TERTIARY STUDENTS WITH DISABILITIES

A RESOURCE GUIDE FOR STAFF*

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND
Te Whare Wānanga o Tāmaki Makaurau

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Preface

The production of this resource guide was made possible through the collaborative funding of the New Zealand Universities of Lincoln, Canterbury, Waikato, Auckland, and Massey. Inspiration for the project must in part go to a model developed by the Universities of Adelaide, South Australia and Flinders who obtained federal funding to produce UNIABILITY – A resource guide for staff of the three Universities. The South Australian Project team were generous to a fault in the timely provision of advice and product in the development stages of our New Zealand project. In this regard it is pleasurable to acknowledge the support and assistance provided by Norman Habel, Julia Della Flora, Debra Clark, and Melissa Madsen. Sue Hackney in particular deserves special mention, not only for the meticulousness and quality of her research, but also for her willingness to provide this information to the New Zealand project team with noteworthly collegiality.

This project initiated through the Equal Opportunities Disabilities Committee of Massey University and received final approval at a New Zealand Vice Chancellors' Committee meeting in late 1994. Funding was secured in early 1995 and the project commenced in March 1995. A Project Steering Committee was established to oversight the venture and initially consisted of Herbert Biggs and Bruce Leask of Massey University, Dan Sauers of Lincoln University, Jonathan Carson of Canterbury University, Wendy Craig of Waikato University, and Kathy Crawford of Auckland University. The Universities of Otago and Victoria, although supportive of the project, had resource material currently in use on their campuses which they felt contemporary and suitable for continued use in the immediate future.

The New Zealand Disability Resource Centre, a national centre with wide expertise in rehabilitation and disability support service issues, was engaged to research and prepare this resource guide. Rosemary Harris of the NZDRC was the principal research officer for the Project and worked closely with the Project Steering Committee and the various agencies and individuals who contributed to the development of the resource. The Committee owes a debt of gratitude to Rosemary for her professional skills in research and acquisition of suitable material and her liaison skills in particular. Susanne Dwyer, NZDRC's graphic designer, is to be commended for the layout and graphics of the resource manual. The Committee extends its thanks to Rosemary and Susanne for their enthusiasm and professionalism. Further thanks are extended to Carol Searle, General Manager of NZDRC, who was instrumental in accepting the project contract at a very busy time for her own organisation.

Within the time frame available an extensive consultation process took place to enable agencies and individuals to comment on, and contribute to, the material contained herein. Acknowledgements of these contributions are placed appropriately within the resource manual. The effort that these agencies and individuals contributed was a major source of strength to the project and sincere thanks are extended for these efforts. In regard the contributions from the disability liaison officers at each of the participating Universities was extensive and timely.

Preface

Material accessed from acknowledged sources has been used with permission of the copyright holders and noted accordingly. At the end of each section references and/or agency information is provided. Neither is intended to be an exhaustive listing and the reader is referred to the disability liaison officers at each University and community resources available in each region.

Acknowledgement is made of information used from the *AccessAbility Kit* produced by Griffith University. Such use has occurred with the permission of the owners. Reproduction of this material for commercial purposes or by persons outside the participating Universities of Lincoln, Canterbury, Waikato, Auckland, and Massey is in breach of the copyright held by Griffith University. Persons wishing to make such a use are directed to Associate Professor Des Power, Centre for Deafness Studies and Research, Faculty of Education, Griffith University, Queensland 4111, Australia.

It is expected that this resource manual will be made widely available to teaching and administrative staff within the participating Universities. The intention is to enable teachers in particular to understand more fully the needs of individual students and to adapt the learning environments to better assist all participants in the education process. The resource will need periodic updating as agencies and individuals change and it is expected that the participating Universities will meet these challenges as they arise. Comments and feedback to assist in this process would be most welcome and can be directed to the Equal Opportunity Disabilities Committee at Massey University.

Herbert Biggs
Project Coordinator
December 1995

*Foreword**

The staff of the Universities who collaborated under the guidance of Herbert Biggs to produce this Handbook in 1995, did an excellent job. The fact that most of the material is as relevant today is a credit to those who wrote it.

This 2006 re-print is for departmental use at the University of Auckland only. Alterations are in the areas of up-dated statistics, new systems or technology, some changed language as appropriate, test and examination information within the regulations of this University and contact details. The book retains its spirit and is hopefully a specific and detailed guide for staff who have students with disabilites in their classes.

Lynne Crabb
Manager – Disability Services
University of Auckland
July 2006

Foreword

It is a pleasure to introduce to you this Resource Manual for University staff who interact with students with disabilities.

Our respective universities are committed to providing opportunities for the educational advancement of all our students. The increasing number of students with disabilities who are now enroling must be accorded such opportunities and it is intended that the guidelines set out in the manual will help to ensure that this happens.

This is the first document which the universities have produced. It is designed to focus on the needs of students with disabilities and to be a comprehensive and useful resource. The various sections provide a definitions of terms, outline legal issues and obligations and aim to dispel some of the myths and misconceptions. As well, they provide information on how to approach students with disabilities and how to meet the needs of those with specific difficulties.

We hope that you will read the document and keep it readily available. It is a resource we are pleased to commend to you.

Sir Neil Waters
Vice-Chancellor
Massey University

Professor W G Carson
Vice-Chancellor
University of Auckland

Professor B C Gould
Vice-Chancellor
University of Waikato

Professor A D Brownlie
Vice-Chancellor
University of Canterbury

Professor B J Ross
Vice-Chancellor
Lincoln University

Section 1

INTRODUCTION

Since the 1960s and 1970s there have been fundamental shifts in the way that disability issues are defined and approached. In the past disability was examined either from a medical model that focused on individualised functional impairments, or from an economic approach that emphasised vocational limitations. A new framework has emerged which interprets problems as more often the result of barriers occurring in the physical and social environment, rather than individual deficiencies.

The Human Rights Act is based on the simple idea that wherever possible, all citizens should have fair access to the resources of our society: whether they be jobs, public amenities, goods and services, or education.

From 1 February 1994, the Human Rights Act made it unlawful to deny people access to these resources on a number of new grounds. Parliament added disability to the list of grounds on which discrimination is now not permitted.

The intention of the Act is to give people equal opportunity before the law and to prevent unfair treatment on the basis of irrelevant characteristics. It is a major step toward a fairer society in Aotearoa-New Zealand.

All universities are now required to accept as students any people with disabilities who meet the entrance criteria. This means that we are likely to have within the university community many more students with a much wider range of disabilities.

As the number of students with disabilities increase, there are new demands being placed on aspects of teaching practice and classroom management. Students who have varying degrees of deafness or blindness, students who use wheelchairs or who have manipulative disabilities, students who have psychological or learning disabilities and students with a range of disabling medical conditions all place new and different pressures on university staff.

This resource guide is designed to inform teaching and administrative staff about the needs of students with disabilities. There are three main principles underpinning the material:

- while some students with disabilities may learn or perform in ways different from others, they are first and foremost students
- students with disabilities have the same rights and responsibilities as other students
- students with disabilities are not an homogenous group: their individuality, particular strengths, aspirations and needs must be recognised.

The information provided in this guide includes: a brief description of the university policy on students with disabilities; legal responsibilities; common myths or misperceptions about disability; appropriate language and behaviour; an overview of general issues associated with teaching students with disabilities and individual sections on teaching students with different disabilities. The guide also includes information on special conditions for tests

and examinations, curriculum modification for students with disabilities, safety issues and library services.

The final sections provide a description of physical access and restrooms on campus, the contact details of staff from Disability Services and accommodation information.

The people who have contributed to the development of this guide, hope that the information provided will promote understanding of the needs of students with disabilities and contribute to the further development of university environments dedicated to equality of educational opportunity for all.

SOURCE MATERIAL

Acknowledgement is made of material from the following sources and where appropriate, is uded with permission:

- Human Rights Commission (1994). *A guide to the human rights act.* Wellington: Human Rights Commission.
- *Uniability: Students with disabilities in higher education: A resource guide for staff.* (1993). Adelaide, South Australia: Flinders University of South Australia, University of Adelaide, Unaiversity of South Australia.

Section 2

Definition of Terms

The World Health Organization provides the following standard definitions for understanding disability and its implications.

Impairment

Any loss or abnormality of psychological, physiological, or anatomical structure or function, which may result in a disability.

Disability

Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Different disabilities have disparate implications: disabilities may be slight, moderate, severe, profound, short term, long term, relapsing, visible, hidden, or multiple. They may affect hearing, vision, intellectual function, learning, mobility, speech, or mental health.

Disability may also be the result of a huge range of medical conditions such as: epilepsy, multiple sclerosis, arthritis, diabetes or HIV/AIDS. The time of origin of disability may be before or during birth (congenital), or later in life as a result of disease, injury or aging (acquired).

Handicap

A disadvantage for a given individual resulting from an impairment or a disability that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social or cultural factors) for that individual.

Handicaps refer to the social disadvantages experienced as a result of impairments and disabilities. Social disadvantages include a limited ability to perform tasks in areas relating to self care, mobility, verbal communication, education and employment. Handicap reflects interaction with and adaptation to surroundings.

The distinction between handicap and disability is important. A handicap is not an attribute of a person but rather, a loss of, or a limitation to, the ability to participate in community life on an equal level with others due to physical and social barriers. It represents the social consequences that result from having a disability in an environment that does not cater for disability.

Handicaps also result from over-emphasis on institutional service solutions, impoverishment due to high health costs, barriers which block access and mobility and lack of special provisions.
'Handicapism' and 'ableism' refer to stereotyping, prejudice and discrimination practices occurring in society.

An impairment may lead to a disability, which may lead to a handicap. For example, a nineteen year old student is involved in a traffic accident and his spinal cord is seriously damaged. The impairment is the damaged spinal cord. The disability is the inability to walk. One of the handicapping effects is problems with access to buildings.

Section 2

Definition of Terms

In diagrammatic form, the World Health Organization framework can be represented as:

Condition	*Function*	*Social Consequences*
IMPAIRMENT	DISABILITY	HANDICAP

Reasonable accommodation

Reasonable accommodation is used within anti-discrimination law to ensure equal treatment in practice for people with disabilities. This principle asserts that wherever possible, necessary and 'reasonable' to do so, the usual policy or practice will be varied to meet the needs of a person with a disability, rather than requiring that person to accept practices developed with other circumstances in mind.

This means that academic and administrative staff, wherever it is possible and reasonable to do so, should take into account a student's disability and make appropriate adjustments to the learning environment to lessen the impact of the disability. This term covers campus design, including the provision of equipment, access and course design.

Source Material

Acknowledgement is made of material from the following sources and where appropriate is used with permission:

- *International classification of impairments, disabilities and handicaps: A manual of classification relating to the consequences of disease.* (1980). Geneva: World Health Organisation.
- Jordan, M., Rodgers, N (n.d.) *Alternative assessment for students with disabilities.* Queensland, Australia: Griffith University.
- *Uniability: Students with disabilities in higher education: A resource guide for staff.* (1993). Adelaide, South Australia: Flinders University of South Australia, University of Adelaide, University of South Australia.

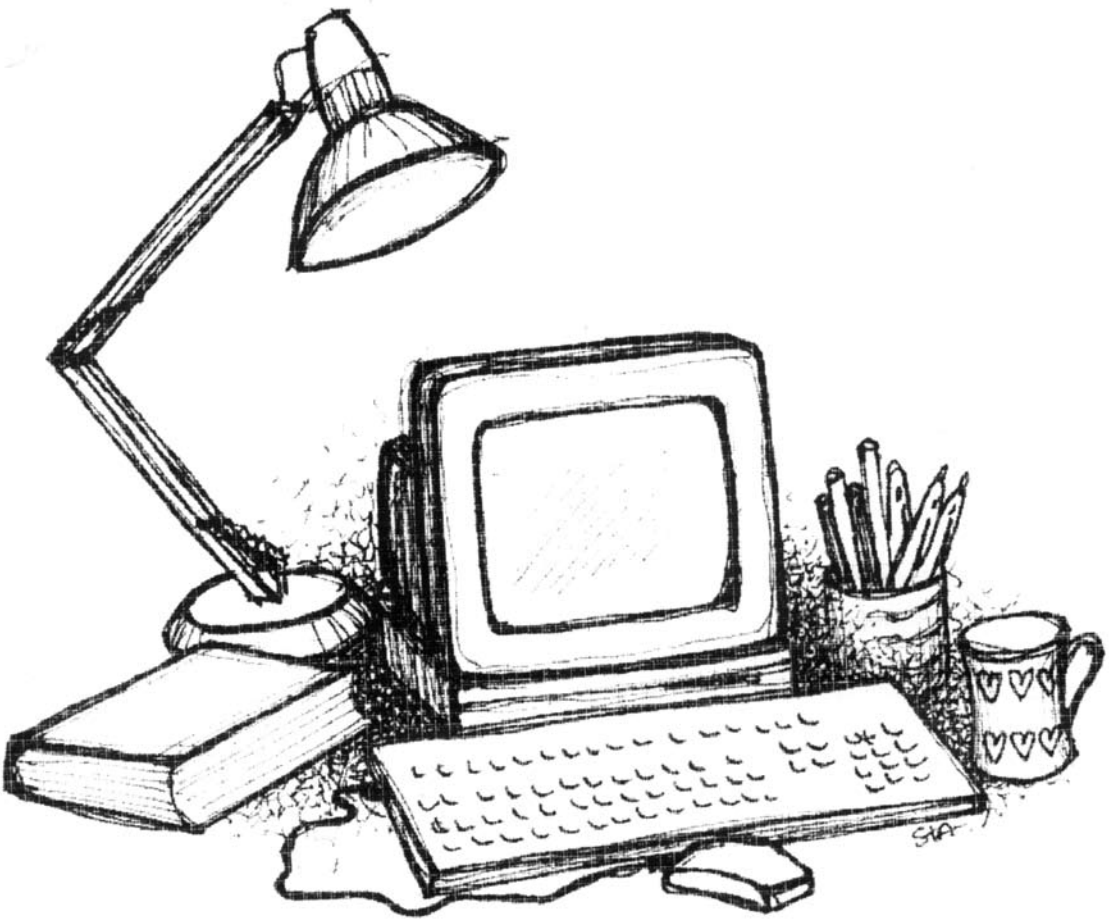
Section 3

Statistical Information

Incidence of People with Disabilities in the New Zealand Community

The 2001 New Zealand National Census found that 743,800 people or 20% of the population reported a disability. This 1 in 5 figure reflects the fact that one fifth of our population could require consideration of disability related accommodations.

'Disability and long-term illness' covers any disability, long-term illness, health condition or functional limitation reported by respondents to the Health Survey.



Section 3

Statistical Information

Students with Disabilities in Universities

It is difficult to provide accurate data on the total number of university students with disabilities in New Zealand, as there is no uniform definition of disability or standardised reporting procedure. Universities generally rely on students to disclose their disability on enrolment.

Many do, but many others do not for a variety of reasons such as – I must have missed that question, I thought I'd filled it in but couldn't have, why should I, it may prevent me getting into my course, I thought I could manage by myself, my disability has worsened, I acquired my disability after enrolment.

For these reasons, the credibility of data regarding the incidence of disability in this University population, is unreliable.

Source Material

Acknowledgement is made of material from the following sources and where appropriate, is used with permission:

- Statistics New Zealand.

Section 4

University Policy and Entry Schemes

Admission

Most New Zealand secondary school students gain entry to The University of Auckland through the National Certificate of Educational Achievement (NCEA), Cambridge International Examinations (CIE) or International Baccalaureate (IB) qualifications. There are various requirements according to the chosen course of study so it's advisable to visit the website *www.auckland.ac.nz/admission* or contact the Admissions office on (09) 373 7599 ext 85013 or 82867 for information and advice.

