. Gonzalez, Ogus, Shapiro, and Tepping (1975) expand upon sampling and non-sampling errors found within survey research. These include: 1) sampling variability- the representativeness of the sample to the population; 2) response variability- the range of participants that respond; 3) response bias- who elects to participate; 4) non-response- those who do not participate; and 5) imputation and processing error- replacing missing data with substitutes and selection of analyses to meet the available data and hypotheses. With
the potential for sampling and non-sampling errors, the researcher utilized web survey best practices (Umbach, 2004) to reduce the impact of these errors on the study.

Attempts at reducing sampling and non-sampling errors also occurred through the following practices. Variability, also known as coverage error (Umbach, 2004), is a threat when representativeness to adequately cover the population occurs through selection of a study sample. Because the number of Illinois-based institutions granted operating authoring by the IBHE was only 188 to begin with, the entire population was added to the contact listing to avoid issues of difference between the population and sample. This was also necessary as a secondary goal of the study in alignment with the IBHE DAC goal of creating a publicly-available resource document. Response variability was again controlled by allowing the greatest possible range of participants the opportunity to participate. Response bias was reduced by attempting to encourage all institutions to participate in the survey.

To reduce non-responses, the researcher utilized a number of control mechanisms described by Porter (2004) to be effective in encouraging prospective participants to respond. These included adding a statement of confidentiality, explaining the relevance of the topic to Disability Services Directors, sponsorship from the IBHE, use of multiple follow-up communications, and the notion that colleagues were completing the survey to help each other. Imputation errors were first minimized by investing significant time during survey development to ensure responses would be recorded accurately without a need for recoding. After data collection had been completed, only minimum changes to the data set were required (for example, a participant that specified an area of graduate study in the text field that was already
accounted for in the multiple choice options or missing institutional data that was publicly-available). Finally, processing errors were reduced when possible by selecting appropriate analysis methodologies and attempting to represent the findings in an impartial manner. Though sampling and non-sampling error occurs in all survey research, multiple attempts and mechanisms worked to reduce error in this study whenever possible.

Determination of the population and development of the contact list is expanded upon below. By utilizing both publicly-available information and additional sources from the Illinois Community College Board (ICCB) and IBHE, the contact list included institution, name, email address, phone number, and Disability Services office website link. This contact information was available for about one-half of the institutions. It was particularly difficult to find contact information for many small private not-for-profit and for-profit institutions. When contact information for the Disability Services office was not available, the researcher attempted to utilize a secondary email contact for the institution. Ultimately, the goal was to have a single response from each institution. The contact list and call for participation wording indicated that the survey should be completed by the administrator overseeing the Disability Services office.

Once the contact list was as thorough as possible, the researcher utilized a blind carbon copy email to contact prospective participants with the call for participation email message in Appendix D. The first message was sent in late June to avoid conflict with graduation ceremonies, serving students enrolled in the summer, and other end-of-year activities. Of the 172 email addresses on the first distribution list, 13 (7.6%) received out of office replies and 27 (15.7%) resulted in undeliverable notifications. The first
communication resulted in 16 individuals accessing the survey consent page with 11 participants that provided survey data included in the analysis.

After approximately two-and-a-half weeks, a follow-up blind carbon copy email message was sent to a distribution list of 160 prospective participants. During the waiting period, the contact list had been updated with new information from the ICCB and members of the IBHE DAC. The second message resulted in 15 (9.4%) out of office replies and six (3.8%) undeliverable notifications. As a result of the second message, 21 individuals accessed the survey consent page with 15 participants that provided survey data for the study.

The final call for participation would have followed a similar timeframe, but was strategically delayed for multiple reasons. First, the response rate was lower than anticipated possibly due to the timing of the survey falling during the summer. Second, there was a major federal holiday that also coincides with a time of the summer in which many people across the country are traveling/vacationing. Finally, there was an opportunity to provide an update on the survey progress to members of the IBHE DAC during a regularly-scheduled conference call that occurred the first week of August. Because the researcher provides a regular report on the Documentation Subcommittee, this was also an opportunity to remind the Disability Services Directors on the call about the opportunity to participate. The contact list was again updated with new contact information, and any participants that had already completed the survey were removed from the distribution list. In an effort to increase participation, prospective participants on the contact list that had verifiably accurate names for the final call for participation were directly targeted in a personalized email by name. The final call for participation was
sent to 119 email addresses the second week in August, with five (4.2%) out of office replies and three (2.5%) undeliverable notifications. Ten individuals accessed the survey consent landing page, and eight participants provided data utilized in the study. The survey tool remained open until the end of the month to accommodate a small number of participants that asked for additional time.

Due to limited direct phone number contact information for Disability Services Directors and the number of out of office and undeliverable email responses, contacting prospective participants by phone proved to be very difficult. This was compounded by possible poor timing of the study in which it was very difficult to reach Directors as some are on less than 12 month contracts and many folks were taking time off from work. After attempting several phone calls without reaching a single prospective participant, it was determined that utilizing the phone script in mass was not proving to be an effective mechanism for significantly increasing the number of participants. Whenever possible, the researcher made follow-up contacts with prospective participants who changed employers during the course of the study; as well as those individuals that expressed an interest in participating but had not yet done so. After utilizing all available methods and resources, and allowing adequate time for participation, the survey was closed.

3. **Documentation recruitment strategy**

The institutional disability documentation guidelines/requirements were requested as the final question to the survey. Survey participants were asked to send a copy of their office’s documentation guidelines/requirements directly to the researcher via email. Though not a direct incentive to participants, the request informed participants
that these documents could be utilized by the IBHE DAC in the creation of the statewide resource document.

C. **Study Components**

This research study utilized multiple components to address the primary research questions, as well as the larger goals developed by the IBHE DAC Documentation Subcommittee. Since the literature shows limited efforts at a single state working to assess the current status of disability documentation guidelines across its postsecondary institutions, the research took a multi-pronged approach at data collection. The data analysis included an attempt to determine to what extent the documentation policy development and guidelines themselves align with any particular model of Disability. This study may be useful within the field of postsecondary Disability Services to help determine if operating under a particular model aids in reducing barriers for students with disabilities during the point at which documentation of the disability is requested.

1. **Systematic website review**

The study began with a systematic review of Disability Services websites for each institution included on the IBHE list of postsecondary institutions. Each individual website was reviewed utilizing a protocol (Appendix A) to determine if the website listed essential information about both the Disability Services office and disability documentation guidelines. In particular, this portion of the study aimed to explore to what extent documentation information was publicly-available on college and university websites within the state of Illinois.
Not only did this exploratory study work to illuminate the extent to which disability documentation information was made publicly-available, it also provided for the first large-scale review of whether some of the most fundamental Disability Services office information was publicly-available through the web. For instance, the protocol addressed whether there was information or a disability-related link easily found on the institution’s homepage, if the institution published publicly-available Disability Services office information, and if the Disability Services office provided contact information should students need assistance. Findings in this portion helped the researcher address how practices at individual institutions (such as creating a welcoming atmosphere, listing documentation guidelines, reducing barriers for documentation requirements, making sure that contact information is publicly-available, etc.) aligned with the models of Disability that were coded. Though many of these practices were not explored in great detail in this study, this component helped to provide a rationale for a set of best practices on communicating publicly-available information about Disability Services offices on college and university websites.

2. **Survey of disability services directors**

The second component was a survey (Appendix B) sent to the Director or administrator who oversaw the Disability Services office at each institution. The survey examined how the factors listed in the above Research Questions have resulted in framing rational behind the practice of implementing documentation guidelines. An analysis was completed to compare how these factors aligned with the models of Disability coded. Ultimately, this helped determine to what extent any of the office/institutional factors (public/private, size, type of institution, etc.), Disability
Services office demographics (budget, staffing, number of students served, etc.), or the participant demographic factors (disabled/nondisabled, amount of time in the profession, etc.) played a role in the model of Disability coded.

The survey contained four sections: demographic information, documentation development information, Disability Services office resources and student population information, and detail about documentation requirements and practices. The demographic information contained both general demographic questions (highest level of education, gender ethnicity, identify as a person with a disability, etc.) and position-specific information (name of institution for Carnegie Classification coding purposes, title, years in profession, years in current position, and membership in AHEAD). Within the documentation information section, participants were asked about the last time documentation guidelines were updated, whether an interview was used as part of the process for new students, and whether the office used any documentation best practices in developing their own guidelines. Participants were asked to submit a copy of their documentation information for inclusion in the IBHE DAC product and document analysis portions.

The last two sections of the survey required participants to invest more time in their responses. In the resources section, participants were asked to complete a two-year chart of office resources and students served. This chart includes office budget, number of full-time equivalent staff, number of students with disabilities served by the office, total number of new students registered, total number graduated, and total number that withdrew during the year. The resources and student information helped to determine if particular resourcing or student population factors had any impact on the
model from which the Disability Services office operated. The final section asked for
more detail about the documentation requirements and practices. Several questions
worked to determine what types of documentation (IEP, SOP, VA paperwork, etc.) were
accepted. There was also an opportunity for participants to provide detail about
documentation requirements specific to the different categories of disability.

To help protect the identity of individual institutions in analyzing survey results,
this data was aggregated utilizing the Carnegie Classification system (2011), IBHE
categories (2015), and other aggregation categories. Because IBHE authorized no tribal
colleges or special focus institutions like Historically-Back Colleges and Universities,
these two Carnegie categories were not used in any aggregated analysis. This left the
following five broad Carnegie categories for the analysis: Associate’s Colleges (primarily
two-year degrees and vocational certificates), Baccalaureate Colleges (primarily
Bachelor’s degrees), Master’s Colleges and Universities (institution has an intensive
focus in awarding Master’s degrees), Doctorate-Granting Universities (may offer limited
doctoral study in addition to the Master’s focus), and Doctorate-Granting with a
professional focus (primarily a focus on research doctorates and professional studies
such as Medicine). Once coded for the primary statistical analysis from the survey
questions, a secondary analysis was performed to determine if any statistically-
significant differences existed between for-profit and not-for-profit institutions within
each of these classification categories.

3. **Documentation guideline analysis**

The third portion involved a document analysis. The researcher utilized
the literature to develop a set of key words and phrases that identified with each of the
models of Disability (Appendix C). From these lists, each set of documentation guidelines submitted by individual colleges and universities was coded for these words/phrases. For example, the term “Universal Design” is associated with the Social and Universal models, but generally not with the Individual/Medical model. Once coded, the researcher completed a comparison of the coded documents to the models of Disability describing documentation guidelines and assigned a framing model. The researcher also utilized a frequency count to identify commonalities amongst documentation guidelines developed under the different models of Disability or from other factors such as type of institution or length of time working in the profession.

The analysis was completed using the protocol in Appendix C. Each document was coded using the word find option within a word processor program. Upon completion of the coding, the researcher compared the coded document to the model framework assigned to the participant’s institution based upon answers to the survey instrument. Preliminarily, it was expected that a majority of the institutions would be framed in the Individual model. This document analysis helped explore to what extent these respondents had documentation guidelines that discussed both individualized accommodations as well as the larger systematic approaches to reduce barriers on students with disabilities in light of both the Social and Universal frameworks. The use of case analysis as a portion of the larger study helped ensure adequate triangulation of data to explore Disability Services documentation practices in light of the findings from the other study components (Yin, 2009).

4. **Development of statewide resource**
Though beyond the scope of the analysis, the data collected assisted the DAC and Documentation Subcommittee in providing data for a first-of-its-kind resource for students with disabilities planning to transition to a college or university in Illinois. The goal was that each institution would share this information for the public resource. In this component, each institution summarized their documentation guidelines/requirements for inclusion in a publicly-available statewide resource. It was expected that the DAC would create a web-based transition resource so that any person could review a summary of documentation guidelines for any college or university in Illinois. This would assist students, families, Special Education transition coordinators, state agencies, and institutions of higher education in directing students with disabilities to accurate information about documentation requirements at a specific institution in Illinois. Again, this component was beyond the scope of the research since it requires a significant time investment from many stakeholders, but dovetails upon the survey by acting as the vehicle for the first attempt at gathering this information in Illinois.

D. **Collection of Data**

Data collection was completed in a manner that worked to ensure confidentiality of responses as well as protection of the data from sources of corruption. Prior to any collection of data, the researcher secured approval from the University of Illinois at Chicago Institutional Review Board. Since the study involved several different data collection components, the researcher utilized multiple methods to secure the study data. In addition to the study data, participants were asked to submit their documentation guidelines and summary information for inclusion in a statewide IBHE
transition resource. These documents, along with responses to some of the survey items, became available to members of the IBHE DAC Documentation Subcommittee for purposes of dissemination.

1. **Website analysis data collection**

   Data from the website analysis was stored on the researcher’s password protected personal computer as well as a secondary back-up device. All sources of data were password protected to ensure security of the data. Data in this portion were entered into a protected spreadsheet based upon the protocol (Appendix A). Each institution was also coded according to their Carnegie Classification (2011) for the aggregated analysis.

   The data for the website analysis was gathered from publicly-available college and university websites. Because the information was publicly-available, the institutions from which this data was collected were not notified in advance about this study component. The protocol was utilized to ensure a consistent collection and recording of the data. Once completed with the collection of website information, the data was ready for further analysis.

2. **Survey instrument data collection**

   Data from the survey instrument was stored on the researcher’s password protected computer and a secondary back-up device. The researcher utilized an online survey tool to collect the survey data. All sources and locations of data were password protected to ensure security of the data. Once participants completed the survey, the
researcher retrieved the data from the Qualtrics survey tool website and prepared data for the analysis. Each participating institution was coded according to their Carnegie Classification, and other relevant classifiers, for aggregated analysis to ensure a secondary level of confidentiality. This aggregation also assisted the researcher in identifying any group similarities or differences during the analysis.

Prospective participants for the survey instrument were sent an email in collaboration with the IBHE DAC. The email message (Appendix D) informed the prospective participant about the purpose of the survey as well as an overview of participant protections through an informed consent (Appendix E) approved by the University of Illinois at Chicago Institutional Review Board. The survey component of the study required participant consent to continue into the study, and also explained that participants could withdraw from the study at any time. Because the survey portion was also the mechanism for requesting participating institutions submit information about their documentation guidelines for the statewide resource, the informed consent indicated that the IBHE DAC Documentation Subcommittee may send a separate unrelated request for the documentation information in the future if not completed.

a. **Survey data collection**

Survey data were collected after developing a survey instrument and loading the consent, questions, and logic into the Qualtrics survey software. The survey was developed over nearly ten years of work by IBHE DAC members who had interest in learning more about documentation practices throughout Illinois. Additional questions were developed by the researcher, with support and direction from the dissertation committee Chair, to develop a comprehensive survey approach within the
conceptual and theoretical frameworks of the proposed study. Pilot testing occurred with two groups. First, members of the IBHE DAC Documentation Subcommittee had direct involvement in creation and revision of many of the survey items. Members were also asked to complete the survey instrument and provide feedback about the length of time to complete. Once revised, the instrument was administered in paper form to three Disability Services Professionals at two separate institutions of different size and type. All completed the draft survey in less than 40 minutes, but noted they did not have access to budgetary figures, staffing information, and enrollment numbers that would traditionally be known by the Director.

b. **Survey data clean-up**

The survey responses required limited clean-up to prevent errors in the data analysis due to low response rate. For example, one survey response needed to be removed because it was to be excluded according to the Institutional Review Board protocol since the researcher was a former employee directly involved in the development of the practices and procedures at the institution. Another example was found where one participant completed the survey twice, and provided additional information during the second response. The responses were combined into a single complete case. Some of the free form responses required minor adjustments. Examples of this included how dollar amounts were entered into the budgetary questions and entry of graduate degree fields of study that were already accounted for by the multiple choice responses provided.

It was also found that community college participants overwhelmingly did not provide budgetary, full-time staffing, and/or number of students with disabilities served.
The researcher completed these fields through information made publicly-available by the ICCB, which requires all community colleges to provide this information as part of the annual *Students with Disabilities Data Submission* and *Underrepresented Groups Reports* (2012; 2013a; 2013b; 2014). Because only 4 of 12 (25%) community college participants had initially entered this data, the researcher was able to complete the fields from the publicly-available documents noted above. After entering the additional data, the budgetary and staffing fields were completed for 11 of 12 institutions (91.7%) and all 12 fields (100%) were completed for the numbers of students with disabilities served. ICCB did not request specifics about numbers of new students with disabilities, nor number of graduating students with disabilities.

3. **Documentation guidelines analysis data collection**

Documents submitted for the documentation guideline analysis were stored on the researcher’s personal computer. They will also be stored on the Documentation Subcommittee’s secure storage area. The Subcommittee’s storage location is password protected, and only available to members of the Documentation Subcommittee. This allows Subcommittee members to continue work on the development of a statewide resource. A copy of each document was stored on the researcher’s computer as well as a secondary back-up storage device. Once coded according to the protocol (Appendix C), these documents were only available to the approved members of the research team. All sources of documents and data were password protected to ensure security of the data. Data in this portion was entered into a protected software package based upon the protocol. Each institution was coded according to their Carnegie Classification (2011) for an aggregated analysis; where
appropriate. Additional aggregated analysis were completed based upon other available variables and the Model framework assigned to the institution.

4. **Statewide resource data collection**

The previous three components provided the foundation for creating a statewide resource about documentation requirements and practices throughout the state. The creation of this resource is an activity of the IBHE DAC Documentation Subcommittee, and is not a formal part of the approved research. A portion of the data for the statewide resource was requested as the final component of the survey instrument. Participants were asked to send an email with a copy of their documentation guidelines/requirements as electronic attachments. Once submitted, the Documentation Subcommittee members will be able to review each document for formatting, grammar, and any spelling errors in preparation for the statewide resource.

It was expected that institutions who choose not to participate in this research study could still receive a follow-up contact by the IBHE DAC Documentation Subcommittee. This request would be to provide information about their institution’s disability documentation guidelines/requirements for the statewide resource. Though participation in this statewide resource will still be voluntary, the Documentation Subcommittee would like to encourage all colleges and universities in Illinois to participate. The long-term goal of this work is to create a dynamic web-based resource that is easily accessible to students, families, Special Education transition personnel, and Disability Services professionals throughout the State of Illinois.

E. **Analysis of Study Components**
This multilayered study included analysis through a mixed-methods approach. For the quantitative analysis, the first three components (website analysis, survey instrument, and document analysis) required the use of descriptive statistics. Descriptive statistics are important to research because they work, “to describe the characteristics of your sample…” (Pallant, 2007, p. 53). Both the website and document analyses utilized descriptive statistics to interpret categorical values relating to the type of institution and model of Disability from which the institution operates. The survey instrument again utilized this descriptive method for type of institution, and also included other categorical responses. These included job title, gender, ethnicity, identification as an individual with a disability, and status as a member of the Association on Higher Education and Disability. Continuous variables in the survey instrument were also analyzed using descriptive statistics for the questions about age, number of years working in the Disability Services profession, number of years working in higher education, number of years in current position, and highest level of education. The descriptive analyses provided the framing contexts on participants and institutions involved in this study.

Within the survey instrument, participants were asked questions with both categorical and continuous response variables. These questions required different types of analysis to ensure statistical reliability and validity. Questions within the “Documentation Information” subsection, utilized only categorical values for their responses. Appropriate statistical methods were utilized to determine effects of certain variable responses on the assignment of a particular framework of Disability. This aided in identifying statistically-significant factors (length of time in field, type of institution,
budget, number of students served, etc.) that influenced the use of particular frameworks of disability for both office operations and disability documentation.

In the website analysis and document analysis portions, additional qualitative investigation of the data occurred. These analyses were framed in a transformative approach; which was previously used by Peck and Furman (1992) in their discussion of qualitative research in the field of Special Education. As discussed further by Mertens (2005), this transformative perspective allows the researcher to identify some of the socio-political dynamics of policy and practice, construct a perspective of the insider’s viewpoint, and develop insights into cultural values and interpersonal interactions. Although some aspects of these qualitative components are quantitative in nature, the document texts allowed the researcher to go beyond simple descriptive variables and explore the meaning behind words and phrases that participating institutions utilized. In completing these qualitative website and document analyses, the study worked to include additional relevant information about how the model of Disability related to approaches utilized by participants and their institutions. These analyses allowed for triangulation of data points to ensure accuracy in coding and understanding.

To ensure that the qualitative analyses maintained a high level of quality, the researcher utilized several common techniques (Guba & Lincoln, 1989; Mertens, 2005; Willis, 2008). Mertens (2005) describes several categories for which qualitative research can be critically analyzed, which include credibility, transferability, dependability, confirmability, authenticity, and emancipatory. Because a qualitative document analysis often requires less engagement than other forms of qualitative research, not all techniques in the delineation were used to the same extent. To ensure credibility, the
researcher maintained substantial engagement over a period of time, subjectivity checking was evaluated by the researcher throughout the study, and triangulation of findings occurred amongst the findings in the study elements. Transferability was developed through the use of multiple sets of documents from varying types of institutions involved in the study. The dependability of the qualitative analysis occurred throughout as the researcher stepped back from the analysis to verify that the protocols were being followed accurately for each document. The researcher had to work carefully to check confirmability, since the researcher had also previously worked as a Disability Services professional. Preconceived notions and internal thoughts were carefully evaluated to ensure that the unintentional development of results were avoided. Authenticity was developed by utilizing a process that understood the underlying contextual forces behind the responses for the data, and worked to create experiences that stimulated future thought and inquiry on the topic. Finally, the emancipatory component required that the researcher remembered that the study and analysis was a reflection of the researcher, attention to the community from which this voice was raised is essential, critical awareness of underlying relationships occurred, a sense of trust was built with the community, and the researcher remembered a place of privilege that the research itself created as an outcome of the study. By incorporating these elements directly into the intent, design, analysis, and dissemination of this work, the researcher hoped to more fully utilize the qualitative analysis to extend the results of the closely interconnected quantitative analyses.

1. **Coding of disability model frameworks**
This research attempted to explore how approaches to, and the responses received about, documentation practices aligned with one of four model frameworks (Individual/Medical, Social, Universal, and Hybrid) developed from the literature for this study. Initially, the survey had two questions asking participants to select from a set of choices that corresponded to each respective model. However, concern was raised from both the IBHE DAC Documentation Subcommittee members and the dissertation research committee about response selection bias. Asking participants to select which model most closely aligned with their institution’s documentation practices was removed from the survey for two primary reasons. First, based upon previous literature cited utilizing major models of Disability within the Disability Service field, there was a question as to whether Disability Services professionals had a broad-based understanding of the major models of Disability to select a response. Since many Disability Services professionals have training in fields where models of Disability are not a core part of the curriculum, this could be a significant factor. Secondly, the model frameworks may have a perceived hierarchy of acceptability based on the terms used. Many Disability Services professionals engage in shifting roles as both a service provider and advocate, and terminology surrounding disability has many interpreted meanings. It is possible that participants in this research would have more likely selected the Hybrid model over any other due to a definition that both exhibits the practicality of day-to-day work and flexibility in interpretation as a “positive” model. Instead, each participating institution was assigned a framework by the researcher based upon analysis of the quantitative and qualitative components (website information, survey responses, and documentation guidelines). The framework models
described in Appendix C were developed from the literature reviewed, with particular influence from the research of Guzman (2009) and Guzman and Balcazar (2010).

The entire group of institutions with operating authority from the IBHE were included in the coding analyses (n = 188). Each institution was provided a single model framework utilizing triangulation of the available data elements from the website review, survey responses, and analysis of documentation guidelines. One or more of these elements (website, survey, and/or documentation guidelines) were available to 143 of the 188 institutions (76.1%); yet there was a particular limitation of information from institutions that served very small total numbers of students. Data sources were rather straightforward for coding purposes in alignment with the model frameworks. For qualitative sources, cross-case analysis (Khan & VanWynsberghe, 2008) was further utilized to support the accuracy of triangulation when multiple sources of data were available.

2. **Triangulation of data for assignment of models**

Models were assigned to institutions in three separate analyses (website review, survey documentation requirements summaries, and documentation guidelines review), to help ensure adequate triangulation of the data and accuracy of the assignment processes. The Results chapter begins with the findings on how institutions were coded to a model of Disability, in order to set the stage for each analysis that is detailed in the following sections.

First, all 188 institutions were assigned a model utilizing both the protocols in Appendices A and C and the information accessed from publicly-available institutional websites. Next, a disability model was assigned to 16 of the 34 institutions (47.1%) for
which a survey participant provided summary information about their documentation requirements for the different major categories of disabilities. Finally, 9 of these 16 (56.3%) institutions were assigned a Disability model because they completed the survey and submitted a copy of their institution’s documentation guidelines to the researcher. Two examples of data triangulation are listed below.

The first example of the data triangulation is provided for institution ‘Community College 2’. The institution’s Disability Services website contains a specific set of documentation requirements that generally follow the AHEAD (1997) framework which is rooted in traditional Individual/Medical model practices. The website also clearly outlines a recency requirement. Survey responses about documentation guidelines for specific categories of disabilities noted that either psychoeducational/medical assessment results were required, or that a form must be completed by the assessing evaluator. These practices aligned with the Individual model framework. Finally, the institution provided their documentation guidelines, which again described a reliance upon verifiable educational, mental health, or medical records. This institution acted as an agent on behalf of the student to request the documentation. Triangulation of data from this case utilized multiple documents and responses all aligning within the same Individual model framework toward approaching documentation requirements.

A second example of the triangulation practice is ‘Public University 2’. This participant completed the entire survey and website information was also publicly-available. The website utilized language about barrier reduction, facilitating access, and included positive portrayals of students with disabilities. The documentation guidelines information was framed with clear adoption of the AHEAD 2012 guidelines. The
institution shared their documentation guidelines, which acknowledged the difficulty in obtaining documentation for some students, asked new students to always have a discussion first with the Disability Services office, and explored why documentation may help in the overall process to review possible appropriate accommodations. The participant’s responses on the survey questions also noted that student self-report is a welcomed and valid form of documentation along with Disability Services staff professional observations, and third-party documentation. All three sets of data identified within Hybrid model approaches, so triangulation amongst the elements was consistent with the final Disability model assigned.

As each portion of analysis was completed, the codes assigned to each institutional were cross-referenced with the other completed analyses to determine if any institutions were showing a mismatch of coding. In all but one instance, coding of the disability models was identical across the three separate analyses. A single mismatch occurred during the last analysis. This resulted in additional review of all website, survey, and other information submitted by the participant and made publicly-available by the institution. After careful review, the researcher determined the code would be updated to align with the final analysis portion. Previous analyses were corrected to account for the change in assignment of the disability model, and was further utilized for additional statistical analysis. This same review of potential mismatches was completed for institutions that only provided two of the data elements. In these cases, there were no mismatches identified.
IV. RESULTS

When this study was first proposed, it was expected that the research might yield informative results that were not likely surprising considering the traditional Individual/Medical model practices utilized within the Disability Services field. This assessment was based upon the review of literature, professional practice, Guzman's work on framing models of Disability within the context of the AHEAD Program Standards (2009), and the generally slow progression of infusing the Universal model across Disability Services offices. This chapter begins with a review of the findings on coding of the models of Disability, and then follows with results from the website reviews, survey responses, and document analysis.

A. Findings from Coding of Models

The models initially indicated 113 (60.1%) participating institutions within the Individual/Medical model, zero (0%) within the Social model, zero (0%) within the Universal model, 14 (7.4%) within the Hybrid model, and 61 (32.4%) that were unknown because relevant documentation guidelines information was not readily identifiable. However, the institutions coded “unknown” were eventually recoded to the Individual/Medical model framework in alignment with traditional Disability Services approaches and the findings of practice in Guzman’s (2009) data which showed that, “…the individual approach to service provision serves as an ubiquitous foundation…” (p. 190). Additional attention was paid to the institutions that did not readily provide information. Some had no institutional website at all, a small number had ceased operations during the course of data collection, and/or the institution simply did not provide any publicly-available information regarding their documentation practices. Of
these institutions, the breakdown by type found eight community colleges (representing five distinct community college districts with one system having four autonomous campuses), 14 for-profit institutions, and 39 private not-for-profit colleges and universities. The private not-for-profit institutions assigned this code were proportionally (approximately 70%) more likely to serve small numbers of students (many under 500 students, and several under 100 total), have a singular vocational focus (for example, nursing and theology each occurred multiple times), or have a narrowly-defined demographic to which they market (such as, post-graduate students or students from a particular religion). The Discussion chapter will give attention to this group, as it is unknown to what extent Disability Services resources and qualified Disability Services Professionals are available to students at these very small institutions.

Since no institutions were coded to the Social or Universal models, the researcher was left with a dichotomous structure of coding the website information with 174 (92.6%) institutions coded to the Individual model and 14 (7.4%) coded to the Hybrid model. When compacted to the 34 survey participants, 28 (82.4%) institutions were coded within the Individual model and six (17.6%) with the Hybrid model. Based purely on comparison of the breakdown by percentage, individuals ascribing to Hybrid approaches participated in the survey at more than double the rate expected from the larger population. In the final documentation guidelines analysis, five (55.6%) institutions were coded to the Individual model and four (44.4%) were coded within the Hybrid model. This pair of model frameworks is further utilized throughout the remainder of the analysis, and is summarized in Table II by Carnegie Classification.
TABLE II
MODEL CODING BY CARNEGIE CLASSIFICATION BY STUDY ELEMENT

<table>
<thead>
<tr>
<th>Element/Classification</th>
<th>Website Review (n = 188)</th>
<th>Survey (n = 34)</th>
<th>Document Analysis (n = 9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hybrid</td>
<td>Individual</td>
<td>Hybrid</td>
</tr>
<tr>
<td>Associate’s Degrees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n = 67)</td>
<td>6</td>
<td>(3.2%)</td>
<td>3</td>
</tr>
<tr>
<td>Baccalaureate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primarily (n = 55)</td>
<td>2</td>
<td>(1.1%)</td>
<td>0</td>
</tr>
<tr>
<td>Undergraduate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with Master’s</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensive Focus (n = 39)</td>
<td>3</td>
<td>(1.6%)</td>
<td>1</td>
</tr>
<tr>
<td>Comprehensive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University with</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctoral Study (n = 14)</td>
<td>1</td>
<td>(0.5%)</td>
<td>1</td>
</tr>
<tr>
<td>Comprehensive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research University</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with Professional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctoral Study (n = 13)</td>
<td>1</td>
<td>(0.5%)</td>
<td>1</td>
</tr>
</tbody>
</table>

B. Review of Disability Services Websites

One hundred and eighty-eight institutions were included in a review of their publicly-available websites to determine to what extent Disability Services office, documentation guidelines, and intake interview information were available. This review is an expansion upon some of the work completed by the Illinois Interagency Coordinating Council (2006a, 2006b), and some comparisons will be made in this section. The websites were reviewed utilizing the protocol provided in Appendix A, with
additional use of the framing Disability models table in Appendix C. The breakdown by institutional type included: 48 (representing 25.5% of the 188 institutions) community colleges, 29 (15.4%) for-profit institutions, 99 (52.7%) private not-for-profit institutions, and 12 (6.4%) public universities. The website review focused on seven specific questions, with an aim to both aid in providing richer detail to this study and explore website practices throughout the state. Table III provides an overview of findings from the website analysis protocol, and additional detail follows.

### TABLE III
OVERVIEW OF WEBSITE ANALYSIS FINDINGS

<table>
<thead>
<tr>
<th>Protocol Question</th>
<th>Yes (n)</th>
<th>No (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the institution’s publicly-available homepage list information about Disability Services, or link directly to information about Disability Services on the homepage?</td>
<td>13</td>
<td>175</td>
</tr>
<tr>
<td>Does the institution’s publicly-available website include information about Disability Services for students?</td>
<td>122</td>
<td>66</td>
</tr>
<tr>
<td>Does the institution’s publicly-available website contain information about documentation guidelines or requirements?</td>
<td>106</td>
<td>82</td>
</tr>
<tr>
<td>Does the Disability Services office’s publicly-available website indicate that documentation guidelines were developed using any models or best practices?</td>
<td>7</td>
<td>181</td>
</tr>
<tr>
<td>Does the institution’s publicly-available website contain information about the intake process that the students need to follow?</td>
<td>132</td>
<td>56</td>
</tr>
<tr>
<td>Does the institution’s publicly-available Disability Services office website information list a contact person for questions or assistance?</td>
<td>149</td>
<td>39</td>
</tr>
<tr>
<td>Does the institution’s or Disability Services office’s website provide any other unique information related to documentation guidelines?</td>
<td>33</td>
<td>155</td>
</tr>
</tbody>
</table>
A set of three questions focused on navigability and Disability Services content of the publicly-available college and university websites. First, did the institution link their Disability Services office directly from the institution’s home webpage? Only 13 (6.9%) institutions provided a link directly from the homepage; with four (30.8%) being community colleges, five (38.5%) private not-for-profit institutions, and four (30.8%) public universities. Next, did the institution have a website or webpage with specific Disability Services information? One hundred and twenty-two (64.9%) institutions provided such publicly-available information; with 44 (23.4%) being community colleges, 13 (6.9%) for-profit institutions, 53 (28.2%) private not-for-profit institutions, and 12 (6.4%) public universities. Finally, did the institution provide Disability Services staff contact information on the Disability Services website or within the institution’s website, catalog, or student handbook? One hundred and forty-nine (79.3%) institutions provided contact information, with 44 (23.4%) being community colleges, 19 (10.1%) for-profit institutions, 73 (38.8%) private not-for-profit institutions, and 12 (6.4%) public universities.

Three questions were specific to institutional documentation guidelines and practices. First, did the institution’s publicly-available website, or other available information such as the catalog or student handbook, contain information about documentation guidelines or requirements? One hundred and six (56.4%) institutions provided documentation guidelines information, with 35 (18.6%) being community colleges, six (3.2%) for-profit institutions, 53 (31.9%) private not-for-profit institutions, and 12 (6.4%) public universities. Second, did the information available indicate that the guidelines were developed using any models or best practices? Four (2.1%) institutions
specified utilizing the previous AHEAD standards (1997), two (1.1%) specified using the most current AHEAD standards (2012), and one (0.5%) indicated utilizing best practices developed by Lissner (1999). Finally, did the institutions provide any unique information about their documentation guidelines or practices? Thirty-three (17.6%) institutions provided unique information about their documentation guidelines, with 11 (5.9%) being community colleges, zero (0%) for-profit institutions, 15 (8%) private not-for-profit institutions, and seven (3.7%) public universities. Seven (3.7%) institutions provided detail about the source of their documentation practices, 25 (13.3%) provided specific details for documentation requirements for different categories of disabilities, and one (0.5%) institution developed a unique approach allowing students to meet with the Disability Services professional to determine if documentation will be required by the institution.

The final question sought to explore whether institutions provided publicly-available information about their intake process for new students seeking accommodations. Since documentation review is most often a step of the intake process, there is a direct link between the documentation guidelines and intake practices. One hundred and thirty-two (70.2%) institutions provided new student intake process information, with 39 (20.7%) being community colleges, 17 (9%) for-profit institutions, 64 (34%) private not-for-profit institutions, and 12 (6.4%) public universities. This question was asked because of the direct link between the intake process and both documentation practices and alignment with a model of Disability.

Limited comparison to the Illinois Interagency Coordinating Council survey entitled, *Documentation Requirements for Students with Disabilities: Accessing Support*
Services within the Postsecondary Setting (2006a, 2006b), is possible. Though the 2006 survey focused solely on public universities and community colleges, there was a significant representation of the exact same participating institutions in both populations. Forty-six public institutions participated in 2006, while all 60 public universities and community colleges were included in this website review and analysis during 2015. Previously, 100% of the 46 participating institutions surveyed answered affirmatively that students with disabilities could find answers to questions about documentation guidelines by visiting their public website. This study found that 35 of 48 (72.9%) community colleges and 12 of 12 (100%) public universities included information about documentation guidelines. While the combined average of 78.3% is much lower than the 2006 survey, this study specifically sought out to locate the set of documentation guidelines. It is unclear from the 2006 data what extent of documentation information was actually available on the websites since the researchers did not complete an independent review of the websites. Additionally, the 2006 study used a multipart question that included access to this information in-person, via phone, or as print documents. Because of the nine year difference, and extremely different data collection techniques, the comparability of this information is very limited in scope.

1. **Disability model based on website review**

   All 188 institutions included in the website review analysis were initially coded with a Disability model framework based upon the protocol in Appendix A and table from Appendix C. Models assigned for this portion of the analysis included 175 (93.1%) institutions assigned to the Individual/Medical model, zero (0%) assigned to the Social model, zero (0%) assigned to the Universal model, and 13 (6.9%) assigned to
the Hybrid model. As noted above, institutions initially coded as “unknown” were recoded and included within the Individual/Medical model framework in alignment with the literature. Additional detail about breakdown by code, and by type of institution, is provided below.