If you are over 20 years of age you may be eligible for Special Admission and should contact the University by email *studentinfo@auckland.ac.nz* or phone 0800 61 62 63 for further advice.

Enrolment is a process which requires prospective students to make an application online at *www.auckland.ac.nz/apply_now*. Hard copy forms are available on request by email to studentinfo@auckland.ac.nz or by phoning 0800 61 62 63. Your application will be acknowledged and assessed for eligibility. Once eligibility has been gained you begin the process of enrolment in courses. All steps are clearly explained in the annual University Prospectus and within the online process.

Assistance in the application and enrolment process for prospective students with disabilities is available from Disability Services. Contact can be made by email *disabilities@auckland.ac.nz*, phone (09) 373 7599 ext 82936, 88808 or 87330.

Equal Employment Opportunities Policy

The University of Auckland is committed to the principle and practice of equity. It therefore opposes unfair discrimination on the ground of gender, race, disability, marital status, sexual orientation, age, religion, or on any other grounds, or through harassment.

The University of Auckland is committed to meeting its responsibilities under the Treaty of Waitangi. It also aims to redress under-representation of other groups; in particular women, Pacific Islanders, members of other ethnic minorities and people with disabilities.

The University aims to provide an inclusive environment for both staff and students who have disabilities. In addition to University policy and Equal Opportunities Strategic Plans, the University is guided by its responsibilities under the Education Amendment Act (1990), Code of Practice for Design for Access and Use of Buildings and Facilities by Disabled Persons (NZS 4121:2001) and the Human Rights Act (1993).

Enrolment

Students with a disability, medical condition and/or injury are invited to disclose this information at enrolment. Student disclosure assists the Disability Services with planning so that the specific needs of students with disabilities can be met adequately, both now and in the future.

Enrolment is electronic (online) but assistance is available at –
Admissions and Enrolment
Room 126
The ClockTower
22 Princes St
Auckland
Telephone 0800 61 62 63
Fax 0800 61 62 64
Email studentinfo@auckland.ac.nz

Section 5

Legal Issues

Introduction

The obligation to accommodate the needs of students with disabilities in higher education extends beyond individual moral responsibility and university policy commitments to legal responsibilities. Human Rights legislation provides protection against discrimination on the grounds of disability. This protection includes both direct and indirect forms of discrimination:

Direct Discrimination

Direct discrimination occurs when a person is treated less favourably than another person in the same or similar circumstances. It also occurs if a person is treated less favourably on the basis of an assumption about them.

Indirect Discrimination

Indirect discrimination occurs where there is a condition or requirement imposed (for example in the format of assessment in a subject) which may be the same for everyone, but which unfairly excludes or disadvantages people with disabilities.

Both forms of discrimination are unlawful if they occur on certain grounds and in certain areas of public life. Discrimination that relates to past circumstances is unlawful.

It is also unlawful for a person who is a staff member of an educational institution to:

- harass a student on the basis of disability.
- victimise (threaten or treat unfavourably) a student with a disability who has lodged a complaint under anti-discrimination legislation.
- discriminate against someone who is the relative or associate of a person with a disability.

Should a complaint be made, the Human Rights Commission can proceed in two ways. It can try to settle the complaint immediately through conciliation, or it can investigate first without initial conciliation and then try to bring about a settlement, if the Commission considers the complaint has substance.

If early settlement is unsuccessful, or inappropriate, an investigation is begun. The person against whom the complaint has been made is informed of the complaint and of his or her right to respond to the allegations in writing.

An investigation is conducted in private. It may include talking to relevant parties and witnesses and looking at documents. The Complaints Officer then writes a report on the case for the Commission. Both sides have a chance to comment on the information in the investigation report. The Commission will then form an opinion on whether there is substance to the complaint. If there is, it will try to settle the matter.

Commission staff work with the parties to reach settlement. They may call round table meetings, meet people on a one-to-one basis and negotiate by phone, fax or letter. Settlements are varied and may include compensation or apology and an assurance against repetition.

When a settlement cannot be reached, the Proceedings Commissioner decides whether to take a complaint to an independent both called the Complaints Review Tribunal. If the Commission does not find substance to a complaint, or the Proceedings Commissioner decides not to take the matter to the Tribunal, complainants can take it there themselves.

The Tribunal functions like a Court. It hears the complaint from the beginning and makes a binding decision. If it finds in favour of a person, it can award damages and order other remedies.

LEGISLATION

The Disabled Persons Community Welfare Act: 1975

The preamble to this Act, is that it is an Act to make a better provision for financial and other assistance in respect of people with disabilities and for the support of voluntary organizations concerned with providing facilities for the community welfare, employment, training and day care of people with disabilities.

The Accident Compensation Acts: 1972, 1973, 1975

The Accident Compensation Act is based on the concept of no fault compensation and five fundamental principles of: community responsibility, comprehensive entitlement, complete rehabilitation, real compensation, and administration efficiency.

Every person who suffers personal injury is responsible as far as possible for his or her own rehabilitation and is entitled to receive assistance to the extent provided for in the Act.

State Sector Amendment Act: 1989

Equal Employment Opportunities (EEO) is a planned, results orientated programme designed to achieve equality in the workplace. This means that everyone receives fair treatment regardless of their gender, ethnicity, religion, age, disability or sexual preference. EEO offers everyone the same chance the develop and progress in the workplace. All Government Departments, Crown Health Enterprises and many State Owned Enterprises have had EEO programmes in place for some years.

Section 5

Legal Issues

The Building Act: 1991

This Act requires that for the construction or alternation of any building to which the public are admitted, whether on payment or otherwise, *reasonable and adequate* provision by way of access, parking provisions and sanitary conveniences, shall be made for people with disabilities who may be expected to visit or work in that building and carry out normal activities and processes.

The Health and Disabilities Act: 1993

This legislation covers equipment for people with disabilities funded by Vote: Health. Regional Health Authorities are contracted to purchase the following services for people with disabilities: assessment services, service co-ordination services, home-based services, residential support services, rehabilitation/habilitation services, treatment services, information services and vocational assessment services.

The Privacy Act: 1993

The Privacy Act promotes and protects individual privacy. It establishes principles with respect to the collection, use and disclosure by public and private sector agencies, of information relating to individuals. This includes access by each individual to information relating to that individual and held by public and private sector agencies. It also provides for the appointment of a Privacy Commissioner to investigate complaints about interferences with individual privacy.

The Human Rights Act: 1993

The Human Rights Act 1993, replaced the Human Rights Commission Act and the Race Relations Act. It includes both new and old grounds of unlawful discrimination and took effect from 1 February 1994.

Under the Act, disability is defined as:

- ➢ Physical disability or impairment
- ➢ Physical illness
- ➢ Psychiatric illness
- ➢ Intellectual or psychological disability or impairment
- ➢ Any other loss or abnormality of a body or mind function
- ➢ Reliance on a guide dog, wheelchair or other remedial means
- ➢ The presence in the body of organisms capable of causing illness

The areas where protection against discrimination exist are:

- ➢ employment
- ➢ education
- ➢ access to public places
- ➢ provision of goods and services
- ➢ housing and accommodation

It is not unlawful to treat people with a disability differently if the intention is to ensure that their special needs are met. In fact there is an obligation under the Act to 'reasonably accommodate' people with disabilities (see Section 2).

SOURCE MATERIAL

Acknowledgement is made of material from the following sources and where appropriate is used with permission:

- Human Rights Commission (1994). *A Guide to the human rights act*. Wellington: Human Rights Commission.
- *Uniability: Students with disabilities in higher education: A resource guide for staff. (1993).* Adelaide, South Australia: Flinders University of South Australia, University of Adelaide, University of South Australia

Section 6

Common Misperceptions About Disability

Reviewing, and then perhaps revising, perceptions and attitudes are initial and vital steps in successfully accommodating students with disabilities in university settings. It is useful to compare some common myths about the education and employment of people with disabilities to the reality.

Misperception

Equal opportunity means that everyone should be treated the same – so students with disabilities are not entitled to support services.

Reality

Equal opportunity does not mean that everyone should be treated the same, rather, that people receive appropriate support to enable them to achieve their potential.

Support is provided to compensate only the loss of function that the disability presents – nothing more, nothing less.

Many students with disabilities who are educationally qualified to enter university start from a position of disadvantage, compared to other students. Reading and processing information, conducting library research, preparing assignments, photocopying and campus movement may all present far greater difficulty for them than for other students. Support through appropriate equipment, procedures and resource personnel is often essential to ensure access to educational opportunity is real, and not just a token gesture.

Students do not require an (unfair) advantage or even 'extra' consideration. What is needed are the resources to enable them to compete on equal footing with peers. The required resources need to be determined well before exams are taken and assignments are due, so that consideration after the fact does not have to occur.

Misperception

Students with disabilities are too time consuming and their needs are too difficult to cater for in a university environment.

Reality

Students with disabilities are highly motivated to attend university and overcome any barriers they may encounter during their education. They are usually very well organised and experienced in finding solutions to barriers occurring in the environment. Although a 'problem' may initially appear daunting to university staff because they have not faced it before, it is quite likely that the student with the disability has encountered a similar situation previously and can identify possible solutions and/or alternatives. Provided fair educational opportunity is offered through adequate support, most students with disabilities achieve well at university.

Misperception

Science, medical, technological, business and applied science courses are not suitable for students with disabilities.

Reality

These statements stem from preconceived ideas about the capabilities of people with disabilities, about the possibilities for accommodating them in the course, and about future employment options.

Students with disabilities have the same right as other students to aim for careers consistent with their goals, interests and abilities. In 1985, an American National Survey of the career aspirations of full-time first year students showed comparable distribution of career choice for students, whether or not they had a disability. If courses are suited to the goals, needs and abilities of students, as assessed by them and their advisors, enrolment should not be refused because of such preconceptions.

Section 6

Common Misperceptions About Disability

Misperception	**Reality**
Students with disabilities create substantial costs through the need to provide extra equipment and additional staff time.	Not all students will require the university to provide them with special equipment or additional learning support staff. Site modifications, can be simple and low cost. Accessibility to all buildings and facilities and teaching and learning material is a legal requirement. These accommodations are also of great benefit to other members of the university community and the public at large. Time requirements to support people with disabilities do not have to be burdensome. In many cases, using procedures **appropriate** to the person takes less time than the use of inappropriate procedures, and is far more effective. Any extra time taken for preparation of teaching material to accommodate students with disabilities is nearly always of benefit to other students in the class who may be reluctant to disclose their difficulties. Support personnel, such as tutors and note takers, usually assist the student with a disability independently of academic staff and the cost of employing these personnel should be normally met by the funds provided to Disability Services.

Section 6

Common Misperceptions About Disability

Misperception

Students with disabilities are more likely to drop out of courses than other students, even when given support.

Reality

Students with disabilities may withdraw from study for the same range of reasons as other students, but they are no more likely to do so.

Misperception

People with disabilities will be less attractive to employers because they will be less efficient, less reliable, or unsafe employees.

Reality

Many field workers and a number of research studies indicate that this is untrue. People with disabilities value their work role, have fewer injuries and many are more efficient and lose fewer work days than people working with them who did not have a disability.

For example:

- The Du Pont Corporation's study of its 1452 workers with a wide range of disabilities at all organisational levels found that over 90 percent of them were average or above in job performance and safety. This exceeded the percentage of employees without disabilities.

- A pilot survey among workers at General Motors Holden plant in Melbourne in 1981, showed that those with disabilities (almost 3 percent of the work force) had marked superiority in attendance, productivity and work practices.

Section 6

Common Misperceptions About Disability

Misperception

Students with disabilities are better off if they study through extramural courses.

Reality

Confinement to extramural study alone can restrict opportunities for interaction in a stimulating social and intellectual climate. Many qualified students with disabilities want to be on-campus students – they should have that option.

If, however, a person considers that extramural study would be a preferred method of studying, there are a range of courses available at other New Zealand institutions which offer the appropriate accommodations this handbook outlines.

Section 6

Common Misperceptions About Disability

Source Material

Acknowledgement is made of material from the following sources and where appropriate is used with permission:

- *Reasonable accommodations: Strategies for teach university students with disabilities.* (1991). Sydney, Australia: Macquarie University, University of New South Wales, University of Sydney and University of Technology, Sydney.
- Stephens, M., Power, D., Hyde, M. (1991). *AccessAbility*. Queensland, Australia: Griffith University.
- *Uniability: Students with disabilities in higher education: A resource guide for staff. (1993).* Adelaide, South Australia: Flinders University of South Australia, University of Adelaide, University of South Australia.

Section 7

Appropriate Language and Behaviour

The language of disability is an important factor in educating others, building self-esteem and crushing myths. It has been recognized that people with disabilities are more likely to be 'disabled' by prejudicial and condescending attitudes encountered in society, than by their actual disability.

When interacting with people with disabilities, individuality – rather than disability, should be the focus of communication. If disability is the topic of conversation or an assignment, the preferred term is 'people with disabilities'. This highlights the fundamental humanity of individuals with disabilities and avoids connotations of objectification.

Recommendations for interactions with people with disabilities are as follows:

- It is inappropriate to use the article 'the' with an adjective to describe people with disabilities. Similarly, be cautious using the term 'disabled students': this portrays people as disabled first and students second.
- Using terms such as 'handicapped', 'physically challenged', differently abled', survivor', 'victim', 'sufferer' are strongly discouraged. The terms 'victim' and 'sufferer' infer that the individual is powerless and also dehumanises a person who has, or has had, a disability or illness.
- Do not imply that people with disabilities are to be pitied, feared, ignored, or that they are in some way more heroic, courageous, tolerant or 'special' than others.
- Terms that denote the disability as a restriction, such as 'confined to a wheelchair' should be avoided: the wheelchair provides new opportunities, rather than restriction.
- When referring to people who do not have disabilities, terms such as 'normal', 'able bodied', 'ordinary', should not be applied.

Appropriate Language Usage	Inappropriate Language Usage
➢ person who uses a wheelchair	➢ confined to a wheelchair
	➢ wheelchair bound
➢ person who is Deaf* or deaf	➢ the deaf
➢ person who has a visual impairment	➢ the vision impaired
➢ person who is blind	➢ the blind
➢ person who has polio	➢ polio victim
➢ person who has epilepsy	➢ epileptic
➢ person with MS	➢ MS Sufferer

**Deaf: the capitalisation is used by members of the Deaf Community.*

Section 7

Appropriate Language and Behaviour

Appropriate Behaviour	Inappropriate Behaviour
➢ Address a person with a disability directly	➢ Talking through a third person; ignoring people
➢ Acknowledge people as equal human beings	➢ Talking down; assuming a person is stupid
➢ Respect people – assume they are in control of their lives, can make decisions and don't need pity	➢ Assuming people want or need charity Doing everything for people – treating them as children or victims
➢ Speak normally – same lip movements, pitch and volume; a little slower for people with hearing impairment	➢ Using emphasised or loud speech Giving little eye contact or staring
➢ Allow the same, not greater or less, personal space (wheelchairs should be considered part of the person)	➢ Allowing too little or too much personal space
➢ Be perceptive about problems, but do not make assumptions and don't take charge. Ask first 'Is there any way I can help?'	➢ Assuming you know what people need without asking
➢ Allow enough time for communication	➢ Not allowing enough time for communication

Source Material

Acknowledgement is made of material from the following sources and where appropriate is used with permission:

- *Uniability: Students with disabilities in higher education: A resource guide for staff. (1993).* Adelaide, South Australia: Flinders University of South Australia, University of Adelaide, University of South Australia.
- Waddell, S. (1992). *Disability awareness crash course: Some issues to consider.* Whangarei: Northland Disabilities Resource Centre
- *Words Matter: A guide to the language of disability. (n.d.).* Auckland: N.Z. Disabled.