The majority of institutions (175, 93.1%) were coded with the Individual/Medical model because the documentation guidelines, intake process description, and/or general overview information about the Disability Services office approach utilized language or practices typically found within this model of Disability; as explored in detail in the Review of Literature. As previously noted, institutions without available information were also coded with this model in alignment with the literature and expectations of traditional Disability Services documentation practices. A breakdown by type of institution by model is provided in Table IV.

<table>
<thead>
<tr>
<th>Type</th>
<th>Individual</th>
<th>Hybrid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Colleges</td>
<td>42</td>
<td>6</td>
</tr>
<tr>
<td>For-Profit Institutions</td>
<td>29</td>
<td>0</td>
</tr>
<tr>
<td>Private Not-for-Profit Institutions</td>
<td>95</td>
<td>4</td>
</tr>
<tr>
<td>Public Universities</td>
<td>9</td>
<td>3</td>
</tr>
</tbody>
</table>

The institutional breakdown by type requires some additional notes. Of the 42 community colleges, this represented 36 individual community college districts with one
district containing six semi-autonomous campuses. The for-profit campuses represented 26 different institutions. Because 93.1% of the institutions in this portion of the review were included, it is not surprising that they are highly representative of the types of institutions found within Illinois. They cross all strata of size, geographic location, religious affiliation, institutional focus, and other common factors used to differentiate colleges and universities.

Several institutions utilized documentation guidelines language found within the traditional Individual/Medical model. A series of examples of this language follows (with the type of institution coded in parenthesis), and statements are truncated to assist in protecting the identity of the institution.

- “If the student wishes to receive services…they must submit documentation of their disability…” (Community College 12)
- “…can request special accommodations…” (Community College 25)
- “Students requiring accommodations must first provide professional verification of the condition…” (For-Profit 3)
- “…individualized support services…” (Private Not-for-Profit 13)
- “Determination of eligibility…is based on documentation received from appropriate medical, educational, and psychological sources.” (Private Not-for-Profit 48)
- “…requires disability documentation that is specific to each disability.” (Public University 7)

For both the Social and Universal models, zero institutions were assigned either code based on the findings of the website analysis. Attention will be provided to this
finding in the Discussion section; however, it should be noted that this result was hypothesized as a likely possibility based upon the literature reviewed and utilized in developing the Disability models for the study. Despite this finding, one institution (and a second that appeared to copy the exact language) did show significant progress toward a Social model approach to documentation practices. This small, yet very important finding will be explored further in the Discussion.

Although no institutions were found to utilize documentation guidelines practices solidly within the Social or Universal models, a few examples of movement toward the Hybrid approach was found. A series of examples of this language follows (with the type of institution coded in parenthesis), and statements are again truncated to assist in protecting the identity of the institution.

- “Some disabilities…such as those that have visually observable limitations…may need minimal documentation…” (Community College 38)
- “…documentation is recommended…” (Public University 2)
- “…barriers exist and can create hardship for students with regard to presenting documentation.” (Public University 2)

A Hybrid model was assigned to 13 (6.9%) institutions based upon the practices described on their websites. The breakdown by type of institution is shown in Table IV. These institutions were spread throughout the state, and represented institutions of differing sizes and academic foci. A few particular institutional demographics also stand out. By geography, the community colleges were distributed as one urban, three suburban, and two rural. One community college was located in southern Illinois, two in central Illinois, and the other three in the northern region of the state. Of the private not-
for-profit institutions, three of the four were institutions commonly regarded as having a
deep religious affiliation and focus. Three of these colleges were located in the Chicago
metro, while one was located in central Illinois. The public universities had a vast
differentiation in student enrollment, with one each falling into the small, medium, and
very large enrollment categories. The geographic dispersion of public universities
included two in central Illinois and one in the northern region.

A smaller number of institutions utilized documentation guidelines language
aligning most closely with the Hybrid model framework developed for this study. A
series of examples of this language follows (with the type of institution coded in
parenthesis), and statements have been truncated where appropriate to assist in
protecting the identity of the institution.

- “A school plan such as a summary of performance...will be given every
  consideration.” (Community College 9)
- “Documentation varies depending on the nature of the disability…” (Community
  College 41)
- “…barriers exist and can create hardship for students with regard to presenting
documentation” (Public University 2)
- “…staff welcomes student input and views it as a valuable and vital source of
  information…” (Public University 12)
- “Documentation may be required, following the interview…” (Private Not-for-Profit
  78)

C. Survey of Disability Services Directors Findings

1. Determination of population and subpopulation
The list of institutions to be surveyed was initially developed from information provided by the Illinois Board of Higher Education’s *Institutions List by Sector* (2015) webpage. A total starting population size of 188 institutions of higher education was included; however, Disability Services Director contact information was not readily available for all institutions. For example, IBHE grants operating authority to institutions of higher education that may be very small institutes enrolling less than 100 students or having no website or publicly-available contact information. Because the survey outcomes relied upon available contact information, it is also helpful to consider an adjusted population (n) number.

The survey contact list was developed through three mechanisms: 1) publicly-available website contact information; 2) an email distribution listserv of Disability Services administrators provided by the ICCB; and 3) updated contact information provided by members of the IBHE DAC. The accuracy of publicly-available contact information was a significant factor that negatively impacted ability to disseminate the survey. Over the three survey administrations, 453 recruitment emails were sent to contact email addresses. Only 198, or 43.7%, represented unique contact email addresses. These 198 unique email addresses represented a total of 147 institutions of higher education. The adjusted population was further refined by removing institutions for which an “undeliverable” automated email response was received from 28 prospective participants, and no other valid contact information was available. This lowered the total adjusted population (n) to 119. After clean-up, a total of 34 participants/institutions were included for statistical purposes, and this represented an adjusted response rate of (28.6%).
a. **Survey recruitment response**

After utilizing all available methods and resources to encourage participation, the survey was closed to further responses. Nine of the 35 (25.7%) total survey participants (including the participant/response that was removed because the researcher was a former employee and helped develop the documentation guidelines) were members of the IBHE DAC, the DAC Documentation Subcommittee, or had directly participated in DAC leadership efforts about moving from the Individual model to Social and Universal documentation practices. Compared to the very small number of institutions in Illinois that participated on the DAC, this is likely a significant overrepresentation of individuals that have a vested interest in the study.

Of the 47 individuals who accessed the survey, an adjusted 34 (72.3%) participants were included in the analyses (one set of responses was removed per the Institutional Review Board approval because the researcher was former employee and helped author the guidelines). Thirteen individuals did not enter the survey after accessing the consent landing page. Seventeen (50%) of the participants completed the entire survey, with dropout beginning to occur in mass after the first two sections of the survey (Demographics and Institutional Documentation Guidelines Information). The overall adjusted survey completion rate was 17 out of 46 (37%). An adjusted average completion time was run for the survey completers and non-completers. Of the 17 completers, three were removed only for this time analysis because the Qualtrics survey tool could not discriminate between actual start and stop times for participants who accessed the survey over multiple days. The range was eight to 156 minutes ($M = 52.2$, $SD = 48.9$). For non-completers, 16 of the 17 participants were included with a range of
4 to 114 minutes \((M = 22.9, SD = 32.9)\). When all survey participants are combined, the range of time invested on the survey was four to 156 minutes \((M = 36.6, SD = 43.1)\).

2. **Descriptive statistics**

A series of descriptive statistics utilizing standard descriptive methods and frequencies was completed for the corresponding survey questions. These statistics covered questions relating to institutional demographics, participant demographics, Disability Services office demographics, documentation practices, and input on statewide documentation practices. When frequencies are utilized in the following sections, the corresponding percentage of survey participants \((n)\) is provided in parenthesis. Range, Mean \((M)\), and Standard Deviation \((SD)\) are appropriately provided in the text or following parenthesis. Due to the nature of this exploratory study contained to a single state, the samples for individual questions are relatively small. As such, a significant potential for error exists in running higher level statistical analyses. Whenever possible, additional descriptive detail by model is provided.

a. **Institutional demographics**

Of the 34 \((n)\) participating institutions, they were re-categorized by Carnegie Classification (2011) for additional data analysis. Table V represents the breakdown of institutions by broad classification category, and provides the number and percentage of the category population.
Further, the participating institutions were compared to other institutional factors to determine if the responses were representative of the population (N) of higher education institutions in Illinois; as outlined by the IBHE *Institutions List by Sector* (2015). IBHE grants operating authority to 12 public university campuses, and four were represented in the survey responses. Ninety-nine private not-for-profit institutions have operating authority, of which 16 of participating institutions were included in the survey responses. Twenty-eight independent for-profit institutions have operating authority, and two of these institutions participated in the survey. Forty-eight public community colleges were accounted for, and represented 13 of their institutional types in the survey responses. Table VI shows a comparison of number and percentage of participating institutions to the IBHE *Institutions List by Sector* (2015).
TABLE VI
IBHE INSTITUTIONAL SECTORS BY PARTICIPATING INSTITUTIONS

<table>
<thead>
<tr>
<th>Institutional Sector</th>
<th>Number (N)</th>
<th>Participants and Percent by Sector (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Universities</td>
<td>12</td>
<td>4 (33.3%)</td>
</tr>
<tr>
<td>Private Not-for-Profit</td>
<td>99</td>
<td>16 (16.2%)</td>
</tr>
<tr>
<td>Independent For-Profit</td>
<td>28</td>
<td>2 (7.1%)</td>
</tr>
<tr>
<td>Community Colleges</td>
<td>48</td>
<td>13 (27.1%)</td>
</tr>
</tbody>
</table>

b. **Participant professional demographics**

The intended typical participant to complete the survey was the Director or administrator with direct responsibility for the Disability Services office. Four questions asked participants to provide information about their role/position and years of professional experience. The distribution of institutional roles (Demographic Information question 2) is provided in Figure 1.
Because of small samples in each of the potential roles per model (90% of combinations result in less than five cases), the likelihood of error with other statistical tests is very high. With this acknowledgement, a more detailed descriptive breakdown was also provided by model. Within the Individual model, three (10.7%) of the participants held the position of Dean, 18 (64.3%) Director, two (7.1%) Assistant/Associate Director, four (14.3%) Coordinator, and one (3.6%) Other. Within the Hybrid model, zero (0.0%) of participants held the position of Dean, five (83.3%) Director, zero (0.0%) Assistant/Associate Director, one (16.7%) Coordinator, and zero (0.0%) Other.
Three questions (Demographic Information section questions 3-5) asked participants about their years of experience. Years employed in the current position had a range of 1-26 years and a mean of 8.3 years ($SD = 6.6$). Years employed in Disability Services had a range of 1-40 years and a mean of 12.6 years ($SD = 9$). Total years employed in higher education had a range of 2-40 years, with a mean of 17.1 years ($SD = 9.4$). Additional detail about years of experience by model is provided in the Statistical Analysis of Survey Items section.

c. **Educational preparation**

Two survey questions asked participants to share about their educational background. The first question (Demographic Information section question 6) focused on highest degree earned. The breakdown of all participants for highest degree earned is shown in Figure 2.
Small samples existed in the combinations between highest degree earned and model (80% result in less than five cases), making the likelihood of error with other statistical tests very high. A more detailed descriptive breakdown is provided by model. Within the Individual model, highest degree earned found zero (0.0%) participants with an Associate’s degree, one (3.6%) with a Bachelor’s, 20 (71.4%) with a Master’s, one (3.6%) with a Professional Doctorate, and six (21.4%) with a Ph.D. or Ed.D. Within the Hybrid model, highest degree earned found one (16.7%) participant with an Associate’s degree, one (16.7%) with a Bachelor’s, four (66.7%) with a Master’s, zero (0.0%) with a Professional Doctorate, and one (16.7%) with a Ph.D. or Ed.D.

Similarly, degrees were further stratified by academic field of study (Demographic Information section questions 6). Participants are illustrated in Figure 3.
Small samples existed in the combinations between area of study and model (with 90% result in less than five cases), making the likelihood of error with other statistical methods very high. Again, a more detailed descriptive breakdown was provided by model. For the Individual model, six (21.4%) participants studied Higher Education, three (10.7%) Counseling, 10 (35.7%) Special Education, three (10.7%) Social Work, three (10.7%) Other Education, and three (10.7%) Other. For the Hybrid model, zero (0.0%) participants studied Higher Education, three (50.0%) Counseling, one (16.7%) Special Education, zero (0.0%) Social Work, zero (0.0%) Other Education, and two (33.3%) Other.

d. **Personal demographics**

Four questions gathered personal demographic information from the survey participants (Demographic Information section questions 8 through 11). These questions included gender, age, ethnicity, and whether the participant identified
as an individual with a disability. Table VII shows a summary of the demographic responses for gender, ethnicity, and identification as an individual with a disability. Additional detail about each of the demographic factors follows.

### TABLE VII
DEMOGRAPHIC RESPONSES OF SURVEY PARTICIPANTS

<table>
<thead>
<tr>
<th>Item</th>
<th>Breakdown</th>
<th>Number and Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>27 (79.4%)</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>7 (20.6%)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White/Caucasian</td>
<td></td>
<td>27 (79.4%)</td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td>2 (5.9%)</td>
</tr>
<tr>
<td>American Indian/Native Alaskan</td>
<td></td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td></td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Hispanic Origin</td>
<td></td>
<td>1 (2.9%)</td>
</tr>
<tr>
<td>Mixed Race</td>
<td></td>
<td>3 (8.8%)</td>
</tr>
<tr>
<td>Prefer Not to Answer</td>
<td></td>
<td>1 (2.9%)</td>
</tr>
<tr>
<td>Identify as an Individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>with a Disability</td>
<td>Identified</td>
<td>7 (20.6%)</td>
</tr>
<tr>
<td></td>
<td>Did not Identify</td>
<td>23 (82.1%)</td>
</tr>
</tbody>
</table>
The overall gender distribution is shown in the preceding Table VII. Small sample sizes existed in the combinations between gender and model of Disability (25% result in less than five cases), making the likelihood of error high for other statistical tests. A detailed descriptive breakdown by model indicated that 21 (75.0%) females and seven (25%) males utilized the Individual model, while six (100%) females and zero (0.0%) males utilized the Hybrid model.

The range for participant age was 31-68 years, with a mean of 49.5 years ($SD = 10.4$). The samples sizes allowed for a review of means and standard deviations. These results can be found in the Statistical Analysis of Survey Items section.

The overall breakdown for ethnicity is provided in the Table VII. Similar to several of the previous demographic questions, small samples existed in the combinations between ethnicity and model (90% result in less than five cases), making the likelihood of error very high in further statistical analyses. Again, a more detailed descriptive breakdown is provided by model. Participants framed within the Individual model selected ethnicities of 23 (82.1%) White, one (3.6%) Black, one (3.6%) Hispanic, two (7.1%) Mixed Ethnicity, and one (3.6%) No Answer. Within the Hybrid model, participants selected four (66.7%) White, one (16.7%) Black, zero (0.0%) Hispanic, one (16.7%) Mixed, and zero (0.0%) No Answer.

The final personal demographic question asked participants whether they identified as an individual with a disability, and results were provided in Table VII above. The responses by model of Disability have pairs that also resulted in small sample sizes (50% with less than five cases) that would impact accuracy of statistical testing. Participants who affirmatively responded as identifying as an individual with a disability
included five (17.9%) in the Individual model and two (33.3%) in the Hybrid model. Participants answering no to the question included 23 (82.1%) in the Individual model and four (66.7%) in the Hybrid model.

e. **AHEAD membership**

One final demographic question was asked of participants to determine whether they were a current member of AHEAD at the time of the study (Demographic Information question 12). Responses are shown in Figure 4.

![Figure 4. AHEAD membership of survey participants.](image)

The AHEAD membership responses and model have pairs that resulted in small sample sizes (with 50% having less than five cases) which would have significantly
impacted statistical accuracy if analyzed. Nineteen (67.9%) participants framed within the Individual model responded affirmatively to being members of AHEAD, while nine (32.1%) indicated they were not members of AHED. Five (83.3%) participants within the Hybrid model were members of AHEAD, and one (16.7%) participant responded that they were not members.

f. **Disability services office demographics**

A series of questions related to resources, size, service, and scope were included in the survey to gather descriptive information about the participant’s/institution’s Disability Services office. For the majority of these questions, there was a significantly higher non-response rate. Because lack of response may be attributed to intermingled budgets, difficulty in tracking students served, or other factors, the results in this section will clearly identify the total number of responses that were provided by participants for each question.

Disability Services budgets varied widely amongst the 28 responses provided. For the 2011-2012 academic year, the range was $0-$1,935,000 with median of $185,000 and a mean of $267,495 ($SD = $385,518). The 2012-2013 academic year budget range was from $0-2,000,000 with a median of $205,055 and a mean of $274,705 ($SD = $394,392). It should be noted that one institution’s budget was an extreme outlier, and this has inflated the means and standard deviations for both academic years. A stratified approach to examining the budget breakdown frequencies was completed. This breakdown by each hundred-thousand dollars is shown in Table VIII for the 2011-2012 and 2012-2013 academic years.
TABLE VIII
STRATIFIED BUDGET BREAKDOWN BY ACADEMIC YEARS

<table>
<thead>
<tr>
<th>Office Annual Budget</th>
<th>AY2011-2012</th>
<th>AY2012-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0-$99,999</td>
<td>10 (35.7%)</td>
<td>10 (35.7%)</td>
</tr>
<tr>
<td>$100,000-$199,999</td>
<td>5 (17.9%)</td>
<td>3 (10.7%)</td>
</tr>
<tr>
<td>$200,000-$299,999</td>
<td>4 (14.3%)</td>
<td>5 (17.9%)</td>
</tr>
<tr>
<td>$300,000-$399,999</td>
<td>2 (7.1%)</td>
<td>2 (7.1%)</td>
</tr>
<tr>
<td>$400,000-$499,999</td>
<td>0 (0%)</td>
<td>2 (7.1%)</td>
</tr>
<tr>
<td>$500,000-$599,999</td>
<td>4 (14.3%)</td>
<td>4 (14.3%)</td>
</tr>
<tr>
<td>Over $600,000</td>
<td>2 (7.1%)</td>
<td>1 (3.6%)</td>
</tr>
</tbody>
</table>

A budget difference comparison between the two academic years showed that nine participants reported their Disability Services budget increased, with increases between $4,317 and $167,003 (mean increase of $45,502). Six of the participants reported budget decreases between $150 and $76,587 (mean decrease of $35,808). 12 participants reported that the Disability Services budget had no change between the two academic years.

Disability Services Office staffing remained fairly consistent between the two academic years. Thirty-one (91.2%) of survey participants reported staffing information. For the 2011-2012 academic year, the range of staffing was 0-32.5 staff with a median of 2.25 and a mean of 3.8 staff ($SD = 5.9$). During the 2012-2013 academic year, staffing information showed a range of 0-35.17 staff with a median of 2.5 and a mean of 4.0 staff ($SD = 6.3$). As with the budget descriptive analysis, the same institution set the high end of the range as an outlier.
The number of students with disabilities served also varied widely amongst participating institutions. In advance of the figures below, it should be noted that two sets of participant responses to the questions about the numbers of students with disabilities served has been removed from the analysis. It is possible that these participants may have misinterpreted how to answer these questions, thereby unintentionally providing much larger numbers about their institution’s entire study body as opposed to specific numbers of students with disabilities. Before removing these sets of numbers, the researcher reviewed the IBHE (2011) Enrollments and Degrees Conferred database for verification of enrollment figures for these institutions.

On the pair of questions regarding number of registered students with disabilities that utilized accommodations, there were 28 (82.4%) responses recorded during academic year 2011-2012, and 29 (85.3%) responses recorded the following academic year. Between the two respective academic years, registered students with disabilities utilizing accommodations had a range of 15-1,360 with a median of 286 and a mean of 362 ($SD = 354$), and a range of 20-1,359 with a median of 204 and a mean of 377 ($SD = 368$). Average number of students with disabilities utilizing accommodations by Carnegie Classification is provided in Table IX.

<table>
<thead>
<tr>
<th>Carnegie Classification</th>
<th>2011-2012 AY</th>
<th>2012-2013 AY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate’s Degrees</td>
<td>462</td>
<td>466</td>
</tr>
<tr>
<td>Baccalaureate Primarily</td>
<td>109</td>
<td>123</td>
</tr>
<tr>
<td>Undergraduate with Master’s</td>
<td>226</td>
<td>241</td>
</tr>
</tbody>
</table>
The pair questions on number of new students with disabilities registered during the academic years was completed by 12 participants (35.3%). Between the two respective academic years, the number of new students with disabilities registered with the Disability Services office had a range of 10-450 with a median of 175 and a mean of 185 ($SD = 152$), and a range of 13-494 with a median of 199 and a mean of 196 ($SD = 153$). The final pair of questions about students with disabilities inquired about the number of students with disabilities who had graduated during each of the academic years. A total of 11 participants (32.4%) provided data for these questions. The respective academic years showed graduation of students with disabilities having a range of 0-236 with a median of 60 and a mean of 66 ($SD = 68$), and a range of 0-243 with a median of 63 and a mean of 70 ($SD = 70$).

g. **Documentation practices**

Participants were provided two separate sets of questions about their documentation procedures and practices. The first set of questions asked participants to share details about how their institution’s documentation guidelines were developed. The second set of questions probed participants to share specific details about their institution’s documentation requirements, policies, procedures, and/or
practices. The questions were strategically separated in the survey instrument, as the first set attempted to define the model framework from which the participant and their Disability Services office operated. Findings from the question on the development of the documentation guidelines was answered by nearly all participants (n = 33, 97.1%). Thirty-three (97.1%) participants provided a response to the question on whether an intake process was used to verify documentation with the student. The next two questions solicited information about the resources utilized in developing the documentation procedures and practices, and both questions were completed by 32 (94.1%) participants.

The first question asked about when the documentation guidelines were last developed (Institutional Documentation Guidelines Information section question 1). Overall, responses ranged from 11 (32.4%) within the last year, 11 (32.4%) within the past two years, seven (20.6%) within the past five years, one (2.9%) within the past ten years, two (5.9%) that have not been updated since created by a predecessor, and one (2.9%) that selected none of the above. Responses combined with model of Disability have pairs that resulted in small sample sizes (with 75% of cells having less than five cases) which would significantly impact statistical accuracy. Participants with practices aligning within the Individual model had counts of last updating documentation guidelines at eight (29.6%) within the last year, nine (33.3%) in the past two years, seven (25.9%) in the last five years, two (7.4%) that had not been updated since written by a predecessor, and one (3.7%) the responded their institution had not written a formal set of guidelines. For participants with practices aligning with the Hybrid model,
counts of last updating documentation guidelines included three (50.0%) within the last year, two (33.3%) in the past two years, and one (16.7%) in the past 10 years.

The second question asked whether the Disability Services office utilized a personal interview/intake interview as part of the process for verifying the documentation in considering the appropriateness of accommodations (Institutional Documentation Guidelines Information section question 2). All but one institution (n = 33, 97.1%) utilized a personal/intake interview as part of their documentation review and accommodation approval process. The remaining institution selected the second option which included a clarifying statement that the institution’s process only requires completion of paperwork and submission of the documentation before accommodations are approved. There is a high likelihood of errors from statistical analysis (50% of sample cells have less than five responses). By model, 26 (96.3%) participants utilized an intake process and one (3.7%) does not within the Individual model framework. Within the Hybrid model, six (100%) utilized an intake process with students to verify documentation.

The first question provided a listing of professional resources used to develop the documentation guidelines so that participants could select which had been utilized in the development or revision of their institution’s documentation guidelines. Eighteen (52.9%) utilized the AHEAD Best Practices (1997), one (2.9%) the 2010 AHEAD Conference Call Series, five (14.7%) the 2012 AHEAD Supporting Accommodations Requests document, zero used the Learning Disabilities Association of America guidelines (2010), one (2.9%) the Educational Testing Services Documentation guidelines (2003, 2007a, 2007b, 2008, 2010, and 2011), and seven (20.6%) selected
Other. Six (17.6%) participants also provided additional detail in the free form response box provided with: two (5.9%) participants explaining that the source was unknown as a predecessor had written the guidelines, one (2.9%) shared the guidelines had been developed by legal counsel, one (2.9%) referenced developing guidelines from a webinar on documentation best practices hosted by Jane Jarrow, one (2.9%) utilized the ADA Compliance Guide from Thompson Information Services, and one (2.9%) shared they made use of the Project ShIFT/Project PACE documentation guidelines document from the University of Arkansas at Little Rock (2008). Additional statistical analyses were not performed due to the possibility of statistical error (80% of cells with less than five responses). For resources utilized within the Individual model, participants selected 18 (69.2%) AHEAD Best Practices, one (3.8%) AHEAD 2010, two (7.7%) AHEAD 2012, zero (0.0%) Educational Testing Services, five (19.2%) Other sources. Within the Hybrid model, findings indicate that zero (0.0%) utilized the AHEAD Best Practices, zero (0.0%) AHEAD 2010, three (50%) AHEAD 2012, one (16.7%) Educational Testing Services, and two (33.3%) Other resources. Though low sample sizes prevented verification through statistical significance, it is clear from the descriptive detail above that participants within the Hybrid model avoided using the resources that were directly rooted in the traditional, Individual/Medical model practices.

The follow-up question asked participants if they were planning to align, or had already aligned, their documentation guidelines with the newest 2012 AHEAD documentation practices. Eighteen (52.9%) participants indicated “yes”, three (8.8%) indicated “no”, and 11 (32.4%) indicated that they may be interested in transitioning to the new guidance within the next year but were not fully decided. Additional statistical
tests would again result in a high level of error (with 50% of cells with less than five responses). Participants operating within the Individual model shared that 13 (50%) were aligned/planning to align with the AHEAD 2012 standards, two (7.7%) were not planning to, and 11 (42.3%) said maybe but not sure. Those participants within the Hybrid model had five (83.3%) that already aligned/planned to align, and one (16.7%) that had not planned to align. In similar fashion to the previous question, participants operating within the Hybrid model also utilized the new AHEAD 2012 standards at a proportionally higher rate.

The final section of the survey asked participants to provide specificity on their documentation practices. The first set of qualitative, open-ended questions broke down documentation requirements and practices by different categories of disability. These findings will be explored in the qualitative analysis. The second set of questions focused on the documentation practices and policies in effect at the institution. The number of responses in this section is lower than other sections of the survey, possibly due to participant fatigue, complication in breaking down practices so infinitely, or other factors. The quantitative analysis follows, and the qualitative responses are held for the section on analysis of the documentation guidelines.

The first two questions asked about the acceptability of disability determination documents, such as the IEP, 504 Plan, or SOP, created within the high school setting under the Individuals with Disabilities Education Improvement Act (2004). The questions were answered by 18 (52.9%) participants, and worked together to determine the acceptability of high school Special Education documents amongst the participating colleges and universities. Fourteen (41.2%) participants noted that these documents
would be acceptable as stand-alone documentation for their college or university, and four (11.8%) participants answered that these documents alone would not meet the documentation threshold at their institution. All 18 (52.9%) participants noted that their institution would accept an IEP, 504 Plan, or SOP as one acceptable form of documentation; however, four institutions noted these documents would be accepted in addition to other third-party medical/mental health documentation.

Three additional questions about acceptable forms of documentation were asked of participants. The first was whether proof of approved accommodations, such as an accommodation plan or letter of accommodations, from another college or university would be accepted as stand-alone documentation. Eighteen (52.9%) participants provided answers, with seven (20.6%) stating “yes” and 11 (32.4%) stating “no”. The second question asked about the acceptability of alternate documentation from the U.S. Department of Veterans Affairs, such as percentage of disability on discharge documents. Eighteen (52.9%) participants completed the question and responded affirmatively about accepting U.S. Department of Veterans Affairs (V.A.) documentation. However, participants were also provided a free form response opportunity for this question, and three (8.8%) participants clarified they also require veterans to provide additional supporting documentation. The final question in this set inquired about whether flexibility in documentation guidelines was available to older adults who may not have had testing or documentation for many years. Eighteen (52.9%) participants completed the question with 16 (47.1%) institutions allowing for flexibility when working with older adults who may not have current documentation. This question also allowed participants a free form response to provide additional detail. Five (14.7%) institutions
provided flexibility in accepting older documentation, three (8.8%) institutions referred to on-campus resources to complete updated assessments, two (5.9%) referred the student to their personal physician for current documentation, and two (5.9%) provided temporary accommodations for one semester while the student worked to secure updated documentation.

The next question focused on the “recency” or age limitations of the documentation being provided by the student. Because legal precedent and past practices were contradictory, and the newest 2012 AHEAD guidance does not clarify a stance on the age of documentation, individual institutions continued to have widely varying requirements. Nineteen (55.9%) participants provided information about their institution’s recency requirement. Three (8.8%) institutions utilized a recency practice that documentation must have been created within the past three years, seven (20.6%) within the past five years, two (5.9%) indicated they do not have a limit or recency requirement, and seven (20.6%) indicated that the documentation recency requirements vary for different categories of disabilities. Five (14.7%) participants provided additional commentary that the substance of the documentation was more important than the age, and that their institution allowed flexibility when appropriate to meet the student’s needs.

h. **Input on statewide practices**

Participants were provided two questions (Institutional Documentation Guidelines Information questions 5 and 6) to gather input for the IBHE DAC on the level of interest in moving forward with discussions on standardization of some Disability Services practices within the state of Illinois. Currently, only community colleges are required to report information using a common coding system for
categories of disabilities as part of the ICCB Underrepresented Groups Report (2014). Thirty-three (97.1%) participants provided responses to the questions, which aimed to supplement the questions previously asked of Disability Services Professionals by the Illinois Interagency Coordinating Council (2006a, 2006b).

The first question asked participants whether they were interested in learning more about how all Disability Services offices in Illinois could utilize a consistent statewide format for student accommodation plans. Twenty-eight (82.4%) participants expressed interest in learning more, while five (14.7%) indicated they were not interested. The second question asked participants about their interest in learning more about how all Disability Services offices in Illinois could use a consistent system for coding categories of disabilities. Twenty-nine (85.3%) participants expressed an interest, and four (11.8%) indicated they were not interested. Table X provides a breakdown by Carnegie classification (2011) of this interest in learning more about increasing consistency of statewide practices.

<table>
<thead>
<tr>
<th>Carnegie Classification</th>
<th>Participants interested in learning more about using a statewide format for accommodation plans</th>
<th>Participants interested in learning more about utilizing a consistent system for coding disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate’s Degrees</td>
<td>85.7%</td>
<td>85.7%</td>
</tr>
<tr>
<td>Baccalaureate Primarily</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Undergraduate with Master’s Intensive Focus</td>
<td>66.6%</td>
<td>66.6%</td>
</tr>
</tbody>
</table>
Compared to the Illinois Interagency Coordinating Council survey (2006a, 2006b), Documentation Requirements for Students with Disabilities: Accessing Support Services within the Postsecondary Setting, a limited association can be made about interest in utilizing a set of statewide standardized practices. While the 2006 survey did not define in detail what the standardized format would be, this study asked the two questions above specific to a statewide format for student accommodation plans and a consistent system for coding students with disabilities. Twenty-seven of 46 (58.7%) participating institutions in 2006 said they would use a standardized format, and an additional 10 of 46 (21.7%) said they might be interested using such a format. As noted above, this study found that 28 of 34 (82.4%) participants were interested in a statewide format for student accommodation plans, and 29 of 34 (85.3%) participants articulated interest in a consistent statewide system for coding categories of disabilities. While it appears there may be slightly higher interest, again, this comparison must be taken with caution due to the difference in survey instruments, institutions invited to participate, changes in understanding Disability models and their influence on documentation practices, and the wording of questions. Despite these cautions, both surveys show a
consistent level of interest in moving toward some standardization that would benefit students as well as Disability Services professionals throughout the state.

3. **Analysis of survey items**

A number of statistical analyses were completed for survey items. However, small sample sizes and large standard deviations resulted in non-significant statistical computations that included very higher likelihood of errors. Means and standard deviations are provided for the survey items to explore tendencies that may exist.

a. **Years of experience**

Three questions asked participants about their years of experience in higher education, in Disability Services, and in their current position. The results are summarized in Table XI.

<table>
<thead>
<tr>
<th>Question by Model</th>
<th>Hybrid</th>
<th>Individual/Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years working in postsecondary Disability Services (Demographic Information question 3)</td>
<td>15</td>
<td>12.1</td>
</tr>
<tr>
<td>Hybrid</td>
<td>15</td>
<td>3.2</td>
</tr>
<tr>
<td>Individual/Medical</td>
<td>12.1</td>
<td>9.8</td>
</tr>
<tr>
<td>Years of experience in higher education (Demographic Information question 4)</td>
<td>20.2</td>
<td>9.4</td>
</tr>
<tr>
<td>Hybrid</td>
<td>20.2</td>
<td>9.8</td>
</tr>
<tr>
<td>Individual/Medical</td>
<td>16.4</td>
<td>9.5</td>
</tr>
<tr>
<td>Years working in current position (Demographic Information question 5)</td>
<td>8.3</td>
<td>6.6</td>
</tr>
<tr>
<td>Hybrid</td>
<td>9.6</td>
<td>5.6</td>
</tr>
<tr>
<td>Individual/Medical</td>
<td>8</td>
<td>6.8</td>
</tr>
</tbody>
</table>
b. **Participant age**

Participant age, summarized in Table XII, found that average participant age between the participants from the two models was within a matter of months.

<table>
<thead>
<tr>
<th>Question by Model</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Age (Demographic Information question 9)</td>
<td>49.5</td>
<td>10.4</td>
</tr>
<tr>
<td>Hybrid</td>
<td>49.8</td>
<td>8.3</td>
</tr>
<tr>
<td>Individual/Medical</td>
<td>49.4</td>
<td>10.9</td>
</tr>
</tbody>
</table>

Table XII

PARTICIPANT AGE

c. **Office budget**

Disability Services office budgeting was requested for the two consecutive academic years 2011-2012 and 2012-2013 to explore differing budget sizes on documentation practices that align with the coding for models of Disability.

<table>
<thead>
<tr>
<th>Question by Model</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Budget 2011-2012 (Resources and Student Population Information section)</td>
<td>$267,495</td>
<td>$385,518</td>
</tr>
</tbody>
</table>

Table XIII

DISABILITY SERVICES OFFICE BUDGETS
d. **Full-time staffing**

Disability Services office full-time equivalent staffing, summarized in Table XIV, was requested for the two consecutive academic years 2011-2012 and 2012-2013 to explore differing staffing sizes on documentation practices that align with the models of Disability.

<table>
<thead>
<tr>
<th>Question by Model</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full-Time Equivalent Staffing 2011-2012 (Resources and Student Population Information section)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hybrid</td>
<td>3.8</td>
<td>5.9</td>
</tr>
<tr>
<td>Individual/Medical</td>
<td>2.56</td>
<td>2.29</td>
</tr>
<tr>
<td><strong>Full-Time Equivalent Staffing 2012-2013 (Resources and Student Population Information section)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hybrid</td>
<td>9.78</td>
<td>12.75</td>
</tr>
<tr>
<td>Individual/Medical</td>
<td>2.65</td>
<td>2.28</td>
</tr>
</tbody>
</table>
e. **Students utilizing accommodations**

The number of students with disabilities utilizing accommodations was requested for the two consecutive academic years 2011-2012 and 2012-2013 to explore whether the number of students being served has on documentation practices that align with the models of Disability.