Section 8

Teaching Students with Disabilities: an Overview

Introduction

Students with a disability are motivated to attend university for the same reasons as others and have the same range of intellect and academic skills. It is not the disability itself, but the effect the disability has on the student's capacity to access and demonstrate knowledge/skill acquisition which is most relevant. While students with disabilities may learn or perform in ways that are different to others, the most significant issue is that they are first and foremost students.

Academic ability is the primary basis for participation in higher education and students with disabilities are expected to meet the normal admission and academic standards. However, particular adjustments may be required to ensure that such students are provided with equal opportunities to achieve their academic potential. This means that **reasonable accommodations** must be made in the teaching process.

There are numerous practical ways in which students with disabilities can be assisted, such as: the provision of lecture notes and reading lists ahead of time; permitting lectures to be taped; or making notes and other teaching material available to be processed in alternate formats. These provisions do not advantage students with disabilities – they simply enable such students to be as up-to-date with course material as other students.

This section provides basic information about disabilities, an overview of the rights and responsibilities of staff and students and a list of key factors to consider when working with students with disabilities. More specific teaching strategies are given in the sections devoted to different types of disabilities. Information regarding alternative assessment and curriculum is provided in greater detail in section 11.

Some Facts About Disability

Disability is often defined as a functional limitation affecting an individual's performance – for example, his or her vision, hearing, mobility, speech, or information processing. Determining that the student has a disability may not always be a simple process. Some students have an obvious disability, such as a visual disability and are accompanied by a guide dog; others may have a hidden disability such as a hearing loss, learning difficulties, or psychiatric problems.

The individual nature of a person's disability, including the age of onset, needs to be considered when discussing the type of assistance the student may require. Other aspects which may need to be considered by the student and staff member include:

- whether the condition is permanent or temporary
- whether symptoms are constant or fluctuating

Some students may not be fully aware of the consequences of their temporary disability. They may underestimate the time it takes to get to class on crutches or in a wheelchair. If an eye or hand has been injured, extra time may be required to complete an examination paper. The student and staff member should discuss what adjustments are needed while the disability is present.

Students who have recently acquired a disability, through illness or accident, may still be learning how to adjust and find that learning strategies are no longer appropriate. They may return to university before their condition has stabilized. During the semester their ability to function may vary. They may have difficulty in adjusting to their situation and be undecided about the effectiveness of modifications to the curriculum and assessment.

A student whose disability is less apparent may be more reluctant to approach staff concerning modifications to courses, than a student whose disability is evident.

Some disabilities such as muscular dystrophy, arthiritis, or some psychiatric conditions, affect the individual on an intermittent basis. No modification to assessment or curriculum may be required during periods of remission, however some alterations may be necessary during the acute phase of the condition.

Generally, university students who have had a disability since birth or early childhood, will be more adept at identifying and using alternative strategies than students who have recently acquired a disability. Such students can be very good resources for developing special provisions for a particular course.

Consideration of the individual student's situation is vitally important. While some students may appear to have the same disability, (for example wheelchair users), their individual needs may be vastly different. For this reason, it is essential that each student has the opportunity to discuss his/her needs and to be actively involved in identifying problem areas and generating solutions. Through discussion, staff members and students can develop strategies that are mutually acceptable.

Section 8

Teaching Students with Disabilities: an Overview

Dividing Student-Staff Responsibilities

Students with disabilities bear the primary responsibility for identifying their disability and how it may affect their learning. However, students may be reluctant to reveal their disability and seek special assistance for a variety of reasons. One recommendation is for staff members to make a statement at the first class session to encourage students to identify their needs early, for example:

> *" I would appreciate hearing from anyone in the class who has a disability which may require some special arrangements during the semester. The University offers a range of services and supports for students with disabilities, but it is important that these be negotiated early in the semester. If students require special arrangements such as seating, special conditions for tests and examinations, or other provisions, please see me after class or contact me by phone or email (provide details), or contact Disability Services"*

A statement by the lecturer serves to encourage hesitant students to seek assistance and also makes others aware that students with disabilities are an integral part of the University community.

Staff-Student Relations

It is recommended that negotiations between lecturers and students begin at the earliest possible opportunity and that regular follow-up meetings are arranged. When discussing any particular arrangements for a student be very mindful of the requirement for privacy. Discussion with the student should be done privately and not in front of other class members. Discussion with a student in front of other class members should be avoided.

Arrangements should be discussed directly with **students concerned** and/or their nominated advocate, as opposed to communicating through parents or other specialist workers. This is particularly pertinent for individuals coming from secondary school, where most decisions were made by parents, teachers and/or relevant professionals. While this may have been necessary for younger persons, as they enter University, independence, self-reliance and self assertion should be encouraged.

Students should be encouraged to accept prime responsibility for identifying their needs and jointly working with University staff to arrange special provisions. Naturally other individuals may be consulted where appropriate.

Teaching Students with Disabilities: an Overview

It is also important to involve students directly in decision making, because they generally have expert knowledge in identifying their abilities. Although students may not take a great deal of initiative in requesting special arrangements at the commencement of a course (because they may not know what is needed), as they become more familiar with the demands of learning, it is appropriate for them to assume a more directive role in negotiations about the type of support they receive. For this reason, unless specific and urgent assistance is requested before ordering, for example, expensive equipment purchases or building modifications, review arrangements with students when they have had a chance to settle into a routine. There have been occasions where expensive equipment was purchased in the student's 'best interests', but was later found to be unsuitable or inappropriate. This places students in a compromised situation where they are made to feel that they should be grateful for assistance they did not necessarily want. Students may be able to identify cheaper and less complicated alternatives when discussing their needs with the academic staff or Disability Services.

It is not uncommon for teaching and administrative staff initially to feel apprehensive about discussing the details of a student's disability face to face. The student, however, will probably have had some experience with this kind of uneasiness. There is no reason to avoid using terms such as: 'blind', 'see', or 'walk'. However, care should be taken to avoid generalizing a particular limitation to other aspects of a student's functioning. Sometimes, for example, people in wheelchairs are spoken to very loudly, as if they were hearing impaired.

When discussing course requirements and/or details of subject material, it is useful to check that the student has understood the issues correctly and fully. Like others, students with a disability may feign understanding through politeness, a lack of confidence, or a desire not to appear ignorant when faced with questions. Understanding can be checked more accurately with specific rather than broad questions, delivered sensitively – otherwise it may seem like an interrogation.

An awareness of the potential marginalizing effects of treating students with disabilities as 'special' in front of their peers is important. Like other students, those with disabilities want to be 'part of the group' and this can be very difficult if lecturers give them a noticeable amount of additional attention and/or publicly advise them of special allowances (for example, extra time to complete an assignment).

Some students may not have had any previous contact with a person with a disability and may feel unsure about how to interact. It is quite possible that these students will be looking to staff as role models for appropriate styles of interaction and behaviour. Standards demonstrated by lecturers can greatly assist individuals in the class to develop a positive understanding of disability issues. Refer to section 7 for further information on appropriate language and behaviour.

Section 8

Teaching Students with Disabilities: an Overview

All universities have legal and policy responsibilities to provide an educational environment which encourages informed and unprejudiced attitudes towards people with disabilities. If students are exhibiting overt or covert discriminatory behaviour, it is appropriate to bring this to their attention and note that it is unacceptable. For further information on legal responsibilities and university policies, refer to sections 4 and 5.

Cultural Factors

The Core Services Committee (1994), notes that people with disabilities, their families/whanau, caregivers, cultural identity and communities, form interdependent relationships. Embracing and considering the roles of these groups in the wider social context is essential in facilitating the full participation of people with disabilities.

In New Zealand that requirement must extend to Maori people, who, while making up some twelve percent of the population, are also the indigenous people to whom a measure of State protection was guaranteed in the 1840 Treaty of Waitangi.

Information relating to the prevalence of disability among Maori people is scant. Where data is available it is based largely upon hospital admission rates which have serious limitations. Research identifies disparities in both health status and access to health care between Maori and non-Maori (Durie, 1990).

In discussing Maori concepts of health and wellbeing, Durie (1986), notes the importance of four aspects which holistically contribute to health: taha wairua (the spirit), taha hinengaro (thoughts, feelings and attitudes), taha whanau (family) and taha tinana (physical body). The notion of holism involves a recognition that the four are linked in such a way as to be inseparable. An illness or disability results when one of these is 'not right'. The wellbeing of an individual is therefore dependent not only upon the absence of illness, but also historical, social, cultural, economic, political and environmental circumstances. Recognition of this, involves disability support services moving from a medical model to a holistic approach.

Understanding of Maori cultural values and perspectives are important for enhanced information sharing and open communication. Factors identified as essential in the promotion of cultural understandings are:

- *Workforce composition*
  A health workforce which meets the needs of Maori people with a disability should contain workers who are both professionally and culturally qualified. Within New Zealand it would be reasonable to expect that culturally qualified health workers would have a sound knowledge and practical understanding of tikanga Maori and Te Reo Maori.

- *Workforce competence*
  Competency should be measured not only in terms of cultural effectiveness. All disability support service workers need the opportunity for enhanced cultural understandings in order to be better equipped to meet Maori needs.

- *Maori understandings and perspectives*
  An understanding of Maori perspectives should be evident in all aspects of the daily processes of disability support services (Ratima et al., 1995, p.41).

Section 8

Teaching Students with Disabilities: an Overview

Other Factors to Consider

Attendance and Promptness

The student using a wheelchair or other equipment may be prevented from getting to lecturers on time because of difficulty accessing taxis, out-of-order lifts, or barriers in corridors. Others may have periodic or irregular difficulties, either from their disability or from medication. Understanding the reasons for late or irregular attendances and being flexible in applying attendance rules, would be helpful.

Teaching Environments and Methodology Adjustments

All students, especially those with disabilities would benefit from:

- receiving up-to-date book lists before the beginning of semester
- thoughtful seating arrangements
- a variety of presentation methods.
- the lecturer speaking directly toward the class
- key lecture points and assignment details being written on the board and/or in course books
- all feasible course material being available in good quality electronic format prior to commencement of the course (ideally 1 – 2 weeks)

Functional Problems

In addition to the adjustments that will be discussed in detail for each category of disability, some understanding is required in working with more subtle and sometimes unexpected manifestations of disability. Chronic weakness and fatigue characterize some disabilities and medical conditions. Drowsiness, fatigue, or impairments of memory may result from prescribed medications. It is important to distinguish between these conditions and apathetic behaviour.

Source Material

Acknowledgement is made of material from the following sources and where appropriate is used with permission:

- *Core Services Committee. (1994). Core services for 1995/96.* Wellington: National Advisory Committee on Core Health and Disability Support Services.
- Durie, M.H. (1986) *Maori concepts of health and wellbeing.* Notes taken from a lecture presented at Massey University.
- Durie, M.H. (1990). *Rehabilitation and Maori development.* Paper presented at the Pain and Rehabilitation Conference, Auckland, NZ.
- Ratima, M.M. et al. (1995). *He anga whakamana: A framework for the delivery of disability support services for Maori: A report to the Core Services Committee.* Palmerston North: Massey University, Department of Maori Studies.
- *Uniability: Students with disabilities in higher education: A resource guide for staff. (1993).* Adelaide, South Australia: Flinders University of South Australia, University of Adelaide, University of South Australia.

A Note About the Following Sections

Each of the following sections on teaching students with specific disabilities contains information which is intended to form a basis on which staff members can consider what arrangements they may be able to make, and as a starting point for discussions with students about their individual needs during the semester.

Section 9

Teaching Students With .....

Teaching Students With HIV (Human Immunodeficiency Virus)/ AIDS (Acquired Immune Deficiency Syndrome).

HIV (Human Immunodeficiency Virus) prevents the body's immune system from working properly. Normally the immune system would fight off an infection but HIV infects the key cells in the body's natural defence system and kills them.

Over time, the gradual weakening of the immune system leaves the body vulnerable to serious infections and cancers, which it is no longer capable of fighting off. These "opportunistic infections" can snowball to the point where people are diagnosed with AIDS (Acquired Immune Deficiency Syndrome).

HIV is present in the body fluids of infected people and can only be passed on to another person if these fluids get into the body. HIV is primarily spread through unprotected sexual activity, shared needles or syringes and from an HIV-positive mother either in the womb or through breast feeding.

In order to become infected the virus must get into the bloodstream. **It cannot be transmitted through touching, hugging, kissing, sharing drinks and utensils or everyday social contact.**

People infected with HIV are said to be HIV-positive.

Effects

Manifestations of AIDS are varied, depending on the particular infections or diseases the individual develops.

The use of combination drug therapy has led to dramatic improvements in the prognosis of people with HIV/AIDS. These medication regimes, which must be strictly adhered to in order to maintain effectiveness, help create a barrier in the immune system to further progression of the virus. However, these medications have side effects which may include diarrhoea, nausea and chronic fatigue.

Misperceptions

Misinformation about HIV and AIDS has historically contributed to some discrimination against those living with the virus and the communities most at-risk of being infected, particularly gay and bisexual men. The Human Rights Act (1993) prohibits discrimination on the basis of disability (which includes those living with HIV or AIDS) and sexual orientation.

Teaching Strategies

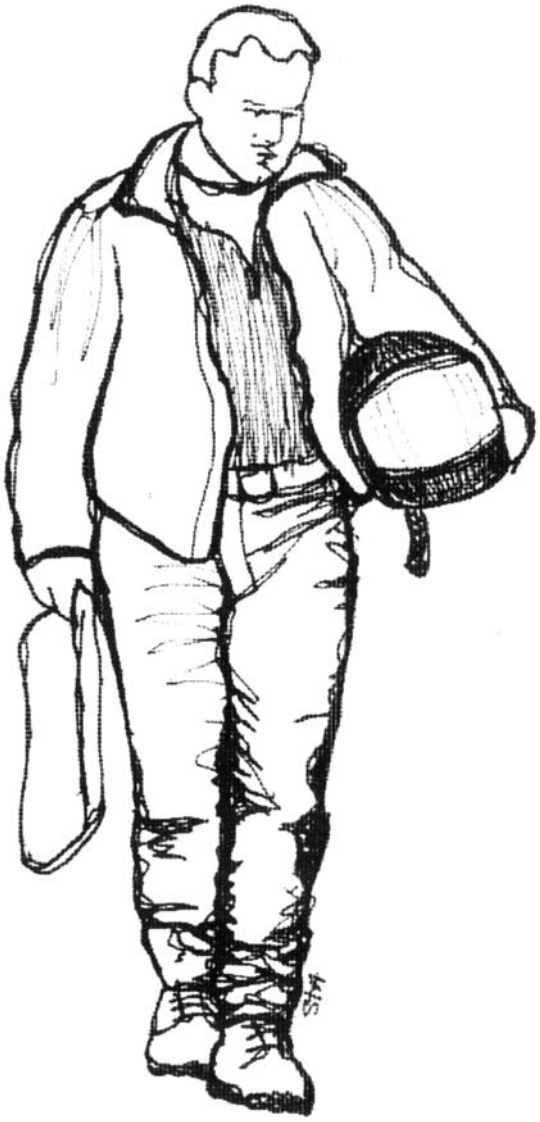
Teaching strategies will vary. Students with AIDS may be reluctant to reveal their condition because of social stigma, fear and misunderstanding surrounding this illness. As it is not possible for HIV to be transmitted, in everyday social settings, there is no reason for teachers to be informed of a students HIV status and it is exceptionally important that confidentiality be strictly observed. In addition, if the issue should arise in class, it is important for staff to deal openly and non-judgementally with it and to foster an atmosphere of understanding.

For more information on teaching strategies, refer to the overview section. If particular impairments are involved, see the applicable sections on disabilities. If cancer is involved, see the contact points for further information below.

Further Information

New Zealand Aids Foundation
PO Box 6663
Wellesley St.
Auckland
Telephone: (09) 303 3124
Fax: (09) 309 3149

Cancer Society of New Zealand
Auckland Office
1 Boyle Cres
Grafton
Auckland
Telephone: (09) 308 0160



SOURCE MATERIAL

Acknowledgement is made of material from the following sources and where appropriate is used with permission:

- *Reasonable accommodations: Strategies for teaching university students with disabilities.* (1991). Sydney, Australia: Macquarie University, University of New South Wales, University of Sydney and University of Technology, Sydney.
- Human Rights Commission. (1994). *A guide to the human rights act.* Wellington: Human Rights Commission.
- *Uniability: Students with disabilities in higher education: A resource guide for staff. (1993).* Adelaide, South Australia: Flinders University of South Australia, University of Adelaide, University of South Australia.
- New Zealand Aids Foundation
  PO Box 6663
  Wellesley St.
  Auckland

Section 9

Teaching Students With.....

Teaching Students With Cerebral Palsy

Occurrence

Approximately 7,000 people in New Zealand have some degree of Cerebral Palsy. One third of these people are under twenty one years old. The prevalence of Cerebral Palsy has remained relatively consistent at 2 to 2.5 per 1,000 live births, in industrialised countries like New Zealand. It can affect both boys and girls and people from all races and social backgrounds.

Effects

Cerebral Palsy is a general term used to describe a range of disabilities associated with movement and posture. It is a disorder caused by an injury to the brain which affects the motor system. The term Cerebral Palsy is used when the problem has occurred early in life, to the developing brain. Cerebral Palsy takes many forms. It can be mild, for example causing slight speech impairment. It can be severe, resulting in total inability to control body movements. No two people will be affected in quite the same way.

Some Basic Facts

People who are unable to control their movements very well, or who cannot talk, are often assumed to be intellectually disabled. Some people with Cerebral Palsy have higher than average intelligence, most are like the general population with average intelligence.

People with Cerebral Palsy are first and foremost individuals with ability. They want to maximise independence and have a sense of personal worth, as well as gaining a good education.

Access on Campus and Teaching Strategies

See sections: Teaching students with a mobility disability and Teaching students with a speech disability.

Further Information

Auckland Branch
PO Box 6450
Wellesley St, Auckland
Telephone: (09) 414 9780
Fax: (09) 414 9781

Cerebral Palsy Society
PO Box 16 067
Sandringham, Auckland
Telephone: (09) 845 3762
Fax: (09) 846 1232
0800 501 601

Source Material

Acknowledgement is made of material from the following sources and where appropriate is used with permission:

- Cerebral Palsy Society
  PO Box 3539
  Auckland

Teaching Students Who Are Deaf Or Have A Hearing Disability

Definition of Terms

People who describe themselves as Deaf with a capital 'D' are those who share a language and a culture. In New Zealand, it is recognised that there is a Deaf community, with its own distinct culture and language – New Zealand Sign Language (NZSL). To identify as Deaf indicates individual choice and that someone who is Deaf identifies with the Deaf community.

The term hearing-impaired refers to a person who has a hearing-loss of any degree, from mild to profound. Hearing-impaired people are more likely to wear hearing aids and use spoken language to communicate.

The term deaf with a small 'd' indicates a broader definition, referring to all degrees of hearing loss, including the two described above.

Occurrence

There are approximately 7,000 deaf and 400,000 hearing impaired people in New Zealand. There are about 26,000 New Zealand Sign Language users.

The more common types of hearing loss are conductive loss resulting from impairment to the outer or middle ear and sensorineural loss if the inner ear is affected: these two types can occur in conjunction.

Effects

The effects of deafness and hearing loss on communication depend on the type, extent and timing of the impairment. The extent may range from mild to profound and may involve the loss of some or many frequencies of sound. Although a hearing aid may assist some people at close distances, it may not be possible for them to understand a voice eight metres away. A hearing aid is less useful for sensorineural loss, because it cannot replace the damaged nerve calls in the inner ear.

When a person has a moderate hearing loss, most speech can be heard when:

- an effective amplification device is used
- background noise is eliminated
- the distance between the listener and speaker is no more than the range of the amplification used
- communication strategies are practised

Some students with a profound hearing loss may be able to hear some speech when amplification is used. However this does not always convey sufficient information for effective communication. For those students who do not hear any sounds, communication may be supplemented by:

- natural gesture and body language
- speech reading
- written information
- New Zealand Sign Language

Section 9

TEACHING STUDENTS WITH.....

Some Basic Facts

Hearing aids do not enable deaf and hearing impaired people to hear 'normally'. Most hearing aids amplify all sound, they do not improve clarity of the speaker's voice, nor will they necessarily enable all words to be heard. A person who is profoundly deaf may find hearing aids of no use.

Not all deaf and hearing impaired people can speech read. Even in the best cicrcumstances, only 30 percent of speech can be read from lip movements.

Hearing people do not have to shout to people with a hearing impairment. Shouting distorts sound, makes listening uncomfortable and speech reading more difficult.

Sign language is not the same throughout the world. It varies with each culture, in ways similar to the spoken language. New Zealand Sign Language has been developed by and is used by the New Zealand Deaf community; it has its own grammatical system and does not have a written form.

General Interaction

Be sure you have the student's attention when you need to speak to them: avoid 'tapping' students, rather, try moving into their line of vision. The optimum distance for speech reading is two metres.

Directly face speech readers and try to get on the same eye level; use your usual lip patterns but slow your speed a little; do not try to exaggerate your lip movements; use short simple speech patterns.

If a lecturer has a beard or moustache which obscures the lips, or has an accent, speech reading will be more difficult.

Use gestures and facial expressions when possible and ask questions to check that communication has been understood.

If a student does not understand, repeat the sentence in a different form, using plainer language.

When an interpreter is being used look at and speak directly to the student, not the interpreter, for example, 'How is your assignment going Bill?' rather than 'Can you ask Bill if he needs any help with the assignment?'

Teaching Strategies

Negotiate directly with the student to ascertain his/her individual needs.

Provide course information early and advise changes

- When possible provide students and interpreters with class/tutorial outlines, lecture notes, lists of new technical terms and printed transcripts of audio and audio-visual materials well in advance.
- If there are any variations in class times, assessment criteria and so on, convey this information in writing to students at the earliest possible time.

Lectures and Tutorials.

- Students with a hearing disability, who rely on speech reading or visual clues, may benefit from seating either in the front row or near to it, preferably central to the speaker.

- Interpreters will require a chair without arms (ideally a swivel chair) and will locate this appropriately to ensure that the student can clearly see both the lecturer and the interpreter. Check with students to ensure they are comfortable with seating arrangements.

- During tutorials arrange the class into a circle and make sure the student can see all members of the group. It may be necessary to indicate which student is speaking by each speaker raising a hand as they begin to talk or pointing. Repeat questions or remarks of other people in the room and try not to speak while the student is writing.

- It's becoming increasingly common for two interpreters to work together in classes longer that one hour or when the content is intense or complex. This teaming involves the interpreters taking turns, usually at 20 minute intervals.

- Interpreters may request clarification of information from the lecturer.

- An interpreter working alone may request a rest break after a 50 minute period. This is a required Health and Safety practice for interpreters and is used to prevent Occupational Overuse Syndrome (OOS) prevalent in this profession.

Visual Aids

- Where possible, use visual aids to reinforce spoken presentations. If videos are used which convey a lot of information by sound, forewarn students and give them an opportunity to either see the video again and/or have the material transcribed into written form. It is advisable for interpreters to view a video prior to the lecture.

Lighting and noise.

- Ensure that your face is well lit during lectures and tutorials; if classroom lights are turned off to watch slides or a video, get a lamp and stand behind it while delivering your material; do not face students into the light, Try to eliminate background noise as this will make it more difficult for students to hear what is being said.

Extra time allocation

- Additional time may be required during examinations, check with individual students. Deaf students cannot read information or attend to visual material and watch an interpreter at the same time. Time needs to be allowed for the student to finish what they are looking at before continuing with the exam instructions or questions.

Working with interpreters

- The interpreter's role is to facilitate communication, not to participate. If a student in your class has an interpreter, approach the student and the interpreter together and ask for suggestions on how you can assist. Although interpreting is often described as simultaneous translation, the interpreter is always a

little behind the speaker. As in the case of foreign languages, some English terms do not translate directly into NZSL; the interpreter may have to finger spell. Finger spelling is when the interpreter must spell out each letter of the word. If the lecturer speaks too rapidly, the interpreter may have difficulty keeping up and the message could become lost. In cases where the interpreter missed some information or needs clarification, s/he will need to interrupt the teacher.

Interpreting requires a lot of concentration and it is important to ensure that:

- the student and the interpreter have prior access to names and terminology to aid the development of technical signs if necessary
- there is a rest break of ten minutes within each hour
- there is effective 'gatekeeping' – only one person speaking at a time
- unfamiliar names and terminology are spelt out on the board
- some terms may have to be translated letter by letter – allow sufficient time for this
- if the subject matter is particularly complex, slow the speed of delivery and summarise regularly. Recognise that the process of translating into another language takes time – this can cause a delay on the student receiving information, asking questions and/or offering comments

Booking interpreters

- The Interpreters Service is still small in New Zealand, but is gradually expanding. With many competing demands, interpreters can often be very hard to get. Interpreters will be provided, wherever possible, by Disability Services.
- More specific information and an excellent DVD called 'Working with an Interpreter" is available from Disability Services.

Working with notetakers

- Deaf students cannot watch an interpreter or speech read a tutor and take notes at the same time. As soon as the student looks down to record any notes, they lose the information that is being spoken or signed at that moment.
- Speak directly to the student, not to the notetaker. Direct any student related information to the student only. Direct any queries about the notetaking service to the notetaker.
- The notetaker may ask to have information about course content so they will be fully prepared for the notetaking assignment.

Amplification devices

- Hearing aids
  Hearing aids amplify speech and environmental sounds and are selected and fitted to suit the individual. A hearing aid may not be effective in a lecture room because of the problems of distance, room acoustics, ambient noise etc. Most hearing aids function adequately within a range of one metre from the speaker.
- Cochlea implant
  The cochlea implant is a surgically implanted device with an externally worn head piece and a speech processor which

is programmed to provide a variety of sound and speech information.

- Audio loop system (magnetic induction loop system)
  The audio loop system consists of an insulated wire which is placed in a specific area of the lecture theatre or classroom. The system may be permanent or mobile and only those with a 'T' switch on their hearing aids can pick up the sound being transmitted. The speaker talks into a microphone while hearing-impaired persons tune in to the appropriate frequency.

- Frequency modulation (FM) systems
  FM systems consist of a transmitter which is worn by the speaker and a receiver which is worn by the deaf/hearing impaired person. Background noise is still heard but the signal from the speaker remains consistent and does not fluctuate as the speaker moves. These systems are becoming increasingly used in preference to the loop system as it is transportable to wherever the student needs it and usually provides for better quality sound.

Further Information

The Deaf Association of New Zealand
National Office PO Box 15 770
New Lynn
AUCKLAND
Telephone: (09) 820 5038
Fax: (09) 820 5039

There are local Deaf Association Offices throughout New Zealand.

The Hearing Association Inc.
Auckland Office
PO Box 28 205
Remuera
AUCKLAND
Telephone: (09) 524 9847
Fax: (09) 523 1248

The Hearing Association has several branches throughout New Zealand.

Kelston Deaf Education Centre
Private Bag 93 008
New Lynn
AUCKLAND
Telephone: (09) 827 4859
Fax: (09) 827 9819

Section 9

Teaching Students With.....

Source Material

Acknowledgement is made of material from the following sources and where appropriate, is used with permission:

- Logan, S. (1995). *Deaf and hearing impaired students: Accessing postsecondary education: A handbook for people working with deaf and hearing-impaired postsecondary students.* New Zealand: National Foundation for the Deaf.
- *Uniability: Students with disabilities in higher education: A resource guide for staff. (1993).* Adelaide, South Australia: Flinders University of South Australia, University of Adelaide, University of South Australia.

Teaching Students With Diabetes

Occurrence

The rising incidence of diabetes in New Zealand is of great concern to health professionals. There are two types of diabetes; 10% of the diabetic population have Type 1 diabetes with the remaining 80%-90% having Type 2 diabetes. There are 115,000 people in New Zealand who know they have Type 2 diabetes and this number is estimated to increase to over 160,000 people over the next 20 years. Incidence data is difficult to collate, however, it is estimated that undiagnosed diabetes in people would increase the incidence (160,000) by half as much again (240,000 people).

Effects

Diabetes occurs when the pancreas is unable to produce enough of the hormone, insulin, to convert glucose to energy. Blood glucose testing and insulin injecting are fundamental parts of life for a person with insulin dependent diabetes. The student must be allowed to carry out these procedures in class or on campus whenever necessary. These can be carried out in an unobtrusive manner and should not disturb the class.

The person with insulin dependent diabetes may experience hypoglycaemia (low blood sugar). Students may experience different symptoms and display hypoglycaemia in different ways, including pallid complexion, shaking, sweating, tiredness, headache and nausea. Behaviours to be aware of are the inability to articulate and concentrate and the slurring of words. This indicates that the student's blood sugar level is dangerously low and must be actioned immediately by eating or drinking something sweet (preferably glucose). Attention should not be drawn to the student if s/he needs to eat in class to prevent hypoglycaemia.

It may take some time to recover from hypoglycaemia and immediate cognitive performance should not be expected. Regular meal times are necessary and may require a student to leave a lecture prematurely.

Common effects of hyperglycaemia (high blood sugar) are excessive tiredness, lack of concentration, frequent urination and sometimes vomiting. Persistent hyperglycaemia will require that the student be referred to their diabetes specialist or general practitioner.

Further Information & Source Material

Diabetes Auckland Inc.
PO Box 67 041
Mt Eden
Auckland
Telephone: (09) 623 2508
Fax: (09) 623 2567

Section 9

Teaching Students With.....

Teaching Students With Epilepsy

Occurrence

Epilepsy affects people of all levels of intelligence and all age groups, and commonly begins in childhood or youth. It affects about 1%–2% of the population.

Effects

Epilepsy is a neurological disorder which takes the form of recurring seizures. A seizure is a temporary breakdown of the brain's communication system caused by abnormal brain cell activity, Seizures usually last a short time, ranging from a matter of seconds to four or five minutes. They end naturally as specific chemicals in the brain bring cell activity back to normal. Most seizures are accompanied by an altered level of consciousness and sometimes by involuntary movements. Seizures vary from person to person, raging from one or two seizures during a lifetime to several seizures a day. Just as people's seizures vary, so do recovery times. These can vary from seconds to minutes to hours.

People who take medication for epilepsy may still have seizures and it is important to ensure a person's safety during a seizure, particularly a complex partial or tonic-clonic seizure. They may suffer no side effects of the seizure apart from fatigue and the inconvenience, or they may require sleep.

Anti-convulsant drugs may interfere with concentration and cognition. If undetected, frequent small lapses of attention can occur: these lapses can interfere with learning. The lecturer may need to repeat information to ensure that the student is fully informed. It is important for the lecturer to discuss with the student how their epilepsy affects them, their recovery times and what action should be taken to ensure their safety..