<table>
<thead>
<tr>
<th>Question by Model</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Students with Disabilities Utilizing Accommodations 2011-2012 (Resources and Student Population Information section)</td>
<td>362</td>
<td>354</td>
</tr>
<tr>
<td>Hybrid</td>
<td>473.5</td>
<td>441.49</td>
</tr>
<tr>
<td>Individual/Medical</td>
<td>330.45</td>
<td>331.83</td>
</tr>
<tr>
<td>Number of Students with Disabilities Utilizing Accommodations 2012-2013 (Resources and Student Population Information section)</td>
<td>204</td>
<td>377</td>
</tr>
<tr>
<td>Hybrid</td>
<td>504</td>
<td>455.86</td>
</tr>
<tr>
<td>Individual/Medical</td>
<td>343.7</td>
<td>345.86</td>
</tr>
</tbody>
</table>

f. **Annual cost per student**

A simple calculation was also completed to develop a cost per student served at each institution for both academic years. This formula is \( \frac{a}{b} = c \); where “a” is the Disability Services office annual budget in dollars, “b” is number of students with disabilities utilizing accommodations served, and “c” is the cost per student in dollars. This calculation was completed for both the 2011-2012 and 2012-2013 academic years, to explore the cost per student served for documentation practices that aligned with the models of Disability.
<table>
<thead>
<tr>
<th>Question by Model</th>
<th>$M$</th>
<th>$SD$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Per Student 2011-2012</td>
<td>$576.14$</td>
<td>$492.34$</td>
</tr>
<tr>
<td>Hybrid</td>
<td>$676.80$</td>
<td>$589.67$</td>
</tr>
<tr>
<td>Individual/Medical</td>
<td>$544.69$</td>
<td>$475.43$</td>
</tr>
<tr>
<td>Cost Per Student 2012-2013</td>
<td>$573.62$</td>
<td>$487.06$</td>
</tr>
<tr>
<td>Hybrid</td>
<td>$666.29$</td>
<td>$560.90$</td>
</tr>
<tr>
<td>Individual/Medical</td>
<td>$544.66$</td>
<td>$478.18$</td>
</tr>
</tbody>
</table>

D. **Documentation Guidelines Analysis**

As noted previously, participants were purposely not asked questions that would allow them to self-select a model framework for their Disability Services office and/or documentation practices. This was done strategically in response to concerns about how participants could answer such questions—specifically, a major concern about participants selecting particular models regardless of the actual language and practice utilized by the documentation guidelines of the institution. Because the study analysis required each institution to be assigned a framing Disability model based on assessment of the practices, the largely quantitative survey was triangulated against three additional sources of data: 1) the institution’s Disability Services website discussed previously; 2) findings from the open-ended survey questions about documentation requirements for different categories of disabilities; and 3) the documentation guidelines submitted by participants. These analyses utilized the protocols outlined in Appendices A and C. Both protocols also led to a structure for assigning/coding a Disability model framework to each institution. Although the
protocols and model assignments were completed utilizing qualitative methods, additional descriptive information is available below as a result of the coding structure.

1. **Review of documentation guidelines**

Nine survey participants provided their institutional documentation guidelines for further analysis. These documents varied considerably in terms of scope and comprehensiveness (for example, some provided a guiding perspective, and others provided detail including currency, acceptable qualified evaluators, acceptable assessments, etc.), and were coded according to the protocol outlined in Appendix C. Institutions by type that participated included: four community colleges (8.3% of the community colleges), zero (0%) for-profit institutions, three (3%) private not-for-profit institutions, and two (16.7%) public universities. The mixed-methods approach utilized both simple frequency analysis and qualitative document analysis to arrive at a determination of model for this component of the study.

Frequency analysis allowed for simple word and phrase counts amongst the documentation guidelines submitted by participants. These counts were broken down by the four model categories (Individual/Medical, Social, Universal, and Hybrid) described in Appendix C. During the first two analyses, the researcher added the search term “Barrier” to the process. Though included in the Key Concepts, it was deemed helpful to also be included as a search term. All (100%) of the documentation guidelines included at least one mention of a term associated with the Individual model. The range was one to five terms utilized in the documents ($M = 2$, $SD = 1.3$). The Social model coding provided for findings from six (66.7%) institutions with between one to two mentions ($M = 1.3$, $SD = 0.5$). Universal model coding was assigned to zero (0%)
institutions. Hybrid coding was assigned to four (44.4%) institutions and was discovered between one and three times ($M = 1.75$, $SD = 1$).

Qualitative analysis was also completed by carefully reviewing the documents submitted. The researcher utilized a cross-case analysis approach (Khan & VanWynsberghe, 2008), and expanded upon this framework to develop a multi-case analysis to account for the differing types of institutions. This analysis was guided by the terms and key concepts developed from the literature for Appendix C, and findings are described in Table XVII.

### TABLE XVII
CASE ANALYSIS OF DOCUMENTATION GUIDELINES

<table>
<thead>
<tr>
<th>Institution &amp; Type</th>
<th>Descriptors</th>
<th>Guiding Frameworks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community College 1</td>
<td>-providing individual accommodations and services</td>
<td>-rooted in Individual/Medical approaches</td>
</tr>
<tr>
<td></td>
<td>-demonstration of disability through a diagnosis</td>
<td>-AHEAD 2008 guidelines</td>
</tr>
<tr>
<td></td>
<td>-qualified diagnosticians</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-currency of three years</td>
<td></td>
</tr>
<tr>
<td>Community College 2</td>
<td>-demonstration of disability through a diagnosis</td>
<td>-rooted in Individual/Medical approaches</td>
</tr>
<tr>
<td></td>
<td>-qualified diagnosticians</td>
<td>-AHEAD 2008 guidelines</td>
</tr>
<tr>
<td></td>
<td>-currency of three to five years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-required form to be completed by diagnostian</td>
<td></td>
</tr>
<tr>
<td>Community College 3</td>
<td>-demonstration of disability through a diagnosis</td>
<td>-rooted in Individual/Medical approaches</td>
</tr>
<tr>
<td></td>
<td>-qualified diagnosticians</td>
<td>-AHEAD 2008 guidelines</td>
</tr>
<tr>
<td></td>
<td>-focus on functional limitations</td>
<td></td>
</tr>
<tr>
<td>Community College 4</td>
<td>-use documentation to support professional judgment on appropriate accommodations -unique lived experiences of disability -process is collaborative -barrier reduction strategies</td>
<td>-rooted in AHEAD 2012 guidelines that combine Individual/Medical with Social approaches</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Private Not-for-Profit 1</td>
<td>-documentation is recommended, but not required in all cases -documentation provides enhanced information -three tiers of documentation based on the accommodation being requested -logical linking of reported condition/disability to appropriateness of accommodations requested</td>
<td>-rooted in AHEAD 2012 guidelines that shift to Social approaches where documentation is only a part of the process -Some text copied exactly from PU-B</td>
</tr>
<tr>
<td>Private Not-for-Profit 2</td>
<td>-demonstration of disability through a diagnosis -qualified diagnosticians -varying currency requirements based on type of disability -detailed documentation guidelines specific to each disability</td>
<td>-rooted in Individual/Medical approaches -AHEAD 2008 guidelines</td>
</tr>
</tbody>
</table>

**TABLE XVII (continued)
CASE ANALYSIS OF DOCUMENTATION GUIDELINES**

<table>
<thead>
<tr>
<th>Institution &amp; Type</th>
<th>Descriptors</th>
<th>Guiding Frameworks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Not-for-Profit 3</td>
<td>-demonstration of disability through a diagnosis -qualified diagnosticians -currency of three years -required form to be completed by diagnostican</td>
<td>-rooted in Individual/Medical approaches -AHEAD 2008 guidelines</td>
</tr>
<tr>
<td>Public University 1</td>
<td>-demonstration of disability through a diagnosis -qualified diagnosticians -currency requirements for some types of disabilities -focus on substantial limitations to major life activities -lived experience of disability and accommodations important to process</td>
<td>-rooted in Individual/Medical approaches -AHEAD guidelines in general -aspects of Social model approaches as initiated through the ADAAA</td>
</tr>
</tbody>
</table>
| Public University 2 | -documentation is recommended, but not required  
-documentation provides enhanced information  
-Additional sources of documentation include student self-report and professional observations  
-logical linking of reported condition/disability to appropriateness of accommodations requested  
-barrier reduction in process | -rooted in AHEAD 2012 guidelines that shift to Social approaches where documentation is only a part of the process |

The multi-case analysis also explored other descriptive factors used commonly amongst factors that differentiate colleges and universities. Type of institution was described in the table above, with four community colleges, three private not-for-profit, and two public universities. Geographic dispersion resulted in three urban institutions, four suburban, and two rural institutions. Five of the institutions were located in the Chicago metro, one in the northern region, and three in central Illinois. Size of institution was distributed with zero less than 3,000 students, three between 3,001-6,000 students, two between 6,001-10,000 students, two between 10,001 and 15,000 students, one between 15,001-20,000 students, and one over 20,001 students. Only one institution, a private not-for-profit, was religiously-affiliated.

2. **Disability model based on documentation review**

In utilizing the protocol and table outlined in Appendix C, a mixed-methods approach offered two sets of data, described in the section above, to help with the assignment of a disability model to these documentation guidelines. Five (55.6%) institutions were assigned the Individual/Medical model framework, zero (0%) were
assigned to either of the Social or Universal models, and four (44.4%) were assigned to the Hybrid model. It should be noted that one institution’s documentation guidelines, and a second that appeared to utilize the same language, showed significant movement toward a Social model documentation approach. This finding will be further explored in the Discussion section.

3. **Open-ended survey questions**

The survey included a section allowing participants to summarize their documentation requirements for 12 major categories of disabilities (Learning, ADD/ADHD, Psychological, Autism Spectrum Disorders, Physical/Mobility, Systemic/Chronic Health, Deaf/Hard of Hearing, Blind/Visually-Impaired, Deaf-Blind, Acquired Brain Injury, Intellectual, and Speech/Language). These categories were based upon the annual Students with Disabilities report submission required of community colleges in Illinois (Illinois Community College Board, 2014). Since this ICCB report was, at the time of the study, the only large-scale reporting of college students with disabilities in Illinois, it was the most commonly-available format for a structure on broadly categorizing disability types. Sixteen of the 34 participants (47.1%) provided detail for this section of the survey. Of these 16, nine participants also submitted a copy of their documentation guidelines for the document analysis discussed above.

From the responses to the 12 open-ended summaries, each participating institution was assigned a Disability model. Twelve of the 16 institutions (75%) were coded as utilizing the Individual/Medical model. This determination was made because the detail for the documentation requirements was rooted in a reliance upon third-party diagnosis and documentation. The remaining four institutions (25%) were coded within
the Hybrid model because their summaries indicated that external third-party documentation was a recommended supplement to other sources of information about the student’s disability and appropriate accommodations.
V. DISCUSSION

A. **Overview of the Findings**

During the data analysis, a number of findings became available for further discussion. The original purpose of this study was to explore Disability Services documentation practices within a single state, and to utilize a series of Disability model frameworks to better understand how the development of documentation guidelines are linked to practice. Further, the research aimed to explore if there were particular factors that were more closely aligned with the different models. Despite small sample sizes in the analyses, the findings appear to have met the original intent of the study. Using the literature and professional practice as a base, the findings indicated that there were some common factors, and very likely some common practices, that aided in answering the major research questions. Four primary research questions were developed at the outset of this work. These questions, along with initial hypotheses and key findings for each study component are explored.

In the website analysis, the research question was: how did the information contained on institutional and Disability Services office websites relate to the models of Disability? The hypothesis for this question was that the majority of websites would utilize language and practices within the traditional Individual/Medical model. Analysis of the coding applied to institutional and Disability Services websites showed that the hypothesis was in alignment with the findings for this first component of the study.

The survey of Disability Services directors had two research questions. One, how do the documentation guidelines utilized by the Disability Services office in its regular operations relate to a theoretical model of Disability? The hypothesis for this question
was that the majority of documentation guidelines practices would default to the traditional Individual/Medical model. Though there were multiple participants utilizing practices aligned with Hybrid approaches, the outcomes aligned with the expected hypothesis in that most approaches used Individual/Medical model approaches. The second question was: to what extent did budgetary factors, staffing, and number of students served relate to a Disability model? The hypothesis for this question was that Disability Services offices with larger budgets, staffing, and number of students served would more likely utilize practices from Social, Universal, and Hybrid models. Both descriptive and other statistical tests showed that the hypothesis and results showed some potential associations between Disability Services offices that tended more often to ascribe to Hybrid approaches and the larger numbers of students served and increased resources. Though there was a small number of institutions found to be engaged in Hybrid model approaches, some generalizations can be made that may be helpful in trying to develop a profile of practices and institutional characteristics that indicated movement of Disability Services offices beyond traditional approaches.

The final component of the study was a qualitative multi-case analysis of Disability Services documentation requirements/guidelines submitted by survey participants. The research question was: to what extent did the policies, procedures, and documentation guidelines submitted by institutions align with a related model of Disability assigned to the institution? The hypothesis was that the majority of documentation guidelines would follow the traditional Individual/Medical model framework, but that there should be movement toward alignment with the newest
AHEAD documentation guidance (2012). As with the other questions above, the qualitative coding showed findings consistent with the hypothesis.

In summary for the research questions, the findings appear to have supported the overarching hypotheses developed for the study. Disability Services documentation practices fell primarily within the Individual/Medical model of Disability, while a small percentage were aligned with the Hybrid model approach. This should not be surprising considering the literature reviewed (Block, Loewen, & Kroeger, 2006; Guzman, 2009; Guzman & Balcazar, 2010) and the context of general traditional practice that has been described. Though there are limitations due to small sample sizes in some of the analyses, the resources and size of Disability Services offices possibly have some influence upon the documentation practices. The quantitative results could have been minimal due to small sizes, yet the additional qualitative study components worked to triangulate the models of Disability across the study elements.

Though many sources of data were available to the researcher, it is important to also focus attention on what was not found. This includes the discovery that Disability Services documentation practices solidly rooted in the Social or Universal models of Disability were absent in the data. Equally, the researcher is somewhat perplexed that very few institutions appear to have adopted the AHEAD 2012 documentation guidance, as has been promoted by the leading Disability Services professional association. These findings will be explored in further detail.

B. Reflection on the Research Findings

This section details a set of reflections on the findings from the website review, survey, and documentation guidelines analysis. Following this section, the researcher
will discuss additional considerations on the outcomes of the study and moving practices within the state of Illinois toward better alignment with Social and Universal approaches through the proposed Hybrid model framework.

1. **Website findings**

   It was proposed that the website analysis would yield a mixed set of results because it was unknown to what extent external factors influenced the creation and maintenance of website information. Additional underlying factors not explored by this study may be at play; such as who is responsible for editing content and who decides whether the Disability Services office is given adequate webpage space. However, it was expected that public and private not-for-profit institution websites would contain basic information about Disability Services and documentation practices. The opposite was expected of for-profit institutions since they have been by and large much less likely to list comprehensive web-based information about Disability Services and documentation guidelines. These practices overall were anticipated to most often align with the traditional Individual model framework.

   The website analysis findings were in alignment with the original hypothesis, and were supported by findings of practices that primarily related to service from an Individual/Medical model perspective (AHEAD, 1997; Connecticut Association on Higher Education and Disability, 2008; Lissner, 1999). The vast majority of all Disability Services websites appeared to be transactional in nature; meaning that they were designed to help students complete a process, follow a direction, or access a service. Though these transactions must occur within all models of Disability, those focusing on the individual accommodations tended to fall more closely aligned with the Individual
model. This helps explain why over 93% of the websites reviewed were coded in alignment with these traditional practices.

Interestingly, Illinois community college websites appeared to be roughly on-target with national trends for the item of whether the institutional website had a direct Disability Services link. Jackson and Jones (2014) completed a multilayered descriptive review of community college Disability Services websites. Their study, and this research, independently shared a common item about whether there was a Disability Services link from the institution’s homepage. While they discovered that four of the 40 (10%) community colleges in their sample utilized such a link, the researcher found that 8.3% of Illinois community colleges also had a direct link. Considering that community colleges enroll a disproportionate number of students with disabilities (Raue & Lewis, 2011), this practice should be further encouraged throughout the state of Illinois.

Only a small handful of websites, 13 in total, provided information about student successes, disability-related student organizations, disability events, advocacy, and/or Social and Universal model information. This is surprising since so many Disability Services offices have institutional or individual memberships with AHEAD, which would allow even greater access to resources that could help move an office beyond traditional practices. The finding is also counter to work that has been previously completed by members of the IBHE DAC Documentation Subcommittee, and highlights the need for additional work to be completed. For example, the institutions coded to the Hybrid model are proportionally overrepresented by members who serve on the IBHE DAC and the Documentation Subcommittee. It seems during the researcher’s five years in the Chair role that several of the members have worked conscientiously to move their
practices beyond the Individual model. However, outreach and dissemination of these practices from the members has been limited, and this could be one reason why little support for progress within Illinois has been seen since AHEAD’s 2012 guidance.

2. **Survey findings**

In developing this exploratory study, results were expected to yield pertinent information about the status of documentation guidelines in Illinois. Not only did the survey work to benchmark some of the most basic Disability Services office information from across the state (number of staff, budget, number of students served), it also expanded upon Guzman’s (2009) work on the use of models of Disability in relation to office practices. By focusing more directly on the actual daily documentation guidelines practices of Disability Services offices, the researcher was better able to understand how the framing models have been operationalized.

a. **Institutional demographic factors**

The researcher was pleased with the overall variety of participating institutions, even though the total number was lower than expected. Analysis of the institutional demographic data showed a suitable representation of public universities and community colleges, but the representation by proportion was quite a bit lower for private not-for-profit and for-profit institutions. As learned in the website analysis portion, contact information for many private not-for-profit and for-profit institutions was not as readily available; thereby, making inclusion in the call for participation less possible. Participating institutions did have quality geographic dispersion across the state, variance in the size and number of students served, and good representation from urban, suburban, and rural communities. By Carnegie Classification (2011), almost 65%
of the institutions included in the survey portion primarily served undergraduate students, and roughly 18% of the universities had a strong doctoral focus. Overall, the institutions included in the survey are quite well represented as compared to the types of colleges and universities throughout the state of Illinois.

Again, it must be noted that there was an overrepresentation of participants who were also members of the IBHE DAC and/or Documentation Subcommittee. In one respect this is positive as it has allowed the researcher greater access to the practices that have been utilized by institutions that were coded as aligning with a Hybrid approach. On the opposite hand, it indicates there could have been a greater overall resistance to participating in the survey. This begs the question as to why Professionals contacted declined to participate when it is well known throughout the Disability Services field that documentation practices vary widely (McGuire, Maddaus, Litt, & Ramirez, 1996) and lack adoption of large-scale consistency (Hatzes, Reiff, & Brammel, 2002). Regardless of the intent of the study, it is possible that a number of prospective participants were either concerned about sharing details of their practices or not interested in making any changes to their current practices.

b. **Personal demographic factors**

Analysis of the personal demographic data found that the target participant, Director or lead Disability Services administrator, by institutional position was only achieved for 76.5% of participants. Because 24.5% of the survey participants did not have such administrative roles by title, it was also found that these participants more often did not complete the budgetary, staffing, and enrollment numbers for the resources questions. This finding may be important in that successfully reaching the
target participant was only accomplished about three-fourths of the time, even though the researcher attempted to direct contact to the target Director role. It may also indicate that some of the Directors may have asked another staff member to complete the survey on their behalf. Either way, this leads to some question about the reliability of the data provided. To explore this further, the results were compared to previous work completed by AHEAD.

Educational preparation for highest degree earned appears to be in very close alignment with findings from the AHEAD member survey (Kasnitz, 2013), with roughly 94% of participants who indicated a highest degree earned of a master’s or doctorate. This finding seems particularly accurate since the majority of Student Affairs and Academic Affairs leadership positions require a master’s degree at minimum. For academic field of study, Special Education was represented significantly more than any other field. Counseling and Higher Education were represented next, each at about half the rate of those with degrees in Special Education. Interestingly, the Hybrid model participants in this study found none who had studied Higher Education and only one from the field of Special Education.