Some Basic Facts

Epilepsy is not contagious. It is generally treatable using medications which are long term. The medical aspects of epilepsy usually create fewer problems than people's attitudes and practical restrictions. The Epilepsy Association states that research has shown that, on average, people with epilepsy have fewer accidents than other employees, take less time off work and have good job loyalty records.

Further Information

Epilepsy Association of New Zealand Inc –
National Office
Auckland Branch
PO Box 8679
Symonds St.
Auckland
Telephone: (09) 373 4312
Fax: (09) 845 2276
Email: epilepsy-auckland@paradise.net.nz

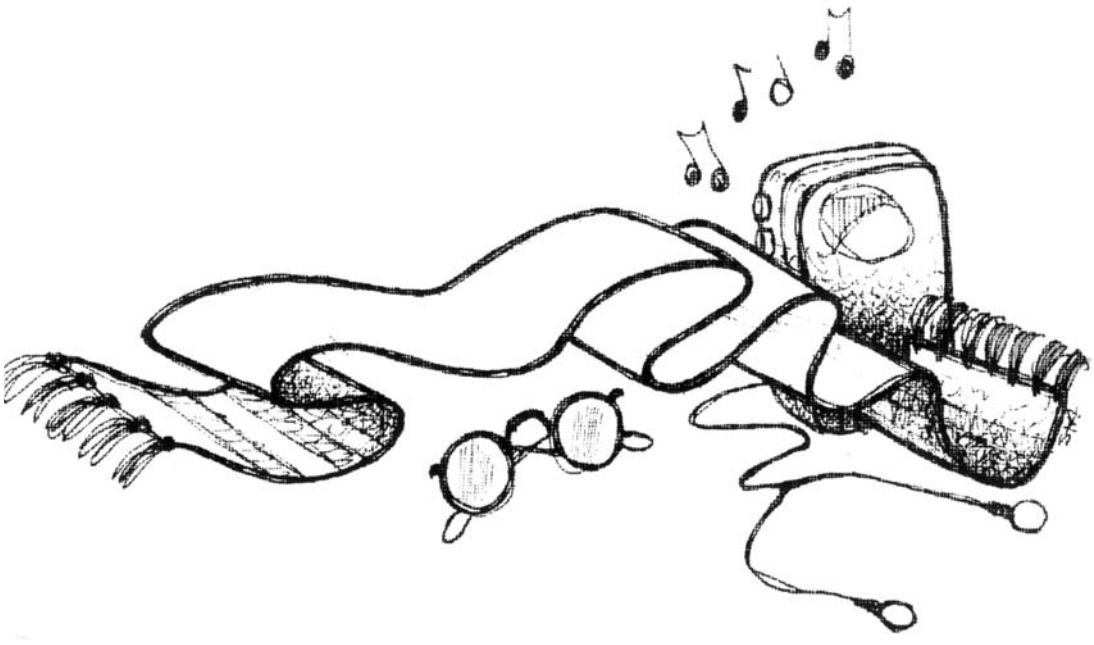
This is a voluntary organisation with links to a network of branches and field officers working together throughout New Zealand to provide education and information. Local branches of the Epilepsy Association are listed in telephone directories.

The Epilepsy Association Service is free and is provided to all people affected by epilepsy including families etc.

SOURCE MATERIAL

Acknowledgement is made of material from the following sources and where appropriate is used with permission:

- Epilepsy Association of New Zealand
  National Office
  PO box 1074
  Hamilton
- *Uniability: Students with disabilities in higher education: A resource guide for staff. (1993).* Adelaide, South Australia: Flinders University of South Australia, University of Adelaide, University of South Australia.



Section 9

Teaching Students With.....

Teaching Students With A Brain Injury

Occurrence

The Brain Injury Association of New Zealand believes that brain injury is a common and under-recognised problem in our community. They estimate that 90 people per day incur a brain injury – that is some 32,000 people per year. Brain injury is most prevalent in young males aged between 18 – 30 years old. The most common cause of brain injury is from motor vehicle accidents followed by assaults, injuries in the home, sports accidents, strokes and tumours.

Effects

The major consequences of brain injury are cognitive, behavioural and social. Many experienced teachers have observed most of the effects listed below in supposedly 'normal' students, particularly when under stress. A person with acquired brain damage exhibits a greater range of the problems and /or more frequently and /or to a greater degree. The common problems seen, in no particular order of importance, include ready fatiguability; reduced frustration tolerance and impaired impulse control; memory impairment; mood lability; slowed information processing; disordered drive; impaired ability to sequence, organise and structure both action and cognition; reduced libido; speech/language impairment; epilepsy; reduced noise tolerance; light sensitivity; distractability and sensory inattention. Mobility and physical self-care are major issues for the more severely impaired.

The majority of people with brain injury are capable of restorative rehabilitation and are able to lead useful, satisfying lives and make a positive contribution to the community.

Teaching Strategies

There are two related problems that make it difficult for both the student and the teacher.:

- a person with significant brain damage will often have no apparent physical disability
- a person with acquired brain damage may be reluctant to declare his/her disability.

For teaching strategies, refer to the overview and the sections on learning disabilities.

Further Information

Brain Injury Assn (Auckland/NZ)
PO Box 74 323
Market Rd.
Auckland
Telephone: (09) 525 6290
Fax: (09) 525 6291
0800 272 464
Email: bianz@brain-injury.org.nz

SOURCE MATERIAL

Acknowledgement is made of material from the following sources and where appropriate is used with permission:

- *Head Injury: The silent epidemic: Research into the needs of New Zealand individuals and families affected by head injury.* (1993). Wellington: Head Injury Society Inc.
- Brain Injury Association of New Zealand
  PO Box 74 323
  Market Rd.
  Auckland.

Section 9

Teaching Students With.....

Teaching Students With A Learning Disability

A learning disability is any one of a diverse group of conditions that cause significant difficulties in perceiving and/or processing either auditory, visual and/or spatial information.

Learning disabilities often occur in people of average or above average intelligence and can impair functions such as reading (dyslexia), writing (dysgraphia) and mathematical calculation (dyscalculia). They vary widely within each category in the patterns they exhibit. It is generally viewed that such disabilities have a neurological origin.

The marked discrepancy between intellectual capacity, achievement and output (expressing information and responding) is what characterises a learning disability. Common symptoms of a specific learning difficulty include 'strange' spelling, particularly with inverted syllables, abbreviated-looking words, omission of vowels and inverted letters. For example: Thrusday (Thursday), how (who), inconvince (inconvenience), taddaco (tobacco).

The condition often goes undiagnosed and some students may not know why they have more trouble with certain tasks than others. If students exhibit discrepancies, it may be useful to approach them to discuss the matter and/or encourage them to seek assistance from Disability Services or the Student Learning Centre.

Effects

- Achievement
  One key sign is that academic achievement, as revealed by written work, does not correspond to ability. The student may show consistent success in some subjects, while doing poorly in another, despite comparable effort.

- Organising difficulties
  The student may not perceive or discriminate patterns and arrangements in the same way that others do. They may go off at a tangent in conversation and/or in writing and seem personally disorganised. Problems with sequencing may be reflected in poor organisation and study habits.

- Auditing Processing
  Some students may experience difficulty in integrating information presented orally, hindering their ability to follow the sequence of a lecture or a set of instructions.

- Reading difficulties
  Reading may be slow and deliberate and comprehension may be impaired for students with a learning disability, particularly when dealing with large quantities of material. For such students, comprehension and speed are improved with the use of audio presentation methods.

- Writing and notetaking difficulties
  Legibility, writing speed and spelling may be severely hampered under the pressure of time constraints. Some students with disabilities may also need alternative

ways to take notes because they cannot write effectively or assimilate, remember and organise material while listening to a lecture.

- Memory for sequences
  These may impede the student's execution of complicated directions and the learning of information which involves sequences or series.

- Participation and behaviour in tutorials
  While some students with learning disabilities are highly articulate, some have severe difficulty in talking, responding, or reading in front of groups. Poor experiences in the past, such as frustration of failure in different school subjects, may have given a student a low level of self confidence. Also, because of perceptual problems, some students with learning disabilities may be impulsive and slow to grasp social cues and respond in ways usually considered to be appropriate. If such behaviour results in classroom interruptions or other disruptions, it is advisable to discuss the matter privately with the student and/or the Disability Co-ordinator.

- Laboratory work
  The science laboratory can be especially overwhelming for students with learning disabilities. New equipment, exact measurement and multi-step procedures may demand precisely those skills which are hardest for them to utilise (refer section 12 of safety issues).

- Performance in examinations
  A student with a learning disability may achieve adequate standards in practical or untimed work assessments, but under pressure can easily become confused and make errors in presentation and interpretation. Hence, students will be disadvantaged by the stress engendered by the time limitations of formal examinations: it would be useful to discuss with them if additional time is required and if appropriate suggest they consult Disability Services or the Student Learning Centre.

Some Basic Facts

Dyslexia is not due primarily to low intelligence, poor school teaching, family tensions, emotional or behavioural problems, social or cultural factors. While these factors may influence a student's ability to learn, in the case of dyslexia they do not cause the learning difficulty in the first place.

Not all students with reading difficulties are dyslexic. There are a range of reasons why a student may have difficulty reading, such as lack of appropriate teaching in the earlier years of schooling, general development delay, or language disorder. A psychological assessment is an important part of the process of identifying why the student is having difficulties and what can be done to help.

While some people with dyslexia have difficulty with reversing letters and minor writing, many do not. Current research suggests that many people with dyslexia have subtle difficulties with language and sounds. Laterality (how the left and right hemispheres of the brain organise information) was thought to have a direct link to dyslexia, but more recent studies indicate that there are many factors as yet not fully understood.

Section 9

TEACHING STUDENTS WITH.....

Teaching Strategies

- Before the start of the semester
  - Negotiate directly with the student to ascertain his/her individual needs
  - Make information available early. Make required book lists available prior to the start of the semester to allow students to begin their reading early, or to consult with the Disability Co-ordinator about having texts put on tape.
  - Guide student reading.
    Provide students with chapter outlines or study guides that cue them to key points in their reading.
- During the semester
  - Vary teaching methods.
    Use a variety of teaching methods to enhance learning for students with learning disabilities. Communicate in the student's preferred mode – for example, a taped record of a discussion may be necessary, rather than written materials.
  - Ensure you keeps the student's attention and make the environment distraction free
  - Minimise the length and complexity of communications
  - Stay on the topic; demonstrate; use concrete examples
  - Rephrase and repeat information
  - Read aloud material that is written on the board or that is given in handouts or transparencies
  - In the laboratory
    In laboratory situations, the labelling of equipment, tools and materials is helpful. An individual orientation to the laboratory and equipment can minimise student anxiety.
- Tests and exams
  Prepare test and exam questions carefully to ensure the question is clear.

  Refer Section 10 for information on Special Conditions for tests and examinations.

Further Information

SPELD Auckland
14 Erson Ave
Royal Oak
Auckland
Telephone: (09) 624 3771
Email: speldauckland@clear.net.nz

SPELD Manuka City
PO Box 82234
Highland Park
Auckland
Telephone: (09) 535 8851

SOURCE MATERIAL

Acknowledgement is made of material from the following sources and where appropriate is used with permission:

- *Uniability: Students with disabilities in higher education: A resource guide for staff (1993).* Adelaide, South Australia: Flinders University of South Australia, University of Adelaide, University of South Australia

Section 9

Teaching Students With.....

Teaching Students With A Mobility Disability

Occurrence

The Statistics NZ Survey Disability Counts: 2001 reports that 405,100 adults with disabilities living in households have a physical disability. This is 65% of the adult disabled population. Physical disabilities involve some restriction of movement or loss of agility, such as difficulty walking, carrying an object a short distance or grasping objects.

Mobility disabilities can stem from a wide range of causes and be permanent, intermittent or temporary. Among the most common permanent disorders are musculoskeletal disabilities such as partial or total paralysis, amputation or severe spinal injury, arthritis, muscular dystrophy, multiple sclerosis, head injury and cerebral palsy. Additionally, mobility impairments can be the result of less visible conditions such as respiratory difficulties, cardiac diseases and other medical conditions including those where fatigue is a factor.

Effects

Having a mobility disability can affect a person's ability to walk and/or use the arms, hands or fingers, often resulting in the use of aids such as wheelchairs, mobility scooters, mobility dogs, callipers, crutches, or walking sticks. Attendants may be needed for personal care and the student may rely on others for transport, photocopying, study notes and library assistance.

In come conditions such a Cerebral Palsy, Multiple Sclerosis and trauma from accidents, there may be associated impairments, for example, to speech, sight or learning.

However, there are less obvious effects. In the case of head injury, fine motor control, balance and sometimes orientation may be affected and fatigue is a common problem. Similarly, chronic illness may not be obvious, but may result in fatigue during movement about the campus, particularly when stairs and hills have to be negotiated.

While the degree of disability varies, students may have difficulty getting to or from lectures, participating in tutorials and managing assignments and examinations. All mobility impairments increase the time and effort which students must expend. Using facilities which others take for granted, such as toilets, canteens, libraries and lecture rooms, may also be a major undertaking.

Some Basic Facts

A person with a spinal cord injury is no less intelligent than anyone else, intelligence is never impaired by spinal injury.

Paraplegia and quadriplegia may result for a variety of reasons. Some students who use wheelchairs may be able to move their legs and stand for short periods of time (with or without assistance) and they may also have the full range of touch and heat/cold sensations in their limbs. People who have damaged their spinal cord may have lost feeling in their lower limbs. This can make them vulnerable to pressure area sores and injuries (such as cuts and burns) sustained without their immediate knowledge.

A wheelchair is part of a person's own 'body space'; never presume that assistance is required even if the person appears to you to be having difficulty. Ask if they would like assistance and respect their right to accept or refuse your offer. If an offer is accepted, ask the person how best you can help – there are certain ways to push a wheelchair up and down stairs and tip it backwards.

People in wheelchair generally do not feel offended or left out when you use words such as 'walking' or 'running'. There is no need to be sensitive about terms such as these, people in wheelchairs often use the same words.

Access on Campus

Universities are working towards creating campus environments which are accessible to wheelchair users and others with mobility impairments. The practical access accommodations being made include installing ramps, handrails, automated door openers, lifts, correctly positioned light switches, car parking, toilet facilities and signs using the International Symbol of Access. These modifications to campus environments are benefiting all students and staff, not just those who have a mobility impairment.

Teaching Strategies

One of the most important issues to consider in relation to mobility disabilities is that student's impairments and needs will be highly individual. Early consultations and regular follow-up meetings can greatly assist in the identification of potential problems and possible solutions. It is not uncommon for staff to initially consider that problems are 'too difficult' as students may bring with them a range of diverse issues. Certainly some issues may not be totally resolved, but as large problems are broken down and discussed with the student, solutions will often be identified.

- Before the semester
  - Lecture venues
    If necessary, find out about wheelchair accessible lecture and tutorial rooms. Negotiate directly with the student and/or Disability Services to ascertain individual needs.

- During the semester
  - Speaking with the student
    Speak directly to the student as you would to any other person; use the same volume and tone of voice and the same eye contact. If the person is using a wheel chair, place yourself on the same eye level by sitting as the same level (avoid kneeling) for all but short discussion, to allow comfortable eye contact.
  - Sit or stand free of the wheel chair
    A wheel chair is considered to be part of an individual's body space.
  - Offering assistance
    Ask if assistance is required, do not assume that it is. If students request/ accept help, ask them for directions – for example, to correctly lift the wheelchair over a curb. Be alert to offer assistance unobtrusively, for example by holding doors open and carrying objects.

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Teaching Students With.....

- Leave equipment where it is placed by the student
  Leave wheelchairs, callipers or crutches where the student places them on transferring to a chair, as the student positions when where they are easiest to recover later.
- Facilitate a barrier free environment
  Ensure that corridors are clear and that seating within classrooms allows sufficient space for wheelchair access.
- Time extension for assignments
  For some students with a mobility disability, the logistics of obtaining reference material from the library are increased because of physical barriers such a high shelving and narrow rows. In addition some students may only be able to write for short periods of time due to fatigue and pain.
  Others may require the use of specialist computer equipment and this could result in special accommodations for assignments and tests.

Further Information

CCS Auckland Branch
PO Box 6450
Wellesley St
Auckland
Telephone: (09) 414 9780
Fax: (09) 414 9781

CCS has branches throughout New Zealand providing services and support to people with physical disabilities.

Accident Compensation Corporation –
There are 5 district offices in Auckland
Please refer to the Auckland Telephone Directory

ACC assistance is dependent on an injury being incurred and the injured person's circumstances. ACC entitlements can include, however, social and vocational rehabilitation, treatment costs, travel to treatment, weekly compensation and an independence allowance. In addition, if students who have ACC claims are experiencing difficulties on campus they can liaise with their case manager to discuss their problems and possible solutions.

Arthritis New Zealand (Northern Region)
PO Box 74 581
Market Road
Auckland
Telephone: (09) 579 9473

There are 4 service Centres in Auckland

The Arthritis Foundation is a voluntary non-profit organization with over 70 local support groups.

The secretary
Amputees Federation of New Zealand Inc
– Auckland Branch
PO Box 71 171
Rosebank Road
Avondale
Auckland
Telephone: (09) 833 8057

There are 9 District Societies affiliated to the Amputees Federation

SOURCE MATERIAL

Acknowledgement is made of material from the following sources and where appropriate is used with permission:

- *Reasonable accommodations: Strategies for teaching university students with disabilities.* (1991). Sydney, Australia: Macquarie University, University of New South Wales, University of Sydney and University of Technology, Sydney.
- Statistics New Zealand Disability Counts: 2001 Survey.
- Triggs, S., O'Connor, P., Turner, S. (1994) *Four in ten: A profile of New Zealanders with disability or long-term illness.* Wellington: Ministry of Health
- *Uniability: Students with disabilities in higher education: A resource guide for staff.* (1993). Adelaide, South Australia: Flinders University of South Australia, University of Adelaide, University of South Australia

Section 9

Teaching Students With.....

Teaching Students With Multiple Sclerosis

Occurrence

Multiple Sclerosis affects more than 4,000 people in New Zealand and approximately 200 more people are diagnosed each year. It's a chronic disease of the central nervous system and to date it is incurable. It can be very debilitating but most people can lead a fairly normal life.

Effects

Nerve fibres are covered by a fatty substance called the myelin sheath. The myelin, as well as protecting the nerves, assists the passage of messages along the nerves between the brain and every part of the body. With MS, the myelin sheath covering the nerves in the brain and the spinal cord becomes scarred. The scarring occurs in scattered patches, distorting or preventing the smooth flow of messages from the brain and spinal cord to parts of the body.

There is no typical MS. It is individual to each person, so that one general description and one certain prognosis is not possible. However, there are some symptoms that are common in varying combinations to many people with MS:

- loss of balance or coordination
- difficulty with walking
- tremor
- extreme and debilitating fatigue
- blurred or double vision
- numbness, pins and needles
- bowel, bladder problems

Some Basic Facts

MS does not mean a terminal condition. It does not mean an instant wheelchair, crutches, or being bed-bound from the moment of diagnosis. Many people with MS go on with their lives with varying degrees of disability. It is important to remember that not everyone will require a wheelchair or permanent aids to mobility.

MS is not contagious. It is not directly inherited, but people may inherit the susceptibility to the condition. About ten percent of people with MS also have a near relative with MS.

One obvious physical problem can sometimes have quite embarrassing consequences. People who have unsteady balance or walk (known as MS gait) are sometimes accused of being drunk in a public place. If the person's speech is slurred or difficult to understand as well, the situation can become unpleasant.

Misperceptions arise because MS is an extremely complex and confusing condition, with people never really knowing how well they will be from one day to the next. People can have MS and still appear as if nothing is physically wrong with them. They can be accused of not trying hard enough to 'get better', or criticised for not carrying out physical activities which they know are beyond their capabilities at that time.

Access on Campus

This can be a real issue for students with MS. Students may need a fairly plentiful supply of accessible toilets – perhaps with access to staff toilets as well. There need to be lifts with reachable buttons, ramps, automatic (main) opening doors, flexible provision for parking near lecture areas and assistance with access to library resources.

Teaching Strategies

Allowance may need to be made for exacerbations (flare-ups of MS symptoms) which can affect completion of assignments. A student with MS may look well, but in reality be coping with exhaustion and trying not to show it. The condition may be unpredictable on a daily basis – for example, one day a student may be feeling well and confident, the next day s/he may be exhausted and trying to cope with sudden vision problems and unsteady gait. Fatigue may make concentration during lengthy examinations difficult. Each student is an individual, not all students with MS will have these problems.

Further Information

Information Officer
MS Society Auckland Inc.
PO Box 16275
Sandringham
Telephone: (09) 845 5921
Fax: (09) 845 5923
Email: info@msakl.org.nz

There are eighteen member societies throughout New Zealand

SOURCE MATERIAL

Acknowledgement is made of material from the following sources and where appropriate, is used with permission:

Ruth Vincent
MS Society of New Zealand Inc.
PO Box 2627
WELLINGTON

Multiple Sclerosis Society of Auckland Website
www.mda.org.nz

Section 9

Teaching Students With.....

Teaching Students With A Psychological/Psychiatric Disability

Many students have mental health or psychological concerns and at times these can present problems, or even crises, for both students and academic staff. These concerns are often described as mental illness. Mental illness can be short-term and episodic or long-term and disabling. Symptoms can include changes in mood (extreme anxiety or depression), hallucinations (see, hear or sense things that are not there) and delusional thoughts (false beliefs). Behaviour can include becoming withdrawn and avoiding other people, extreme hyperactivity or lethargy, and lack of motivation. At times illness shows as tiredness, poor concentration, confused thinking, erratic or disruptive behaviour. This can make it difficult for the student to comply with what's expected in a tertiary institution, yet given support they can be very capable students.

Occurrence

One in five New Zealanders are likely to experience a mental illness in any given year. Many people with mental illness recover to hold down jobs, have satisfying family and social lives and contribute to their communities.

Mental illness can affect anyone regardless of culture, age, income or gender. There are a range of mental illnesses all of which can affect a person with varying intensity. Sometimes an illness can be complicated by drug or alcohol abuse. Mental illness ripples out to touch not only the individual but also family, friends, workmates and neighbours.

Effects

The onset of mental illness can be frightening and confusing, not just because of the nature of the symptoms, but also because of the stigma and misperception concerning mental illness. An episode of mental illness can have some or all of the following effects on the individual:

- denial of the fact that something is wrong
- fear of the awfulness of stigma attached to mental illness
- not knowing where or how to seek help
- mood changes
- inability to carry out some day-to-day activities effectively
- unusual beliefs
- collapse of self esteem
- confused thinking
- rejection by workmates, friends, family
- shame, isolation, anger, depression

People may be reluctant to seek help when they first become unwell either because they are unaware that they are ill or because they fear being stigmatised as a result of our society's negative attitudes and beliefs, social myths and ignorance about mental illness. This can lead to people feeling shame about their illness which may be expressed in many different ways eg. blaming oneself, feeling a failure, lowered self esteem and feeling inferior.

Some Basic Facts

As previously stated, one in five New Zealanders are likely to experience a mental illness in any given year. Many people fully recover from an episode of mental illness to live fully functioning lives.

People with mental illness are 'us' as much as we are 'them'. They/we lead active and full lives sometimes in intellectually and emotionally demanding vocations. They often make excellent students and employees. They may, however, need some special conditions to be able to work and study effectively. They may, for example, need to have more time off, both to prevent or recover from periods of illness.

With some illnesses, particularly in their acute stages, people may become unpredictable, impulsive or behave in an unusual manner. With appropriate support and therapy many people recover. Access to services and freedom from stigma will help immensely, as will access to education, work and adequate housing.

Only a very small number of people with psychiatric illness exhibit dangerous or violent behaviour. Although there is a public perception that people suffering from paranoid schizophrenia are dangerous, research shows that they are no more so than groups such as men aged between 16 and 24. Support and medication is usually effective in controlling violent or psychotic thought and behaviour.

Signs of Unwellness

What are the signs that people are becoming mentally unwell? None of these signs conclusively show that a student is unwell, but may include the following:

- Physical signs:
  - poor physical health
  - 'uncared for' personal appearance that is not a statement of personal taste of fashion
- Behavioural signs:
  - sudden changes in mood
  - tiredness and poor concentration
  - poor memory
  - being excessively worried or frightened
  - irritability
  - withdrawal from activities, erratic attendance
  - secret, devious or manipulative behaviour

Common Mental Health Problems and Illness

- Alcohol or drug abuse
  Alcohol and drug abuse (eg cannabis and speed) are extremely common problems amongst young adults. Surveys in two upper North Island secondary schools showed that over 40 percent of the students use alcohol and/or cannabis at least once a week and nearly 20 percent, several times a week, so this is a problem that will be common in tertiary students. Abuse of alcohol and drugs is often a response to abuse, trauma or stress that

has/occurred or is occurring in the student's life and can be used to temporarily reduce anxiety, mask depression or attempt to reduce the symptoms of mental illness. While most people who use cannabis experience no ill effects, for some people it clearly triggers psychotic episodes which may lead to longer psychotic illness.

The Auckland Regional Alcohol and Drug Service provides a number of specialist, confidential services to assist those who have concerns about their drinking and/or drug use or who want to stop drinking or using completely. For example, Youth Services, Maori Services, Dual Diagnosis, Methadone Maintenance Treatment Service.

- Depression
  Depression is a very common experience and the word is used to describe the feelings of sadness or lethargy which everyone experiences at some stage. In many people these periods last only a few days. However, for some people depressed moods can be continuous and so severe that it dominates their lives, which seem barely worth living. It drags on preventing them from coping as they used to and is often accompanied by feelings of anxiety and dread. Severe untreated depression can lead to feelings of hopelessness, helplessness and suicidal ideation with real risks to a person's life and well-being. Depression can be triggered by stressful events such as the death of a loved one, relationship breakups or problems, overwhelming pressures of study, work or at home, financial problems, childbirth, illness, drug and alcohol abuse and other addictions.

Common symptoms are:

- depressed mood
- poor sleeping or excessive sleeping
- appetite loss, weight gain or loss
- lack of concentration
- loss of energy / fatigue
- anxiety, fear or panic
- reduced ability to cope with the demands of everyday life
- feelings of worthlessness

Professional assessment and treatment for severe depression is always necessary. The use of medication and professional counseling is often very effective.

- Anxiety
  Anxiety appears in many different forms and at different levels of intensity. It is an inevitable part of life in contemporary society and there are many situations that arise in which it is appropriate and reasonable to react with some anxiety. Anxiety disorders are distinguished from everyday normal anxiety in that they involve anxiety that is more intense, lasts longer (eg three months) and interferes with life. Anxiety affects your whole being. It is a physiological, behavioural and psychological reaction all at once. On a physiological level, anxiety may include bodily reactions such as rapid heartbeat,

muscle tension, nausea, dry mouth or sweating. On a behavioural level it can sabotage your ability to act, express yourself or deal with certain everyday situations. Psychologically, it is a subjective state of apprehension and uneasiness. In its most extreme form it can cause you to feel detached from yourself or even fearful of dying or going crazy.

Professional treatment revolves around medication, psycho-education, coping and problem solving strategies and relaxation training.

- Psychosis
  Psychosis has a number of symptoms which indicate a person is losing touch with reality. A person may have hallucinations ie. they see, hear or feel things that are not there, They may suffer delusions which are fixed, false beliefs which seem strange and which no one else thinks are true. These can made a person feel very powerful, responsible, angry or frightened. The person may behave differently from usual, lose motivation and experience extreme mood swings. Psychotic symptoms occur when the normal transmission of chemical messages from one part of the brain to another is disrupted. Psychosis can be caused by:

  - excessive use of drugs or alcohol
  - reaction to severe emotional trauma or personal stress
  - development of established mental illness
  - large doses of some prescription medicines

  For some people psychosis is a one-off experience; for others the symptoms occur regularly. Early treatment of psychosis is essential and often very successful. Treatment usually involves medication and psychological and behavioural therapy to teach people how to avoid a relapse or control symptoms.

- Bipolar Disorder
  Bipolar disorder used to be called manic depression. A person with this illness often has major swings in mood, sometimes from highly elated, risk-taking, energized and full of ideas to becoming heavily depressed. Sometimes people only experience the episodes of elation and excitement and miss out on the depressive episodes. Bipolar disorder affects about 1% of the population and commonly occurs in people in their 20's. It is caused by a combination of genetic and environmental factors. Bipolar disorder can usually be controlled by long-term medication.

- Schizophrenia
  Schizophrenia is a serious mental illness which affects about 1% of the world's population. The peak age of onset is usually in adolescence or early adulthood which suggests that tertiary students are in the vulnerable age group. Common symptoms are:

  - delusions
  - hallucinations
  - confused thinking – jumbled thoughts, disjointed speech

- social withdrawal. The person withdraws from family and friends, spends long hours alone and seems unaware of their changed behaviour.
- Changed emotions. Unusual or inappropriate responses to happy or sad situations, extreme mood changes or lack of any emotional feeling.

The causes of schizophrenia are not fully understood. Biochemical and genetic factors play a part and there may be environmental factors. Drug and alcohol abuse may trigger schizophrenia in people who have a predisposition to the illness. Stressful incidents or personal trauma may also precipitate symptoms in vulnerable people.

The ideal time to detect schizophrenia is in the stage before the onset of full-blown psychosis. This is because of the adverse effects of the untreated illness, not only on a person's ability to function day-to-day, but also on the brain itself. A problem with recognizing schizophrenia is that the early warning signs are usually non-specific and can be confused with normal teenage behaviour. Concerns that a person may be developing schizophrenia should be acted on so that early treatment and good medical care can reduce or control symptoms. May people with schizophrenia continue to lead regular lives, hold jobs and have lasting relationships.

Culture and Mental Illness

Because different cultures perceive the world in different ways and have different experiences, resources, and perspectives on illness and wellness, mental illness has different patterns, forms and causes within different cultures. For example: anorexia, an illness where people starve themselves -at times to the point of death – is very much an illness of young, middle class Pakeha girls. For Maori, mental illness can arise out of breaking a tapu. Immigrants and refugees experience illnesses that often arise out of alienation and trauma. It is vital that the treatment of mental illness is given by those who understand the language and culture of the person who is unwell.

Side Effects of Medication

The taking of medication is often a very important part of treatment of mental illness. With some of the more serious illnesses, there are biochemical imbalances in the brain which appropriate medication can stabilise, in much the same way as taking insulin tablets stabilises the body's bio-chemical balance for a person with diabetes. In this situation, a person may have to stay on medication for the rest of their life. Often, medication, like an antidepressant or an anti-anxiety drug, is given only for short-term relief, while practical interventions and therapeutic support help a person make lifestyle changes that will prevent the recurrence of illness. While medication is often helpful, unpleasant side effects can occur. Most medications take time to work – about two weeks for antidepressants, for example. Common side effects include drowsiness, dizziness, blurred vision, restlessness, tremors, nausea, skin rashes and weight gain.