This is an important finding because it illustrates that there are likely some biases in practices based upon academic preparation. The researcher can attest to this through graduate studies and experience in three separate areas- Higher Education, Disability Studies, and Special Education respectively. The first area of study developed a sense of critical consciousness to postsecondary pedagogy/andragogy and practice, the second a deep understanding of models of Disability and socially-created oppression, and the third a focus on developing success for students with disabilities by
providing systems of services, supports, and access through accommodations. Within the context of the framing models of Disability, the researcher has reflected on how each set of graduate training and experiences aligned with different models. For example, Disability Studies scholarship has moved the researcher toward implementing practices that reframe attitudes about individuals with disabilities by alignment with the approaches found within the Social model of Disability. The researcher was further influenced by coursework in Special Education which aimed to ensure students with disabilities had access to accommodations and resources that would allow them increased access and participation. Though many of these practices may be primarily housed within the Individual model, a growing number of Special Education practitioners have been adopters of practices and technologies aligning with the Universal model framework. In this personal reflection, it is evident that one's academic background and training may be an important factor in the knowledge, selection, and application of documentation practices in colleges and universities.

After analyzing the demographic information findings, it was important to also confirm whether the participant sample was dissimilar or not from the professionals within the field. Personal demographic factors found within this study aligned very closely with statistics about Disability Services professionals provided by AHEAD (Kasnitz, 2013). Gender distribution amongst the survey participants of a roughly 80/20 split favoring females was within 1% of the AHEAD survey. Average age of 49.5 years also followed suite within 1% of AHEAD. Comparing ethnicity to the AHEAD survey, this study found that participants selecting the categories of both White/Caucasian and Black were similar within hundredths of a percent. The only demographic factor with a
difference of more than 1%, was that of whether the participant identified as an individual with a disability. This study found that 20.6% identified while AHEAD found 24.1%. Although the AHEAD survey took a much larger look at Disability Services professionals nationally, personal demographic data from this study show very close comparability of representativeness.

On the question of AHEAD membership, roughly 71% of participants indicated that they were current members of AHEAD. Across the types of institutions by Carnegie Classification, AHEAD membership was found by approximately two-thirds of the participants. The exception is for doctoral granting universities that had an AHEAD membership rate around 85%. Though the total number of participants within these classifications is lower, the resourcing may suggest more flexibility in available funding to allow membership to professional organizations. Though current membership may not be as accurate as membership in the past, the researcher wondered to what extent AHEAD resources have been utilized by the members. The membership percentages, if generalized to the population, would suggest many times more Disability Services professionals have access to AHEAD 2012 documentation guidance resources than the percentage of institutions actually ascribing to Hybrid model approaches. Why, then, have so few Disability Services Professionals and offices in Illinois not made movement away from traditional, burdensome documentation practices?

c. **Years of experience**

Variables about years of experience in higher education, within a Disability Services office, and within the current position were compared against the model assigned in coordination with the office’s documentation practices. None of these
variable pairs were statistically-significant. However, there were differences amongst
the means that are noteworthy. In all three tests, participants with practices operating
from the Hybrid model had more years of experience. They had about five more years
of higher education experience, three more years working in Disability Services, and
about one-and-a-half years more experience in their current position. When looking at
other institutional characteristics, it is again important to also note that resources and
number of students served was also larger for the institutions with Hybrid model
documentation practices.

This begs a question as to why a greater number of years of experience indicate
some possible shift in practice. Perhaps for these Professionals and their institutions,
the circumstances around utilizing the same approaches year after year may have
required a shift in practice as increases in the number of students seeking services had
quickly outpaced the Disability Services budgets and staffing. Due to the exploratory
nature of this study, there is not enough data to determine if there is a “tipping point” in
which Disability Services Professionals begin to look toward practices that reduce
reliance on Individual accommodations and move toward Hybrid practices. The
researcher’s previous experience as Director of a very large Disability Services office
found that investing in partnerships that increase access and reduce reliance on
individual accommodations (such as working with an entire academic department so
that faculty provide class notes to reduce reliance on individual note takers) could result
in large-scale changes in attitudes that reduce barriers for many students. Such
approaches may be more closely tied to total student numbers, and further investigation
of impact of longevity in the field should be examined.
d. **Resources and guidelines development**

The variables of budget, full-time staffing, number of students with disabilities utilizing services, and cost per student were compared with the assigned model of Disability. Though none of these individual tests indicated a statistically-significant finding, post hoc calculations of effect size did find some medium and large effects. However, the high likelihood of error indicated these calculations would not be reliable. It is possible a larger sample would have found statistically-significant results, as shown by many of the findings of Guzman’s (2009) study. Several important outcomes were still found despite the statistical results, and these aligned with the original hypotheses presented.

For example, institutions utilizing documentation practices associated with the Hybrid model were much better resourced than those utilizing an Individual/Medical model approach. The mean annual budgets for a Hybrid model Disability Services office were more than two-and-a-half times the mean budget of an office that was liked to utilizing Individual model approaches. Both academic years showed effect sizes approaching what could be described as a “large” effect between the type of model and budget. Full-time staffing was equally disproportionate in favor of the offices aligning with Hybrid model practices. Both academic years showed large effect sizes with average staffing over nine employees for Hybrid offices and about 2.5 employees for offices with practices aligned with the Individual model. The cost per student calculations were not quite as drastic, but offices aligning with the Hybrid model spent on average about $122 more per student annually.
Data on number of students with disabilities utilizing accommodations again showed that larger numbers of students favored practices more closely aligning with Hybrid model practices. Although effect sizes were small, the offices aligning with Hybrid practices served on average 474 and 504 students; per respective academic year. Offices aligning with Individual model practices served on average 330 and 344 students respectively. This finding is consistent with the other variables from the resources questions in that offices working from Hybrid perspectives generally served more students and were better resourced to provide both reasonable accommodations and work broadly toward barrier removal and changing attitudes.

Considering the resources available and numbers of students served, it is critical to stop and digest these numbers. Statistical significance was impacted by small sample sizes, but mathematical averages cannot be disputed. There are clear and obvious differences between the sizes of Disability Services offices that ascribed practices aligning to each of the models. Again, it is not possible from this data to calculate a “tipping point”; however, it appears there may be some substantial links between size and practices aligning with Hybrid model approaches. This is consistent with the findings from Guzman’s (2009) study, in which serving a higher number of students was also associated with a higher ranking of Social and Universal model approaches.

A series of questions were asked about the development of documentation guidelines. Attempts at statistical analysis were precluded by small sample sizes. All but one of the Hybrid model participants noted their documentation guidelines were developed/revised in the past two years; which is congruent with implementation of the new AHEAD standards (2012). Remarkably, almost 63% (n = 17) of institutions framed
within the Individual model also developed/revised their documentation guidelines in the past two years. This finding is noteworthy in that several participants implemented revised practices that appear to be directly resistant to the new guidance from AHEAD. Individual model participants primarily operated directly from the older AHEAD standards (1997), with only two institutions indicating use of the newest 2012 guidelines. Participants with practices aligning with the Hybrid model primarily utilized the AHEAD 2012 guidelines, with one participant further influenced by the Project SHIFT (Hart, 2008) model which is particularly framed in Social and Universal modal approaches to Disability Services. Those within the Individual model responded that their documentation requirements were aligned or planning to align them with the AHEAD 2012 guidelines at only 50% compared to 83.3% from the Hybrid framework.

The researcher was a participant on the conference call when AHEAD leadership first introduced the new 2012 documentation guidance. Hundreds of other Disability Services professionals from across the country also participated. The guidance provided was a conscientious move toward barrier reduction (AHEAD, 2012) in alignment with the ADAAA (2008). However, responses from many participants were solidly opposed to movement away from the traditional practices. It is still surprising that the movement in over three years since the conference call has been so limited in Illinois, and it is perplexing that some Disability Services offices coded as operating within the Individual model answered as if following the 2012 AHEAD guidelines. Even with work undertaken by the DAC Documentation Subcommittee on this topic, participants in roundtable discussions in 2013 also overwhelmingly expressed a negative response toward moving their documentation practices toward Social and
Universal approaches. From these sources, there appears to be a broad disconnect between actual practice and ascribing to a documentation guidelines source, as found in the publicly-available websites, survey responses, and documentation guidelines reviewed for this study.

e. **Discussion of survey findings**

The researcher’s hypothesis was that certain factors would more likely influence Disability Services Professionals to ascribe to Universal or Social practices; and that the tensions between practice and philosophy could be somewhat resolved by operating within an intermediary Hybrid model. As Disability Services offices served more students, had larger budgets, greater staffing, and more time in the field as a Disability Services administrator, it was found that these were indeed likely influencing factors that persuaded movement toward Universal and Social approaches. It might be easy to take a surface look at a larger Disability Services office and think that with all of the resourcing, it would be simple enough to serve one more student. However, practice has shown that there are no linear models and that adding more students with particular types of disabilities actually can result in exponential increases costs to provide access and reasonable accommodations. As these increasing numbers compound, even the largest Disability Services office budgets may struggle to manage the complexity and expense of individual requests for accommodations. By moving toward Universal and Social approaches, many of the necessary individualized accommodations can be managed in collaboration with faculty through Universal Design principles. When the environment and attitudes are redesigned in such a manner that the Disability Services office need not intervene as much on an individual
level, a large percentage of all students with disabilities are effectively accommodated without the need for as much individualized intervention. Movement toward these frameworks was expected to be tied, in part, to the increasing growth of a single institution’s resource factors within and upon the Disability Services office. The findings supported this original claim.

Though small sample sizes added difficulty in attempting to prove the hypotheses through statistical methods, descriptive statistics provided valuable information for this exploratory study. This was particularly apparent with the examination of resources and number of students served. As shown in the results above, calculations paired with the qualitative data indicated that Disability Services offices with larger budgets, a greater number of staff, and more students served were found to align with documentation practices from the Hybrid model. If size is such an important factor to alignment with Hybrid approaches, this research must note the incredible limitation presented because a majority of colleges and universities have very limited Disability Services staffing and resourcing (Kasnitz, 2011). Many smaller institutions do not have dedicated Disability Services staff or budgets, which would indicate that advocates for Social and Universal approaches must consider new mechanisms for ease of implementation in these resource-restricted environments. This is a poignant reminder to the researcher that the DAC Documentation Subcommittee will need to revisit strategy in order to successfully achieve the large-scale progress that is desired.

When reviewing the assignment of a framing model against the variables from the survey instrument, we cannot discount the historical underpinnings of the Disability Services profession as an outgrowth of fields such as rehabilitation (University of Illinois
at Urbana-Champaign, n.d.), counseling, and education. In the movement from moral and religious thinking to a medically-based context (Stiker, 1999) into the Social model thinking of Disability Studies scholars and activists of today (Barnes & Mercer, 2003; Oliver, 1996), it must be noted that the Social model probably still holds the most limited influence within professional practice. Because of the pervasiveness of our medicalized society (Braddock & Parish, 2001), and the historical development of accommodations as individualized attempts to fix broken aspects of disabled individuals, it is not really surprising that most postsecondary disability documentation guidelines were developed from an Individual model perspective. As the work of Disability Services professionals who ascribe to Universal and Social approaches (Block, Loewen, & Kroeger, 2006; Cory, White, & Stuckey, 2010; Scott, Loewen, Funckes, & Kroeger, 2003) continues to expand, the Disability Services profession is finding a growing rift between simply providing minimal accommodations versus working proactively to change environments that result in increased access and the need for fewer accommodations. This shifting viewpoint within the profession allows for examination of Individual and Universal/Social models on a spectrum, but the full realization of pure Universal and Social model approaches are likely not feasible. Creating a Hybrid model allows for incorporation of shared practices including both the individualized accommodations, which some students need to ensure access, and ongoing work to reframe institutional cultures toward Universal Design and inclusive attitudes. Disability Services offices and professionals involved in this study described a spectrum of practices that each represents some portion of the complexity within these dichotomies.
Despite the importance of moving toward new models that work to intersect Social and Universal model Disability Services practices, the reality is that all offices must still provide reasonable accommodations in order to meet legal mandates. Due to the requirements of the ADA and Section 504 to ensure equal access, the easiest practice traditionally has generally been to accommodate the individual and move on to the next student, presentation, report, or problem. From the survey responses, the majority of documentation guidelines appeared to have been developed from the traditional Individual/Medical approach (AHEAD, 1997; Connecticut Association on Higher Education and Disability, 2008; Lissner, 1999). However, findings also showed that Disability Services professionals in Illinois have already been making movement toward Universal and Social model frameworks through practices that are rooted in Hybrid approaches aligned with both barrier and burden reduction (ADAAA, 2008). Regardless of the findings that movement has primarily occurred in larger and better resourced offices, these approaches must be further considered by Disability Services offices of all sizes and resources.

3. Document analysis findings

As noted previously, it was expected that the document analysis portion of the study would highlight a great tension within the Disability Services profession- the reality of operating under traditional Individual model approaches while resources are strained under the increasing volume of students seeking accommodations and services. Because the pervasiveness of a medically-based society seeks to cure detrimental human impairments (Braddock & Parish, 2001), the development of Disability Services practices shares a history from this same nucleus. As such, the de
facto work by Disability Services professionals has been rooted in accommodating the individual impairment more so than focusing on the environmental, social, and attitudinal barriers that impair students with disabilities from unrestricted access and inclusion.

A set of documentation guidelines was only provided by nine of the survey participants. Through frequency analysis and qualitative coding, all of the documents had at least one mention of concepts aligned with the Individual model. Key concepts from the Social model were utilized by six of the institutions, yet Universal concepts made no recognizable mentions. Hybrid model coding was also provided to four institutions. A multi-case analysis was completed after reviewing and coding the documentation guidelines multiple times. This helped focus the descriptors used, and allowed the researcher opportunities to determine the guiding resources and frameworks behind the documents. As a result of the analysis, five institutions were coded to the Individual model and four to the Hybrid model. Based upon the documents provided by participants, there may have been some overall bias resulting from which participants elected to complete the survey and submit their guidelines. Because several of these individuals were IBHE DAC and/or Documentation Subcommittee members, there was an overrepresentation of documentation guidelines from offices operating in alignment with Hybrid approaches. However, this provided the researcher and the IBHE DAC with more examples of these innovative practices for the future work.

The documentation guidelines analysis potentially could have been strengthened by cross-referencing the documents with guidelines publicly-available on Disability
Services websites; however, it would not be possible to confirm if they were truncated versions of the requirements, whether they were current, or if they were in alignment with actual practices. This is an important finding to be shared with members of the IBHE DAC Documentation Subcommittee as a potential untapped source for information to be added to the statewide resource document.

C. **Institutional Profile for Hybrid Practices**

The data and findings provided a valuable collection of information that was used to develop a surface-level institutional “profile” of practices that aligned with Hybrid model approaches. While the data and findings showed that traditional Individual/Medical practices were consistent with older AHEAD guidelines (1997), some variation amongst Hybrid practices indicated the need for further discussions on this approach. Regardless, the data offer some preliminary findings.

The Disability Services offices utilizing guidelines and practices aligning with the Hybrid framework had noticeable characteristics found during data analysis. As discussed in the findings, these offices on average tended to serve larger numbers of students, had larger budgets, and had larger full-time equivalent staffing. However, it should be noted that this exploratory study had limitations about participation, completeness of survey questions, and accuracy of reported information (as determined during data analysis in comparison to information reported to the ICCB on an annual basis). These data elements taken alone could have created an inaccurate profile of Hybrid model practices when individual institutions are compared against each other. The added value from the qualitative components helped to better understand how the practices were the basis for Hybrid approaches.
The strongest commonalities amongst the Hybrid model institutions was found within the actual documentation guidelines and practices. While open to some interpretation, the literature and framing models developed for this study provided a framework in differentiating between the Individual/Medical and Hybrid practices. As a group of institutions, the documentation guidelines and practices showed alignment with the most recent AHEAD guidance (2012). Specific practices all included a focus of less reliance upon medical/mental health documentation in the hope of reducing barriers for students. While still accepted and reviewed, the institutions indicated practices that started the review process by focusing more attention on the student’s self-report about their disability and reasonable accommodations that had previously worked to ensure their success. Most institutions also indicated increased use of professional expertise of Disability Services Professionals in approving reasonable accommodations without the need for third-party documentation. For example, if a student is blind and indicates utilizing screen-reading software and audio books throughout their P-21 education, does proof of blindness really add additional information that would further determine reasonable accommodations? This frame of logic was supported by processed that again place greater weight on observations and professional expertise of Disability Services Professionals. Although elements of these practices obviously occur at many colleges and universities, this group of institutional practices showed a coordinated and concerted effort to reduce reliance upon third-party documentation when reviewing and approving requests for reasonable accommodations.

D. **The Absence of Findings**
This mixed-methods research resulted in many findings, and it also was devoid of some expected findings. Attention must be given to an absence of findings from the data. The researcher set out with four models of Disability with which to frame the practices found within the data. Each model was informed by literature, and represented a place along a continuum of practices. The tenants of these models were overlaid to Disability Services documentation practices as described in Appendix C, and provided the researcher a guiding framework for the analysis of documentation guidelines and practices. Although some progress toward utilizing practices that aligned with the Social model was found by a small number of institutions in their documentation guidelines, no findings indicated comprehensive alignment with Social or Universal practices. How is it possible that no coding or major finding was assigned to these models?

The Social model posits that cultural forces disable individuals with all different types of impairments, and that there are dynamics that actively work to oppress non-normative bodies. These underlying forces are activated through attitudinal barriers, which have continued to be pervasive across institutions of higher education (McConnell, 2003). Barriers within the Universal model tend to be physical or technological in nature, with little regard to the diversity of human variance. If we step back and consider these characterizations from the literature, we begin to see that it is very difficult for a Disability Services office to ever operate fully under any of these models. In a practical sense, changing attitudes alone will never fully allow students with disabilities to be completely included in college without additional reasonable accommodations. Likewise, it would not be possible to remove every physical and technological barrier in college to alone ensure complete access. It should not be
assumed that these models are unreachable utopia; however, a complete alignment from the Disability Services perspective is highly implausible. The researcher considered this predicament carefully before and during development of the study, and the result was the development of the Hybrid approach (which appears to have been a valuable addition for completing the analysis). The Social and Universal models, while not readily ascribed to in the guidelines and practices data, were found to be aligned with some data during analysis to support the acceptance of practices from a Hybrid model framework.