How Staff Can Help

What can staff do that is helpful to people who are under stress, depressed, becoming unwell or recovering from unwellness?

- It helps a great deal to think of people as being innately mentally whole and healthy and retaining that capacity throughout their lives, regardless of what has befallen them. Whether it is a 'fact' or not, is not important, it makes an enormous difference if you believe it about yourself and your students.

- Relax. It is not your job to act as therapist, so if people start to pour out their worries to you, you do not have to find the solutions. You can listen – stay still and be attentive while they talk. You can be flexible about how your requirements are to be met. You can encourage them to suggest and find options for their study problems.

- Be aware of those students who show signs of becoming unwell, and check out with them how they are feeling and coping with study.

- Be informed about who provides good support and counseling and encourage the student to seek help.

- If you do have concerns about a student's safety you should seek help from appropriate professionals, eg Student Health & Counselling Department.

Further Information

Mental Health Foundation of New Zealand
81 New North Rd
Eden Terrace
Auckland

PO Box 10051
Dominion Rd
Auckland
Phone: (09) 300 7010
Fax: (09) 300 7020

SOURCE MATERIAL

Acknowledgement is made, with thanks, of material provided by Dr Geoff Bridgman of the Mental Health Foundation of New Zealand.

Section 9

Teaching Students With.....

Teaching Students With Respiratory Difficulties

Occurrence

Many students have breathing problems, the most common of which is asthma. Asthma is a lung condition which affects around one in ten adults. At present there is no known cure and the aim of treatment, typically medication, is to control or prevent symptoms.

The Asthma Foundation does not classify asthma under 'disability'. It is viewed under the umbrella of health, as with appropriate treatment 99 percent of people with asthma will have no more limitations than people without asthma.

Effects

Asthma affects individuals in a range of different ways and they may have some or all of the following symptoms: coughing, breathlessness, wheezing or tightness in the chest. There are certain factors which can trigger these symptoms such as exercise, respiratory viruses, cigarette smoke, cold air and allergies to, for example, dust mites, pollen and certain food additives.

During an attack of asthma, chest tightness and breathlessness can produce considerable anxiety. The main objective is to relieve the student's wheeze and breathlessness by administration of relief medication. Do not lie the student down – sit them comfortably in a chair. If the student appears to be blue around the lips, this is a danger sign. If available, oxygen should be given at once and an ambulance called immediately.

Inhaled medication is usually taken regularly for prevention, but is not designed to relieve wheezing once it has occurred. Generally these do not have noticeable side effects, unless a person is taking large doses of corticosteroids. It is rare for people to be taking large doses of corticosteroids.

Some Basic Facts

In contrast to certain beliefs in the community, there is no evidence of a psychological basis for asthma. However, once asthma has developed, psychological factors can influence how a person copes with an acute attack. Major stresses on the student such as an examination, or delivering a paper in front of a group, may worsen the asthma and are recognised as 'trigger factors' in some people.

Access on Campus

Lateness or absence from lectures may occur where prescribed medications fail to relieve symptoms. Fatigue and difficulty climbing stairs may cause problems, depending on the severity of the attacks.

Further information

Asthma NZ – Auckland Branch
581 Mt Eden Rd
Mt Eden
Auckland
Telephone: (09) 623 0236
Fax: (09) 623 0774
Email: anz@asthma-nz.org.nz

Source Material

Acknowledgement is made of material from the following sources and where appropriate is used with permission:

- The Asthma Foundation of New Zealand
  PO Box 96 025
  Balmoral
  AUCKLAND

TEACHING STUDENTS WITH A SPEECH DISABILITY

Occurrence

Speech difficulties are quite common in New Zealand. They include difficulties in projection, as in chronic hoarseness and oesophageal speech; fluency problems, as in stuttering or stammering and the nominal aphasia that alters the articulation of particular words or terms. Some of these difficulties can be managed by mechanical devices such as electronic 'speaking' machines or computerised voice synthesisers. Others may be treated or controlled through speech therapy. The New Zealand Speak Easy Association estimates that 1 percent of New Zealand's population stutters. All speech disfluency problems can be aggravated by the anxiety associated with oral communication, individually or in a group.

Effects

People with a speech disability may have difficulty in making oral presentations and may be difficult for other people to understand. It may take them a long time to formulate responses to questions and their verbal presentations may appear clumsy or lack logic. Verbal presentations may be characterised by an imprecise vocabulary. The voices of people with a speech impairment may be difficult to hear or unattractive to listen to.

People with pronunciation difficulties need time and encouragement to communicate ideas orally. Students with pronunciation difficulties may also experience spelling problems.

For those individuals who stutter, there is little correlation between the problem and any problems experienced in written work. However, in verbal presentation the listener may experience discomfort in listening to the speaker. The listener may have a sense of wanting to fill in words, but it is important not to do so.

Some Basic Facts

Self confidence may be damaged if others are impatient and incorrectly assume that poor speech reflects low intelligence. Many students with a speech disability are very intelligent, have high expectations and want to do well. A speech disability can be very tiring, so a student seeming bored or disinterested may be fatigued.

Teaching Strategies

Negotiate directly with the student to ascertain his/her individual needs.

Allow students the time they need to express themselves. It may be necessary to ask students to repeat a statement – several attempts may be necessary. Repeat what you believe they have said in a way that they may respond 'yes' or 'no'. Do not interrupt them by filling in gaps in their speech or finishing off sentences.

Address students naturally. Speak with the same volume, pitch and pace as usual.

Speak directly to the student and maintain eye contact. Do not assume that they cannot hear or comprehend.

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Consider course modifications and alternative assessment formats such as one-to-one presentations or presentations with a large visual component.

Students should have the opportunity to participate in group discussions and be encouraged to speak in group situations.

The most effective strategy in teaching students with speech disabilities is patience.

Further Information

Speak Easy Association (Auckland) Inc
56 Beaubank Rd
Kelson
Waitakere 0602

Source Material

Acknowledgement is made of material from the following sources and where appropriate is used with permission:

NZ Speak Easy Association
PO Box 18 684
New Brighton
Christchurch

- *Reasonable accommodations: Strategies for teaching university students with disabilities.* (1991). Sydney, Australia: Macquarie University, University of New South Wales, University of Sydney and University of Technology, Sydney.
- *Uniability: Students with disabilities in higher education: A resource guide for staff.* (1993). Adelaide, South Australia: Flinders University of South Australia, University of Adelaide, University of South Australia.

TEACHING STUDENTS WITH A VISUAL DISABILITY

Occurrence

No one data source exists to estimate the total blind and vision impaired population in New Zealand. A low estimate gives a current membership of the Royal New Zealand Foundation of the Blind as approximately 11,500 people. A medium estimate by leading ophthalmologists gives a rate of 12,000 blind and 34,700 visually impaired. A high estimate for 2004 provided by Statistics New Zealand as a result of the New Zealand Disability Survey: 2001 is 98,400 New Zealanders.

In recent years, most post secondary educational institutions have experienced an increased number of enrolments of students with visual impairment.

The causes of vision impairment and blindness are diverse. They include diabetes, glaucoma, stroke, brain injury, eye infections viruses, cataracts, age-related macular degeneration, accidents, as well as congenital conditions such as albinism.

Effects

The World Health Organisation has adopted three categories as an internationally accepted classification of visual performance: blindness, low vision and normal to near normal vision. The categories refer to the distances at which objects can be seen and extent of fields of vision.

The criteria for registration with the Foundation of the Blind is that the person will have either visual acuity of no better that 6/24 (person can see at 6 metres what a person with "normal" vision can see at 24 metres) in the better eye after the best possible correction, or a visual field not greater than 20 degrees in the widest diameter.

Most people with a visual disability are not blind, but have other low vision or near normal vision conditions which may not be obvious to the observer. Some people experience blurred or distorted vision, partially or over the complete field of view; others suffer greatly because of glare. Some people may be able to improve their vision with corrective lenses, while others with low vision may rely on residual vision with the use of adaptive equipment.

The extent to which a visual disability has an impact on a person's life may be influenced by many factors, including the degree of impairment, the age at which the impairment occurred and the person's range of experiences in early life. People who are blind from a young age may have only partial knowledge of many objects and ideas which people with normal vision take for granted. Learning from books can only partly make up for this restricted experience.

In addition, reading and writing are often much slower processes for people with visual disabilities. The 'scanning' times are much greater and time is needed to use the necessary aids – even if only to transfer to a different set of glasses to read after writing.

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People with visual disabilities undertaking post-secondary education have academic abilities comparable to other student groups.

Some Basic Facts

Not all people who are blind live in total darkness. Most people with vision impairment can detect light.

Loss of vision is not automatically associated with the development of better hearing skills. People with a visual impairment can not hear better, but may listen more conscientiously.

People with a visual impairment do not always need a lot of help to do anything. They can lead successful and independent lives and have the same range of strengths and weaknesses as others.

Teaching Strategies

Whatever the degree of impairment, students who have a visual disability should be expected to participate fully in lecture and tutorial activities, such as discussions and group work. Some students use tape recorders, laptop computers with speech or large print output, or braillers to record notes. They may confront limitations in laboratory classes and field trips, for example, but with planning and adaptive equipment, difficulties can be minimised.

It is important to remember that while techniques and equipment are useful, assistance from academic staff is vital for students with visual disabilities.

- Before the semester
  - Negotiate directly with the student to ascertain his/her individual needs.
  - In the case of blind and low vision students, all feasible course material should be provided in good quality electronic format in a timely fashion, ideally one to two weeks prior to the commencement of the course. Staff should be informed that they have a blind or low vision student in their class by the student and/or Disability Services no later than 4 weeks before the commencement of the class.
  - Disability Services operate the Alternative Print Service which will produce all course and study material in alternative format and outsource any material required in braille.
  - Increasingly blind and low vision students are accessing their print material directly from the publisher. Early notification of texts is essential.
  - Disability Services will provide notetakers, readers or tutors as necessary. Pairing the student with a sighted classmate or laboratory assistant may be helpful.
  - Ask students with visual impairments whether they want front row seats reserved. Being close to board work will be important to many students.
  - Assist students with guide dogs. If a guide dog is used, it will be highly disciplined and will require little space. By law, guide dogs must not be refused entry to buildings and classrooms.

When working guide dogs must not be distracted in any way.

- Ensure that students with visual impairments are notified of any organisational changes. Students should be advised of any changes to class locations and/or times in an appropriate way; do not expect that they will be aware of messages left on student notice boards.

• During the semester

- When speaking to the class, speak clearly in a normal voice – not loudly, slowly or with exaggeration. Face students directly and stand where glare is minimised.
- Identify yourself by name when approaching students with a visual impairment in case they do not recognise your voice. Indicate verbally when you are entering or leaving a student's presence. Because students may not be able to see non-verbal cues, verbally indicate your thoughts/feelings.
- Express written information orally by verbalising whatever is written on the board or shown on overheads. Use simple, clearly understood language.
- Ensure information is accessible. Work with the students and Disability Services to ensure that information is received in appropriate formats such as audio cassette, computer disk or braille.
- If you are planning to use a video, tell students and discuss alternative ways to approach information that they may miss. You may, for example, be able to give students a copy of the video and ask another class member to watch it with them and describe the visual components.
- Consider the need for extension of assignment deadlines when necessary. Although it would not be appropriate to grant students with visual impairments additional time on every assignment, there may be occasions when a deadline has not been met because research material was not available in their preferred format in sufficient time. Some flexibility in these instances will ensure students are not disadvantaged because of their disability.
- Ask if assistance is required. Do not presume that help will be needed, but be alert to the possibility that a student who is visually impaired may have unique needs.
- If students indicate that they would like to be guided, ask how they would like to be assisted. If students require more than verbal assistance, they usually ask to hold your elbow while you walk slightly ahead, indicating any steps or changes in gradient verbally. Never grab the student as this could be very frightening.
- Doors should be kept open or closed, not partly open and corridors kept clear of obstacles.
- Do not move objects from their usual place without advising the student.
- Open book examinations pose a major problem for students with a visual disability. If you are planning to use this method, discuss whether an alternative is required with students and/or the Disability Co-ordinator.

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- Tertiary students with visual impairment generally require test and exam accommodations. The accommodations which have been established are:
  - ➢ additional time as negotiated
  - ➢ separate room
  - ➢ braillepapers for students who are totally blind if requested
  - ➢ largeprint papers for students with low vision
  - ➢ use of a reader/writer
  - ➢ useof specialist equipment, for example a laptop computer with large print display, or other specialist software programmes
  - ➢ use of a CCTV

All of these measures may not be needed but all should be made available to a student with visual impairment.

Further Information

Royal New Zealand Foundation of the Blind has Regional Offices in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin.

Tertiary students who are members of the Foundation can receive a range of services including equipment assessments and training, instruction in braille, specialised computer programmes and keyboard skills, mobility services, whanau services and ethnic services. First contact is through the Service Co-ordinators, Royal New Zealand Foundation of the Blind.

However, most course material is now produced by the University's Alternative Print Service operated as part of Disability Services.

Royal New Zealand Foundation of the Blind
Private Bag 99 941,
Newmarket
Auckland
Telephone: (09) 355 6900, 0800 243 333
Fax: (09) 355 6919

Source Material

Acknowledgement is made of material from the following sources and where appropriate is used with permission:

Jane Wells
Homai Vision Education Centre
Private Bag 801
Manurewa
AUCKLAND

- *Uniability: Students with disabilities in higher education: A resource guide for staff.* (1993). Adelaide, South Australia: Flinders University of South Australia, University of Adelaide, University of South Australia.

Section 9

TEACHING STUDENTS WITH.....

Section 10

Special Conditions for Tests and Examinations at the University of Auckland

The University of Auckland diligently considers and accommodates alternatives for people who require different conditions for sitting standard tests and examinations. These accommodations are granted by the Examinations Office and are an arrangement between the student and the Examinations Office. Privacy of the student is respected and all special requirements are organised by the Examinations Office within the University's Examination Regulations.

The accommodations granted apply to both tests and examinations. Whilst all aspects of examinations under special conditions are organised by the Examinations Office, tests are the business of each department.

Application Process

To gain special conditions, students are advised to make an appointment with Student Health and Counselling or be referred to the Student Learning Centre as appropriate well in advance of requiring them. This service is free if the student states at the time of making the appointment that it is for the purpose of assessing special conditions for examinations. The assessment will state the special conditions recommended and their duration. Students will be advised of their re-assessment requirements on the SA25 form. If the disability is temporary or subject to change, then further assessment of the conditions will be made as required. Should approved special conditions change then a further assessment is necessary. The assessing department will forward the application to the Examinations Department. The Examinations Department will consider the application and provide the student with a copy of the approved conditions and re-assessment requirements on the SA25 document.

Tests

The same documentation acquired from Student Health and Counselling or the Student Learning Centre which is required for special conditions for examinations, is also the basis for approval of special conditions for tests. A student seeking special conditions for tests must present the document (SA25) to the department as evidence that special conditions have been approved. Only the approved conditions may be provided. If a staff member would like to clarify the eligibility of a student for special conditions, this can be done directly with the Examinations Office or Disability Services.

The department will then organise the conditions that are required.

Test Environment

Students should be allowed to take tests in the same room as other students unless their special conditions preclude this. Alternative rooms should be quiet, free from distractions and interruptions and provide for the speaking necessary if students are using an amanuensis. **Supervision of tests is the responsibility of the department.**

Amanuenses and Equipment

Should an amanuensis be required, Disability Services can provide personnel for this service and pay for it. Please allow two weeks prior notice to arrange this.

Disability Services can assist with advice on any equipment or additional services required, eg. enlarged print, Braille test papers, CCTV or the rare occasions when the Examinations Office has approved the use of a computer and specialist software.