E. Reflection on Changes to Practice

The researcher was delighted that the study yielded results indicating some colleges and universities had undertaken efforts in the past few years to reframe documentation practices. Though many of these professionals shared a common bond through the IBHE DAC, about half of the Disability Services offices in this study appear to have moved toward Hybrid approaches independent of association with a leadership role on the DAC. This is clear evidence that such movement has already begun within Illinois, albeit at a much slower rate than many early adopters had anticipated.

Discussion on the topic of moving away from documentation practices rooted in Individual model approaches may continue to be a struggle for many Disability Services professionals. The researcher has experienced voicing of concerns during multiple public forums, as well as in many private discussions with colleagues from all types of institutions across the country. An example of this occurred in the spring of 2013 when the Documentation Subcommittee hosted two statewide roundtable dialogues on “reframing documentation practices in higher education”. As Subcommittee Chair, the
researcher attended both meetings and was responsible for collating results of an attendee survey. Commentary received was overwhelmingly negative in response to the presenters’ explanation of their Disability Services offices’ movement toward documentation practices that would align more with Social model approaches. Having insider knowledge about institutions participating in both those roundtables and this study, the results of this research indicate that little movement has occurred in the past few years. Though this may be a bit disappointing, it highlights the need for continued work by the Documentation Subcommittee at a broader level.

Pessimistic voices aside, there is still much hope in progressing movement on these practices. The handful of Disability Services professionals who have changed their documentation practices have set the stage for continued conversation on a number of levels. These changes may be viewed by some as too drastic in the state where the Disability Services field was first founded, but the literature provides examples that momentum is occurring across many other areas of higher education. Infusion of Disability Studies dialogue to change Disability Services practices (Cory, White, & Stuckey, 2010) is one such approach toward positive change. Faculty partnerships (Shaw, 2011) and institutional collaborations (Friedman, Berger, & Parks, 2014) are additional opportunities for engaging Disability Services Professionals and their campus colleagues in work that reduces reliance upon individual accommodation of students with disabilities. Many additional examples exist at institutions across the country; but the lack of data and limited need for most Professionals to disseminate will prevent sharing of the vast majority of these truly promising practices.

1. **Influence of disability studies**
Both Disability Studies and Disability Services are relatively young fields. They share the same first name, but are essentially founded in opposing philosophical frameworks (Linton, 1998). In reflecting on so many data elements, a common thread appears to be missing. How can one ascribe practices to a model of Disability if they are unaware such models exist? An objective of this study was to expand upon Guzman's (2009) framing models in two ways: 1) to examine documentation practices on a large scale; and 2) to include a Hybrid model to aide in resolving the implausibility of any Disability Services office ever becoming fully functional within the Social or Universal models. The end result was still that the vast majority of Disability Services professionals likely had little to no knowledge about models of Disability that could potentially benefit their offices and students.

Continued work to ensure progress must be done by both Disability Studies scholars and the Disability Services Professionals who are practitioners knowledgeable and informed about models of Disability. Work by practitioner-scholars (Block, Loewen, & Kroeger, 2006; Guzman, 2009; Scott, Loewen, Funckes, & Kroeger, 2003) laid the foundation to begin reexamining practice in light of philosophical framing. This study hoped to continue moving the field, and members of the IBHE DAC Documentation Subcommittee will attempt additional persuasion of colleagues in Illinois.

2. **Reframing website information**

In the digital world of today, a web presence is a requirement for most colleges and universities. Disability Services professionals should conscientiously examine how the information on their website could be interpreted. Should these Professionals actively ascribe to a model of Disability, it would be beneficial to also
frame their office’s website information in a context that helps readers understand the institution’s approach to ensuring reasonable accommodations for students with disabilities. The default Disability Services website is predominantly a transaction-based information portal for prospective and current students. A small number of websites found during this research went beyond this approach by including student stories, details about clubs, advocacy information, and intentional explanations about the underlying approaches taken by the Disability Services office to support their students. It would seem that momentum toward Hybrid approaches would be benefitted by redesign of information on Disability Services websites to ensure that they are not only welcoming and fully-accessible, but also clear in how the office works to reduce barriers and burdens for students through its documentation and intake practices.

3. **Updating documentation practices**

   In revisiting the documents submitted by participants, it is clear that the documents are crafted from a very small number of original sources. Extraordinary similarities in terminology, phraseology, and ordering are apparent across the documents (as well as the websites). If so many of the Disability Services offices developed/adopted their documentation guidelines with inspiration from only few sources, it seems that there could be an opportunity for the IBHE DAC Documentation Subcommittee to help advocate for a new standard to be utilized across the state. This set of guidelines would align closely with the AHEAD guidance (2012) and ADAAA (2008) regulations. With support from the IBHE and ICCB, it may be possible to utilize collaborative efforts to help all institutions become more informed about opportunities for adopting Hybrid model documentation guidelines.
4. **Reframing institutional priorities**

Disability Services budgets are most often barely a blip on the radar in comparison to an entire institution’s budget. Even though these budgets are often very small, a significant number of upper level administrators across all types of institutions often see students with disabilities, campus mental health services, and Disability Services expenditures in a negative light (Duggan, 2010). Assumptions about costs versus benefits, fears about the need to outsource expensive services for a small number of students, and the constant unknown of increasing student numbers have painted some Disability Services offices as big spenders. Regardless of the increasing number of students with disabilities participating in higher education, this has resulted in a perception that students with disabilities cost the institution money. Under increasing pressures to retain students at a time when state and federal dollars are becoming more restricted, one must consider whether it would be better to enroll more qualified paying students or continue building luxury residence halls, exorbitant fitness centers, and spending on other high-cost amenities.

5. **Supporting disability services professionals**

Colleges and universities must also continue to adequately support Disability Services offices and the Professionals who experience many of the challenges outlined in this study. Additional training in the area of transition to college must occur in collaboration with high school partners to better prepare for future student trends. Conceptual transition models exist (Garrison-Wade & Lehman, 2009; Oertle & Bragg, 2014), in part, to provide frameworks that can be adapted to individual institutions. Realizing these models lack significant research, the profession must
continue moving forward in partnerships that ensure smoother transition, improved documentation, better communication, and data-informed decision making.

Disability Services Professionals must also be openly supported in their adoption and movement toward Hybrid model approaches to their documentation guidelines and practices. The literature, and findings from this study, further highlight many of the concerns regarding documentation. Multiple quantitative studies have examined the failure of clinicians to appropriately assess and recommend accommodations for transitioning students (Harrison, Lovett, & Gordon, 2013; Weis, Speridakos, & Ludwig, 2014; Weis, Dean, & Osborne, 2014). Many of these concerns could be better resolved by following the new AHEAD guidance (2012). This is bolstered by placing a greater confidence in the student’s self-report of disability and past useful accommodations, as well as the professional observations of Disability Services staff. The profession’s reliance on third-party documentation must be carefully reexamined in light of the many studies that have shown how the documentation itself may not be in the best interest of the student.

F. **Development of the Statewide Resource**

The statewide resource intends to be the first attempt for Illinois to produce publicly-available information about the transition process and documentation guidelines for college students with disabilities. Not only will developing this information create a clearinghouse for the entire State, it will also assist students, families, Special Education transition coordinators, state agencies, and other institutions of higher education in providing high-quality transition-related information to students with disabilities. A study of the National Longitudinal Data Survey completed by Newman and Madaus (2015),
indicated that students with disabilities who completed high school transition planning were more likely to utilize Disability Services and the recommended accommodations once they transitioned to community colleges. The transition planning process may have helped reduce barriers for students seeking to continue utilizing similar accommodations in higher education. This study helped strengthen work currently underway by the IBHE DAC to expand and improve the transition planning process for high school students in Illinois. Though traditional college students have been a major focus, the researcher and Documentation Subcommittee members also believe in working to improve the documentation and transition processes for veterans, older students, and students who are coming to college for the first time from the workforce.

While the focus of the resource document is on making transition to college easier, moving institutions in Illinois to consensus on documentation practices is a potential opportunity considering the findings of this study. Over 82% of the survey participants expressed interest in a statewide format for student accommodation plans, and more than 85% indicated interest in utilizing a consistent statewide system for coding different categories of disabilities. Long-term opportunities exist whether the state works to help define practices that would use standardized formats for reporting purposes, or just recognizes that the IBHE DAC resource helps bring knowledge to inform practices across Illinois. Some of these opportunities will be discussed further in the “Implications for Change” section.

G. **Limitations of the Study**

Several limitations were originally expected to be found in the study. A critical limitation was that of participants’ knowledge and understanding about the models of
Disability being used in the study. As a scholar-practitioner, the researcher has found that colleagues who ascribe to Social and Universal approaches are much better versed about the models of Disability and their implications for Disability Services practice. Whether this means that Social and Universal approaches require a greater understanding of the range of frameworks, or if these folks need to be better prepared to explain themselves for working beyond the default of the profession, the fact that these Disability Services Professionals represent a small minority viewpoint means that may mean most of their Disability Services colleagues may not be as well-versed. This is not to fault Disability Services professionals who are less knowledgeable, but to acknowledge that a potential divide exists. While many exceptional chapters and articles about Universal and Social practices exist in both the Disability Services profession and from faculty that are teaching with these concepts, the lack of empirical outcomes on these approaches in Disability Services results in less evidence-based knowledge to share. Though these limitations exist beyond the scope of this study, they may well impact the framing contexts of participants. As discussed earlier, this concern was at a level great enough to remove questions that intended to ask participants to select their own framework for documentation practices. Removing these potential questions, left a gap in the study that had to be filled through extensive triangulation of available data. Perhaps the Disability models coded to the institutions would have been the same as determined by the study methods, but that cannot be determined.

The length of the survey was most definitely a factor in participant fatigue. With over 50% of those who started not completing the survey, and completion times being rather lengthy, it is clear that some of the questions could have been removed due to
the mixed-methods approach used in this study. Portions of the survey near the end could have been completed from some of the information available on public Disability Services websites. The survey also contained questions of interest to members of the IBHE DAC Documentation Subcommittee, which may not have been as relevant to the participants completing the survey.

Without question, the greatest limitation to this study and the findings was the low response rate. Although some methodologies may recommend that it is generally more acceptable to utilize smaller samples in exploratory research, the researcher experienced many negatives in attempting to grow the sample size. Finding and updating contact information was extraordinarily time-consuming, as Disability Services professionals were moving between institutions during the course of the study. The relatively small population (N = 188) was adjusted down when contacting prospective participants was deemed impossible within the study timeframe. The researcher was encouraged by the final number of responses (n = 34) included in the survey; however, these samples were simply too small when broken down for different statistical analyses. Larger sample sizes would have likely shown results similar to those of Guzman’s (2009) work, and offer opportunities for simplification of the study elements for future research.

Another limitation to this study is the knowledge of the researcher. When this research was proposed, the researcher was a relatively inexperienced Disability Services Director and student-researcher. Over the course of several years to refine and implement the study in coordination with the IBHE DAC, the researcher grew significantly in knowledge about Disability Services professional practice. This is
evidenced in work framed by the Social and Universal models that was presented in peer-reviewed conference sessions and professional publications. In this case, the researcher attempted to bring together all learned skill sets from graduate school and professional practice to complete the study. If knowledge gained from this research could be used again, it would result in redirection of the survey and study elements to avoid some of the other limitations experienced.

H. **Future Directions for this Research**

The researcher contained this study to the geographic boundary of a single state to meet the needs of the IBHE DAC; however, it could easily be expanded to a regional or national focus. If this were to occur, elements of the survey would need significant revision to avoid some of the limitations experienced. Some portions of this work may also be accessible from publicly-available information, which could allow a broader study based upon information contained on Disability Services websites. Some of this information may be more easily achievable in states where colleges and universities are required to report enrollment of students with disabilities along with Disability Services office budget and staffing information. This could provide simplification to the survey, and could reduce non-responses as experienced in this study.

Qualitative expansion of this research is possible in an attempt to triangulate interviews of Disability Services staff who were found to be operating in alignment with Social and Universal approaches within website information and documentation guidelines practices. This could provide rich layers of qualitative information about practices, framing contexts, and rationale for moving away from traditional approaches. This qualitative focus might help to significantly reduce the drawbacks associated with
small sample sizes required for quantitative analysis; and would benefit the Disability Services profession in a deeper understanding of the capability for moving away from Individual/Medical model practices.

I. Implications for Changes in Disability Services

This exploratory study was designed to be multifaceted for several reasons. First, it achieved a goal set by the IBHE DAC to improve transition practices for students with disabilities by making more information about documentation requirement publicly-available. Second, it acted as a research-based undertaking of the status of disability documentation practices within a single state. Finally, the work helped to highlight how federal law and regulations have created a fractured development of different guidelines that operate from dichotomous perspectives. While many other federal agencies, laws, and regulations have worked to establish evidence-based criteria for qualification and accommodations provided to individuals with disabilities, higher education has been primarily left to creation of policies by individual institutions. Were it not for the Connecticut AHEAD Best Practices (2008), Supporting Accommodation Requests: Guidance on Documentation Practices (2012), and those created by experts in the field (Brinkerhoff & Banerjee, 2007; Educational Testing Service, 2003, 2007a, 2007b, 2008, 2010, 2011; Lissner, 1999; McGuire, Madaus, Litt, & Ramirez, 1996), it is quite likely that the documentation guidelines at individual institutions would be even more diverse, specific, and cumbersome. This research has helped shed some light through its exploratory benchmarking approach that may be of benefit in looking to begin standardizing some of the basic aspects of disability documentation guidelines in higher education, and specifically within Illinois.
It is hopeful that including aspects on the philosophical models of Disability will result in a primer for larger discussion of possible change in the Disability Services profession. While it may be true that some Disability Services professionals simply lack an understanding of how to engage their campuses in Social and Universal approaches, this study has found practices currently being utilized that could make this shift easier. Though size and resourcing appear to be important factors in aligning with a particular model in disability documentation practices, those are not the factors that demonstrated the strongest influence on Social, Universal, and Hybrid approaches. This work may help provide a starting point for increasing significant large-scale development of Hybrid model practices throughout higher education. The research seems to indicate that while practice in Illinois has been rooted in the traditional Individual model approach, the ability to begin making major progress toward the Universal and Social aspects of the continuum is entirely possible and already being achieved.

J. **Final Conclusions**

Historical, legal, philosophical, practical, and institutional influences have all worked to converge upon the topic of disability documentation guidelines in higher education. This study emphasized that the disparate practices and guidelines are a result of these influences, but that change toward approaches that lessen the need for individual accommodations is certainly achievable. The State of Illinois has been working to be a catalyst of national change, and this research along with other innovative initiatives could help improve educational opportunities for all college students with disabilities. Through the leadership of the IBHE DAC and the contributions
of practitioners across the state, Illinois hopes to influence positive change on thinking, practice, and theory within postsecondary Disability Services.

The outcomes of this study highlight the “state of the state” for disability documentation practices in Illinois. While limitations in the study undoubtedly impacted results, many relevant findings gave cause for continued momentum of practice toward Social, Universal, and Hybrid approaches. These innovative practices must not be confined to the Disability Services offices and institutions with larger resources, but they must be shared broadly by all professionals so that smaller Disability Services offices can equally implement such opportunities. Many additional considerations also exist for Disability Studies and Disability Services. They are not to be framed as rival philosophies, but as contexts for Disability Services Professionals to gain valuable knowledge toward the application of more universally-accessible, advocacy-based, barrier-reduced, and attitude-changed educational environments in support of student success.
APPENDIX A

SYSTEMATIC WEBISTE REVIEW PROTOCOL
(September 2011)

All publicly-available information for the systematic website review will be contained in an electronic, password-protected spreadsheet to protect the integrity of the data.

PROTOCOL:

1. Access postsecondary institution website homepage

2. Question 1- Does the institution’s publicly-available homepage list information about Disability Services, or link directly to information about Disability Services on the homepage? (yes/no)

3. Navigate to the Disability Services office website or disability-related information; if available

4. Question 2- Does the institution’s publicly-available website include information about Disability Services for students? (yes/no)

5. Navigate to information about documentation guidelines or requirements

6. Question 3- Does the institution’s publicly-available website contain information about documentation guidelines or requirements? (yes/no)

7. Question 4- Does the Disability Services office’s publicly-available website indicate that documentation guidelines were developed using any models or best practices? (yes/no; if yes, what is being utilized)

8. Navigate to information about the process (often referred to as an “intake”) by which students become qualified for accommodations
APPENDIX A (continued)

9. Question 5- Does the institution’s publicly-available website contain information about the intake process that the student needs to follow? (yes/no)

10. Question 6- Does the institution’s publicly-available Disability Services office website information list a contact person for questions or assistance? (yes/no)

11. Question 7- Does the institution’s or Disability Services office’s website provide any other unique information related to documentation guidelines? (yes/no; if yes, what unique information is listed)
APPENDIX B

SURVEY TO DISABILITY SERVICES DIRECTORS
(March 2015)

Demographic Information:

Please complete the following demographic information.

1. Please type the name of your institution including campus name for multi-campus institutions (individual names will not be used for research analysis since all data will be aggregated for statistical purposes) [Free form response]

2. Select the best fit for your current role:
   a. Dean (including Assistant or Associate Dean)
   b. Director of Disability Services or equivalent (i.e. Director of Learning Center who oversees Disability Services)
   c. Associate Director/Assistant Director/Manager
   d. Program Coordinator
   e. Other [Free form response]

3. How many years have you been working in postsecondary Disability Services?
   a. [Enter X years in free form response]

4. How many years have you worked in Higher Education?
   a. [Enter X years in free form response]

5. How many years have you been in your current position?
   a. [Enter X years in free form response]

6. What is your highest degree earned:
   a. Associate’s or less
   b. Bachelor’s
   c. Master’s
   d. Professional Doctorate (Psy.D., D.S.W., M.D., J.D., etc.)
   e. Doctorate (Ph.D. or Ed.D.)

7. In what area did you complete your academic studies?
   a. Higher Education
   b. Counseling (including all types)
   c. Special Education
   d. Social Work
   e. Psychology
   f. Other Education
   g. Other [Free form response]
APPENDIX B (continued)

8. What is your gender:
   a. Female
   b. Male
   c. Other than, or Prefer Not to Answer

9. Please enter your age in years.
   a. [Enter X years in free form response]

10. Please select your ethnicity:
    a. White/Caucasian; Non-Hispanic
    b. Black
    c. American Indian/Native Alaskan
    d. Asian/Pacific Islander
    e. Hispanic Origin
    f. Mixed Race
    g. Prefer Not to Answer

11. Do you identify as an individual with a disability:
    a. Yes
    b. No

12. Are you a current member of the Association on Higher Education and Disability (AHEAD)?
    a. Yes
    b. No

Institutional Documentation Guidelines Information:

In this next section, you will be asked to share information about your office's/institution's disability documentation guidelines for students.

1. When were your institution's/office's disability documentation guidelines most recently updated?
   a. Within last year
   b. Within last two years
   c. Within last five years
   d. Within last ten years
   e. Have not been updated since created by a predecessor
   f. My institution does not have a formal set of documentation guidelines
   g. None of the above
APPENDIX B (continued)

2. Does your office utilize a personal/intake interview as part of the process for verifying documentation and considering appropriate accommodations?
   a. Yes
   b. No (In other words, your office only asks the student to complete paperwork and submit documentation)

3. Did your office use any of the following resources in developing or revising your institution’s documentation guidelines?
   a. AHEAD Best Practices
   b. 2010 AHEAD Conference Call series on Documentation, ADAAA, or Regulations
   d. Learning Disabilities Association of America Guidelines
   e. Educational Testing Services (ETS) Documentation Guidelines
   f. Other (please list source) [Free form response]

4. Is your office/institution is planning to, or has it aligned documentation guidelines with the 2012 AHEAD Supporting Accommodation Requests: Guidance on Documentation Practices document?
   a. Yes
   b. No
   c. Maybe in the next year or so, but have not fully decided

5. I would be interested in learning more about how all Disability Services offices in Illinois could utilize a statewide format for student accommodation plans?
   a. Yes
   b. No

6. I would be interested in learning more about how all Disability Services offices in Illinois could utilize a consistent system for coding disabilities?
   a. Yes
   b. No

Resources and Student Population Information:

Please complete the following information about resources and student numbers to the best of your abilities for the past two full academic years. This information will be aggregated to determine to what extent office resources correlate with success rates of students with disabilities. Please complete all boxes if possible.
APPENDIX B (continued)

*Special note for Community Colleges- Some of this information may have been provided to ICCB as part of the annual Underrepresented Groups Report. You should check with your Institutional Research Office to see if data is available to help you complete this table.

<table>
<thead>
<tr>
<th>Academic Year (AY)</th>
<th>Approximate Office Budget (Including grant funds)</th>
<th>Number of Full-Time Equivalent Disability Services Staff*</th>
<th>Total Number of Registered Students that Utilized Accommodations during AY</th>
<th>Number of New Students Registered during AY</th>
<th>Number of Registered Students Graduated during AY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011-2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*To calculate total number of full-time staff:
- Each full-time staff member equals 1
- Part-time and Graduate/Undergraduate Student Employees can be added by approximating the hours worked weekly (Example: 18 hours per week equals .5 full-time staff)

Institution-Specific Disability Documentation Information and Services:

Please complete the next set of questions about your institution’s disability documentation guidelines and services. This information will be vital to creating the first statewide resource about services available to students with disabilities and disability documentation guidelines/requirements by colleges and universities in Illinois. It will also serve as information for informing students about services available at specific institutions.

1a. Please summarize your institution’s documentation requirements for each of the following disability categories. (Please limit your summary to no more than one paragraph per disability category.)

1b. Learning Disabilities [Free form response]

1c. ADD/ADHD [Free form response]

1d. Psychological Disabilities [Free form response]

1e. Autism Spectrum Disorders/Asperger’s [Free form response]
APPENDIX B (continued)

1f. Physical/Mobility Disabilities [Free form response]

1g. Systematic/Chronic Health Disabilities [Free form response]

1h. Deaf/Hard of Hearing [Free form response]

1i. Blind/Visually-Impaired [Free form response]

1j. Deaf-Blind [Free form response]

1k. Acquired Brain Injury [Free form response]

1l. Intellectual Disabilities [Free form response]

1m. Speech/Language [Free form response]

2a. Does your institution accept IEPs, 504 Plans, and/or SOPs as acceptable stand-alone documentation?
   a. Yes
   b. No

2b. Does your institution accept IEPs, 504 Plans, and/or SOPs along with other supporting documentation?
   a. Yes
   b. No, we do not accept IEPs, 504 Plans, or SOPs at all

3. Does your institution accept proof of accommodations from another college or university as valid stand-alone documentation?
   a. Yes
   b. No

4. What is your institution’s recency requirement (e.g., documentation must be less than 5 years old)? Please list below.
   [Free form response]

5. Does your institution allow for alternate documentation from Veterans; such as V.A. discharge paperwork with the percentage disabled listed? Please describe below.
   a. Yes [Free form response]
   b. No
APPENDIX B (continued)

6. Does your institution allow flexibility in documentation guidelines for older adults who may not have current documentation? Please explain below.
   a. Yes [Free form response]
   b. No

7. Do students with disabilities complete an intake interview with your office when initially requesting services? Please explain below.
   a. Yes [Free form response]
   b. No

8a. Does your office/institution specifically provide any of the following services to registered students with disabilities? (If yes, please provide a brief summary of one paragraph or less for each item.)

8b. Specialized Advising
   a. Yes [Free form response]
   b. No

8c. Tutoring/Instructional Support
   a. Yes [Free form response]
   b. No

8d. Academic Case Management
   a. Yes [Free form response]
   b. No

8e. Courses for Students with Disabilities
   a. Yes [Free form response]
   b. No

8f. Assistive Technology Resources
   a. Yes [Free form response]
   b. No

8g. Personal Counseling
   a. Yes [Free form response]
   b. No

8h. Social Skills Group
   a. Yes [Free form response]
   b. No
APPENDIX B (continued)

8i. Scholarships Programs
   a. Yes [Free form response]
   b. No

8j. Program for Students with Intellectual Disabilities (if yes, please include name of
    program, website, and contact information)
   a. Yes [Free form response]
   b. No

8k. Does your office/institution offer any other innovative services or programs not
    listed above? If yes, please provide detail in the box below. [Free form response]

9. What is the exact title of your Disability Services office? [Free form response]

10. What is the street address, city, and zip code of your office? [Free form response
    boxes]

11. What is the mailing address for your office? [Free form response]

12. What is the phone number, including area code, for your office? [Free form response]

13. What is the TTY or VideoPhone number, including area code, for your office? [Free form response]

14. If the Disabilities Advisory Committee has any questions about the services
    offered by your institution, may we contact you?
   a. Yes [Free form response]
   b. No

15. This is the final item for this survey.
   • Please send a Microsoft Word version of your institution’s documentation
     guidelines to the study researcher at: [insert email]
   • Title your email “Illinois Documentation Guidelines Study”. This information will help
     the research team to identify both unique and common disability documentation practices
     that exist across colleges and universities in Illinois. Thank you.

Thank you for your participation in this important research!
1. Copy text of documentation guidelines from each institution into Microsoft Word document for coding.

2. Remove all formatting so that each document contains plain text.

3. Use “find” function to begin coding key words and phrases.

4. Once finished with quantitative coding for each institution, begin qualitative coding of key concepts.

5. Code key concepts within each set of documentation guidelines that align with the models.

6. Use coding to align each set of guidelines with one of the major frameworks listed below.

<table>
<thead>
<tr>
<th>Framework</th>
<th>Key Words/Phrases</th>
<th>Key Concepts</th>
</tr>
</thead>
</table>
| **Individual** | -“Level the playing field”  
-Compensate  
-Individualized accommodations  
-Services | -Individualized accommodations  
-Medically-defined  
-Documentation must be from a medical or psychological provider |
| **Social** | -Access  
-Impairment  
-Advocacy  
-Changing Attitudes  
-Barrier | -Advocacy for Disability Rights  
-Barrier reduction  
-May include Universal Design  
-Consultation  
-Disability is a social phenomenon |
| **Universal** | -Access  
-Universal Design  
-Inclusion  
-Proactive  
-Barrier | -Universal Design  
-Barrier adjustment  
-Consultation  
-Inclusive environments |
| **Hybrid** | *Includes key words and phrases from multiple models | *Elements of both individualized accommodations and barrier reduction |
APPENDIX D

IBHE COMMUNICATION TO SURVEY PARTICIPANTS
(March 2015)

Email and Paper Mailing Text:

Date-

Dear Disability Services Colleague,

Please carefully read this entire message.

The Illinois Board of Higher Education (IBHE) Disabilities Advisory Committee has developed a survey on disability documentation practices, and your institution’s participation in this important statewide research is requested. This work has been developed by members of the Disabilities Advisory Committee Documentation Subcommittee under leadership of subcommittee chair Scott Friedman. He is currently Dean of Student Engagement at Moraine Valley Community College. He recently served as Director of Disability Services and 504/ADA Coordinator at Harper College, and is collaborating as a student-researcher as part of his doctoral program at the University of Illinois at Chicago.

The purpose of this research is to complete a “state of the state” evaluation of common disability documentation guidelines practices in Illinois, and to determine if any factors impact practices at different types of institutions. This study will take a snapshot of practices at one time, and will be the first major study to evaluate practices across a single state. The information you provide will be about the practices at your specific institution, and will not ask about any students.

In addition, a secondary purpose of this research is to assist the IBHE Disabilities Advisory Committee to develop a publicly-available statewide summary resource about institutional services and the documentation practices. All colleges and universities are encouraged to participate so that prospective students with disabilities, families, K-12 educators, and your fellow Disability Services colleagues can access this critical information.

In order to participate, you must be:

- At least 18 years of age; and,
- Be the lead Disability Services administrator at your institution. (As you likely know, there is no comprehensive listing of these individuals so we would greatly appreciate that you forward this information to the lead Disability Services administrator if you do not hold this position. Thank you.)
APPENDIX D (continued)

Because this information has never before been collected on a large scale, the research team is anticipating it will take participants about one hour to complete all aspects of the survey. The link below will take you to the survey. Should you have any questions, we encourage you to connect with Scott via email at [insert email], or by phone to [insert phone].

[insert hyperlink to survey]

Again, participation from every institution is critical to this work. Thank you for the outstanding work you do to make Illinois a leader in the success of college students with disabilities.

Scott N. Friedman  
-Dean of Student Engagement  
-Chair of the Disabilities Advisory Council Documentation Subcommittee  
Moraine Valley Community College
APPENDIX D (continued)

Follow-Up Phone Call Prompts:

Greeting: Good day, this is Scott Friedman calling on behalf of the Illinois Board of Higher Education’s Disabilities Advisory Committee. I am calling in regard to a recent message sent to you about participating in an important statewide research survey about disability documentation practices.

- If prospective participant is unaware, the email message from above will be forwarded.

- If prospective participant has questions, they will be answered.

- If prospective participant informs PI that participation is not possible, a reason will be requested.
  - Additionally, a request will be made to have another staff member within that Disability Services office participate on behalf of the lead administrator.
  - If prospective participant informs PI that participation will not occur, PI will thank prospective participant and make note to have not further requests to participate in the study.

Closing: Thank you again for your consideration. Should you have any other questions, please feel welcome to contact me. Thank you. Good bye.
University of Illinois at Chicago
Research Information and Consent for Participation in Social Behavioral Research
Disability Documentation Guidelines in Higher Education:
A Survey of Disability Support Services Practices in the State of Illinois

You are being asked to participate in a research study. Researchers are required to provide a consent form such as this one to tell you about the research, to explain that taking part is voluntary, to describe the risks and benefits of participation, and to help you to make an informed decision. You should feel free to ask the researchers any questions you may have.

Principal Investigator Name and Title: Scott Friedman, Doctoral Student
Department and Institution: Disability and Human Development, University of Illinois at Chicago
Address and Contact Information: 1640 W. Roosevelt Road (MC 626), Chicago, Illinois 60608; [email address]
Sponsor: Fabricio Balcazar, Ph.D., Dissertation Advisor

Why am I being asked?

You are being asked to participate in a research study about documentation guidelines for students with disabilities at colleges and universities within the state of Illinois. You have been asked to participate in this research because you have been identified as a Disability Services administrator, and/or your institution is recognized to operate in Illinois by the Illinois Board of Higher Education.

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relationship with the University of Illinois at Chicago or the Illinois Board of Higher Education. If you decide to participate, you are free to withdraw at any time without affecting that relationship.
Approximately 225 participants may be involved in this research at UIC.

What is the purpose of this research?

The purpose of this research is to complete a “state of the state” evaluation of common disability documentation guidelines practices in Illinois, and to determine if any factors affect practices at cohorts of institutions. This study will take a snapshot of practices at one time, and will be the first major study to evaluate practices across a single state. The information you provide will be about the practices at your institution, and will not ask about any specific students. A secondary purpose will help the Illinois Board of Higher Education’s Disabilities Advisory Council to develop a publicly-available statewide resource about these documentation practices.

What procedures are involved?

This research will be performed through an online survey and a follow-up email. The study procedures include completing the following:

- Online survey, and
- Sending via email a copy of your institution’s disability documentation guidelines to the researcher

It is expected that your participation will take approximately 45 minutes.

What are the potential risks?

To the best of our knowledge, participating in this research has no more risk of harm than you would experience in everyday life. A risk of this research is a loss of privacy (revealing to others that you are taking part in this study) or confidentiality (revealing information about you to others to whom you have not given permission to see this information). This risk is mitigated in several ways to help protect the specific demographic information you provide as a participant.

Are there benefits to taking part in the research?

Taking part in this research study may not benefit you personally, but the research team may learn new things that will help inform Disability Services Professionals across the country about leading documentation practices. The state-wide resource will be directly beneficial to students and families transitioning to colleges and universities.

What other options are there?
APPENDIX E (continued)

You have the option to not participate in this study. Even if you choose not to participate in the actual research survey, you may still be contacted in the future by members of the Illinois Board of Higher Education’s Disabilities Advisory Committee to share information about your institution’s disability documentation guidelines for the state-wide resource.

What about privacy and confidentiality?

The people who will know that you are a research participant are members of the research team. Otherwise information about you will only be disclosed to others with your written permission, or if necessary to protect your rights or welfare or if required by law. Personal information collected will be recoded, and all demographic data will be kept in a password protected database accessible only to the research team. The vast majority of information being collected is publicly-accessible in nature (institutional procedures and guidelines could be accessed as a FOIA-able document).

When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity. The vast majority of analysis will be based upon cohorts of similar institutions. Any exception to this would require your written authorization in advance. For example, if we wanted to present a particularly innovative practice at an institution, written authorization would be requested in advance.

Portions of the data you provide in the survey will be shared with the Illinois Board of Higher Education for research and resource purposes, but survey data will not be wholly given over. Questions related to demographic factors (specifically the first 12 questions of the survey) are for investigator research purposes only, and this data will not be provided to the Illinois Board of Higher Education. When information about this research is shared, demographic data will only be provided in aggregate form.

Can I withdraw or be removed from the study?

If you decide to participate, you are free to withdraw your consent and discontinue participation at any time.

Who should I contact if I have questions?

Contact researcher Scott Friedman, Doctoral Student, at [phone number] or email address: [email address]. If you have questions, concerns or complaints about the research, you may contact Fabricio Balcazar, Ph.D., Faculty sponsor, at [phone number] or [email address].

What are my rights as a research participant?
If you feel you have not been treated according to the descriptions in this consent, or if you have any questions about your rights as a research participant, including questions, concerns, complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 312-996-1711 or 1-866-789-6215 (toll-free) or e-mail OPRS at uicirb@uic.edu.

**Remember:**

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Illinois at Chicago or the Illinois Board of Higher Education. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

**Authorization to Participate:**

By clicking “Agree, Continue to Study” below, you give your consent to participate in the research study.
CITED LITERATURE


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VITA

NAME: Scott N. Friedman

EDUCATION: Ph.D., Disability Studies, University of Illinois at Chicago, Chicago, Illinois

M.Ed., Special Education, University of Illinois at Chicago, Chicago, Illinois

M.S.Ed., Adult and Higher Education, Northern Illinois University, DeKalb, Illinois

B.A., Environmental Management; Geography and Environmental planning, Elmhurst College, Elmhurst, Illinois

A.A., Elgin Community College, Elgin, Illinois

PROFESSIONAL EXPERIENCE: Dean of Student Engagement, Moraine Valley Community College

Director and 504/ADA Coordinator, Center for Access & Disability Services, William Rainey Harper College

TEACHING EXPERIENCE: College Introduction, Moraine Valley Community College

Department of Education, Elmhurst Life Skills Academy, Elmhurst College, Elmhurst, Illinois

HONORS: Student Presenter Award, University of Illinois at Chicago, 2010

Student Presenter Award, University of Illinois at Chicago, 2009

Senior Student of the Year Award, Elmhurst College, presented by the Illinois Geographical Society, 2005

PROFESSIONAL MEMBERSHIPS: AHEAD, Association on Higher Education and Disability

ICCCA, Illinois Council of Community College Administrators

ILLOWA, Illinois-Iowa AHEAD

NACADA, National Academic Advising Association

NASPA, Student Affairs Administrators in Higher Education

NODA, Association for Orientation, Transition, and Retention


SELECTED PRESENTATIONS:


Friedman, S. N., & Bennett, L. (2011, November 8). Reconsidering conduct and behavioral intervention practices: Perspectives that include students with disabilities. General interest session presented at the 2011 NASPA Region IV-E conference, Evanston, IL.


Cooper, B., Raffay, A., & Friedman, S. N. (2011, February 14). Empowering students with IEP and 504 plans in the college search and transition process. Invited presentation at the CollegeBoard 2011 Midwestern Regional Forum, Chicago, IL.

Friedman, S. N. (2010, November 8). Innovation and preparation for serving veterans and emerging students with disabilities. Featured session presented at the 2010 NASPA Region IV-E conference, Minneapolis, MN.

Friedman, S. N. (2010, March 23). Innovation and preparation for serving emerging students with disabilities. General convention program presented at the 86th annual ACPA Convention, Boston, MA.

Friedman, S. N. (2010, March 22). Creating simple institution-wide accessibility and inclusion. General convention program presented at the 86th annual ACPA Convention, Boston, MA.

Friedman, S. N. (2010, March 8). Student affairs staff as effective disability trainer-advocates. Disability Knowledge Community sponsored session presented at the 2010 NASPA annual conference, Chicago, IL.


presented through the Americans with Disabilities Act Audio Conference Series, ADA Great Lakes Center, Chicago, IL.


Friedman, S. N. (2006, September 30). *Engaging students outside of the classroom*. Roundtable facilitator at the annual Adult and Higher Education Student-Faculty Retreat, Northern Illinois University, DeKalb, IL.