Time Extensions

Time extensions vary according to the needs of each individual and are specified on the SA25 document which must be presented by the student. Time extensions usually mean that a separate room is required otherwise the student is distracted by other students either entering or leaving the room while they are still working.

In the event of short notice and the requirements not having been fulfilled, liaison with Disability Services, Health and Counselling or the Student Learning Centre is suggested.

The Disability Services office is available for advice to both the student and the department regarding special conditions for tests and other (non-examination) assessment events.

Section 11

Managing Diversity: Alternative Assessment Methods and Curriculum

Introduction

The concept of 'reasonable accommodation' is used in legislation to ensure equal treatment in practice for people with disabilities in a range of situations. This means that university staff, wherever it is necessary and reasonable to do so, take into account a student's disability and make appropriate adjustments to the learning environment to lessen the impact of the disability. In other words, students with disabilities should have the opportunity to take any course or field work the university offers.

Determining the reasonableness of modifications to assessment and course curricula is probably the area which generates the most concern for teaching staff. Unfortunately there is no single formula or set of rules to assist in this activity. Given the highly individual nature of disabilities, the vast range of skill competencies required in different courses and the fact that determining appropriate modifications often relates to interpretations of what is 'reasonable', it is inappropriate to formulate hard and fast rules. This does not mean that solutions acceptable to both teachers and students can not be found. Indeed, there are a range of alternative assessment formats for students with different types of disabilities which have been used very successfully in universities in New Zealand and overseas.

- **Modifications to assessment and curriculum should:**
  - be negotiated by the student and staff member
  - consider the individual student's needs
  - maintain the integrity of academic standards

Successful adaptation of assessment and curriculum means that both the student and lecturer are responsible for devising procedures which meet needs and standards. Lecturers who lower their standards to 'help' the student with a disability are inadvertently presenting as much of a barrier to the student reaching his/her potential, as the lecturers who refuse to negotiate any assessment alternatives.

Students with a disability want to learn and to have their competencies judged in the same way as other students. Valid assessment procedures need to be developed that accommodate the disability by procedural modifications, not by relaxing standards.

It is important that assessment of achievement means the same thing for all students. A grade of 'pass with distinction' should carry the same meaning for all students. A student with a disability is not advantaged by 'watering down' the course objectives. Discussion with the student with a disability may involve careful consideration of course objectives so that assessment relates to the student's understanding of course content rather than manual dexterity or other physical attributes.

The use of a neutral source, such as another lecturer, head of department, or faculty registrar, can ensure that academic

standards are maintained. A lecturer who, for example, permits a student to 'take home' an examination may be providing an inappropriate adaptation because they 'feel sorry' for the student: the student has been given an unfair advantage and in the long term will be prevented from making educational choices based on a true assessment of performance. In addition, the staff member can no longer be assured it is the student's own work when the examination is completed without supervision.

Modifications should not give students with disability a competitive edge, but rather eliminate competitive disadvantage.

Modifications to curricula and assessment should take into account:

- In what way is the student's functioning limited by the disability?
- How can these limitations be eliminated or minimised?
- What adjustments are reasonable in relation to the validity, reliability and practicality of alternative assessment methods?
- What adjustments are fair in relation to maintaining the integrity of academic standards?

It is possible that despite reasonably developed adaptations, a student with a disability does not pass an examination or assignment. Just as any other, this student may not have mastered the course material to the necessary standard and a fail grade is appropriate.

The Purpose of Assessment

Being involved in student assessment is a critically important task facing lecturers within the University. An assessment affects students in many powerful ways. The effect may be positive or negative, even harmful. For many students, obtaining a pass is their primary motivation. Should the assessment method prohibit students, because of their disability, to demonstrate their skills and knowledge, then the potential for discrimination and for making serious errors of judgement about an individual is evident.

In many disciplines there are a variety of ways in which students may demonstrate their understanding and mastery of subject matter and techniques. Some of the more common methods of assessment are: essays; short answer questions; multiple choice tests; direct observation; oral examinations and structured practical assessment. Whatever method of assessment is used, it should satisfy the following four requirements.

- validity: does it measure what it is supposed to measure?
- reliability: does it produce consistent results?
- practicality: is it practical in terms of time and resources?
- equity: does it allow for equality of opportunity for all students?

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Validity

Content validity is the first priority of any assessment. It is the measure of the degree to which the assessment contains a representative sample of the material taught in the course. In approaching any assessment the first question to be asked is: What are the objectives of the course?

Objectives of a course are the framework against which assessors can evaluate the content validity. For the content validity to be high, the assessment must sample the student's achievement on each objective.

Reliability

The reliability of any assessment is a measure of the consistency and precision with which it tests what it is supposed to test. Though its importance is initially less vital than validity, an unreliable assessment cannot be valid. The degree of reliability varies with the consistency of the marking. The absence of consistency is responsible for the unacceptable levels of reliability in most forms of direct assessment and of written tests of the essay type.

Practicality

An assessment scheme must be practical. Assessors may decide to use a scheme that is potentially highly valid and reliable but find that it is not practical to do so in the circumstances, for example because it demands too much time or resources.

Equity

An assessment scheme must not unfairly disadvantage students who have backgrounds, characteristics and needs different from the 'traditional' or 'average' student in the course.

- Validity, reliability, practicality and equity can be improved by:
  - carefully matching a test with the course objectives, content and teaching methods
  - increasing the sample of objectives and content areas included in a test
  - using methods that are appropriate for the objectives specified
  - employing a range of test methods
  - ensuring that questions are clear and suitable for the level of students
  - checking limits are realistic
  - writing test instructions that are simple, clear and unambiguous
  - keeping choices within a test paper to a minimum
  - ensuring that test methods are accessible on both a physical and informational level to all students

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Managing Diversity: Alternative Assessment Methods and Curriculum

Key Elements of Curriculum Design

Curriculum planning is a complex task influenced by a range of external and personal factors. It can be shaped by the political and economic context in which teaching is conducted, is influenced by existing practices and procedures within courses and is dependent on the lecturer's perception of their role – for example whether they consider their main function is purely to impart knowledge to students or if they are concerned for personal and social welfare of students, as well as their development of critical intellectual skills.

The key element in curriculum planning is to forge strong links between planned educational intentions, course content, teaching and learning methods and the assessment of student learning while taking full account of student characteristics.

Course content includes all aspects of knowledge, skills and attitudes relevant to the course and intellectual experiences of the students and lecturers involved. There are several different criteria for selecting content:

- philosophical criteria – the value positions underpinning course intentions
- professional criteria – requirements set by professional associations
- psychological criteria – application of principles of learning theory
- practical criteria – feasibility of teaching the content and resources available
- student criteria – the characteristics of the students to be taught

The last criterion is particularly important and can be one of the most difficult parts of curriculum planning. The reason for this is that teachers now face increasingly diverse groups of students and must take account of legislative requirements and University policy in regard to equal opportunity. It is no longer enough to state that curriculum planners need to 'take account of students', such considerations need to be demonstrated in procedures and practices.

The intentions of course content are usually expressed in the form of course 'aims' and 'objectives'. Aims reflect the lecturers' orientation to education and are statements of intent. Objectives are more specific statements of what students should be able to do as a result of a course of study. Each defined objective should be matched with appropriate teaching and learning activities and with a valid and suitable form of assessment.

One way the curriculum can discriminate against students with disabilities is to make the content and objectives too prescriptive. When tasks to be achieved are set without any flexibility , all students must perform in identical ways. This traditionally means that students must reach standards which fail to accommodate the competitive disadvantages experienced by some because of a disability.

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Managing Diversity: Alternative Assessment Methods and Curriculum

If curricula are designed with a measure of flexibility and there are a number of ways to achieve objectives, then individual students differences can be more easily considered. Furthermore, with a flexible and inclusive curriculum, a much broader range of opportunities for successful academic achievement exists.

Alternative Course Assessment Formats

All assessment events at the University of Auckland must be under-taken according to the approved accommodations written on the University's SA 25 form. Students **must** present this form as evidence of these accommodations being granted. The accommodations must be carried out exactly as stated on the form.

Some accommodations could be:

- Students who are deaf or have a hearing disability
  - Written instructions could replace information usually read aloud by the examiner.
  - An oral or NZSL interpreter may translate oral instructions and information. The interpreter does not supply any additional information or interpret the answers of the written test questions.
  - For tutorial presentations, the student could prepare a written paper and have this read by another student or by an interpreter. Questions could be answered via the interpreter.
- Students with a visual disability
  - A special edition of the examination, such as large print or braille could be provided or the questions individually read.
  - Students may use electronic optical aids, such as a closed circuit T.V. which enlarges print.
  - Students may use specialist software such as JAWS, SuperNova, Zoomtext or Kurzweil in a manner approved by the Examination Office.
  - Students may dictate answers to a amanuensis/writer who marks the answer sheet or writes the essay.
  - The student and lecturer may determine how spelling and punctuation can be evaluated, where these are directly related to the course objectives.
- Students with a learning disability
  - Arrangements may be made for students to sit assessments in a separate, quiet room in accordance with their SA 25 conditions.
  - Time extensions on examinations and written assignments should be granted as prescribed by the Examinations Office for specific individual students.

- Avoid overly complicated language in examination questions and clearly separate questions on the examination paper.
- When necessary, arrangements can be made for students to use a reader and/or writer.
- The use of a computer is approved only in exceptional circumstances and is managed by Disability Services for course tests and assessments under the individual conditions approved by the Examinations Office.
- Consider alternative examination designs. Some students with learning disabilities may find essay formats difficult, for example.
- Consider alternative or supplementary assignments that may serve assessment or evaluation purposes.
- Be aware that misreading a key word is much more likely for students with learning disabilities. For example, when an answer is well framed but seemingly irrelevant to the set question – a flexible attitude to assessment may be necessary.
- Poor handwriting or spelling may not necessarily indicate an immature or uninformed examination answer, instead it may be the result of a disability.

- Students with a mobility disability
  - Ensure that assessments are given in an accessible building and classroom.
  - Arrange an assistant/amanuensis to manipulate test materials, mark responses on examination papers and write numbers and/or symbols, as directed by the student. Refer to Disability Services to arrange and pay test reader/writers.
  - Arrange for appropriate seating.
  - Allow rest periods as prescribed by the Examinations Office for the specific individual student who may be unable to stand or sit for long periods of time.
- Students with a speech disability
  - Written examinations could replace oral examinations.
  - An interpreter could read the student's written response, for an oral presentation.
  - Students may use an auxiliary aid such as a word board or interpreter for classroom participation.

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Managing Diversity: Alternative Assessment Methods and Curriculum

Time Extensions for Assignments

Time extensions for assignments can be frequently requested by students with disabilities. The most common causes are hospitalisation, health, fatigue, time lost waiting for personal assistance, material in the preferred format is not available or late even though the student has made all reasonable attempts to procure it and technology breakdowns. Decisions for extensions on grounds directly related to disability matters should be made on the basis of reasonable accommodation. It is not always helpful if the student gains a series of extensions which then become unmanageable because of looming examinations. Liaison with Disability Services may be helpful in discussing reasonable accommodations for these students.

Source Material

Acknowledgement is made of material from the following sources and where appropriate is used with permission:

- *Uniability: Students with disabilities in higher education: A resource guide for staff.* (1993). Adelaide, South Australia: Flinders University of South Australia, University of Adelaide, University of South Australia.

Section 12

Safety Issues During Practical/Laboratory Work

Introduction

Staff in universities who are concerned for the safety of students with a disability, particularly in laboratory and practical classes, can be reassured that there is empirical data suggesting that the chance of an accident is no greater if a person has a disability. For example, a study by Swanson and Steere (1981), found no evidence that students with a disability posed more of a hazard to themselves or their colleagues and teachers in a laboratory. In addition, worker safety and absenteeism records indicated that people with disabilities in a range of industrial, chemical and engineering plants, showed a higher degree of motivation toward good safety practices than average.

Consistent with the above findings were the findings of the American Chemical Society Committee on Chemical Safety. This body identified that people with disabilities generally need to plan and organise their daily lives and environment, more so than people without disabilities. For example, people with a mobility disability learn to ensure that all necessary items are in reach before a task is undertaken and people with visual disabilities ensure that required materials are arranged and labelled in an organised manner. The Committee argued that since organisation, careful preparation and advance planning form the foundations of good safety procedures, people with disabilities for whom foresight and planning are second nature, may actually be better prepared than their colleagues (cited in Swanson & Steere: 1981).

Precautions in Laboratory and Practical Classes

The following guidelines are suggested for teachers working with students with disabilities:

- All students should be expected to accept responsibility for adopting and enforcing good safety practices. Safety measures and standards for students with disabilities are the same as those expected from other students.
- While many students with a disability will be able to perform a range of laboratory/ practical tasks unassisted, those with limited functional use of their hands may not have the ability to work independently, but can participate by working with an assistant. In such cases, each individual must assume full responsibility for safety.
- The lecturer and/or assistant should be guided by the student with a disability regarding the amount of help required; they should avoid doing any part of the work which the student wishes to do and can do.
- Prior to the begining of the semester, the lecturer and student with a disability should meet to discuss any additional safety precautions. Given the highly individualised effects of disabilities, it is important that the student's needs, limitations and abilities are treated on an

individual basis. The student and lecturer should come to an agreement about the best way to handle situations safely

- If required, refer to Disability Services to request an assistant
- An evacuation plan should be organised for fire or other emergencies. A wise safety measure in this instance may be the use of a 'buddy system', where other student/s are available to provide immediate emergency assistance to the student with a disability

Precautions for students with a mobility disability. A range of precautions are suggested, including:

- safety equipment should be at an accessible height
- lightweight fire extinguishers should be readily available near the student
- emergency showers should be fitted with a pull chain within easy reach
- eye washes should be low enough for a person seated in a wheelchair, or an emergency spray hose be provided. Check that the student is able to turn taps
- wheelchair users should work near an accessible exit and aisles kept free of obstructions
- proper safety clothing, including eye and face protection should be worn at all times
- students in wheelchairs should wear heavy rubber aprons to protect against spills; this is especially important for those who have no sensory perception in the lower half of their body
- some minor modifications to benches and layout may be necessary to accommodate the needs of wheelchair users. Many modifications could be done on site by laboratory assistants and/or in conjunction with Disability Services and Property Services
- Disability Services may provide an assistant to "be the hands" of the student as required

Precautions for students with a visual disability

- Prior to the first session, students with a visual disability will need to become familiar with the layout of the laboratory. The lecturer or delegate should spend some time with the student to explain: the layout of the room, the location of equipment, reagent shelves, hoods, emergency showers and other safety equipment, as well as the position of exits and evacuation routes
- Disability Services may provide an assistant
- According to scientists with severe visual disabilities, blind individuals may learn their way around the laboratory fairly easily and often use tactile, auditory and olfactory cues to detect and avoid hazards

Section 12

Safety Issues During Practical/Laboratory Work

The needs of students with a visual disability will depend to a large extent on the type of impairment. Some totally blind students may need an assistant to conduct laboratory or practical work, while others will require little or no additional help. The student and instructor can come to some agreement about which exercises may be too hazardous to be performed safely by the student. There is an increasing range of equipment being developed to assist people with visual disabilities and details of these are provided below.

Precautions for students with a hearing disability

- Students with hearing disabilities generally require few special safety precautions. Some of the following arrangements however, will assist with safety:
- locate students in positions where they have an unobstructed view of the lecturer
- ensure that students receive and understand all instructions and that they are advised of changes in protocol. Information is best provided in written form, before the class begins
- Disability Services may provide an assistant to relay all verbal information
- audible alarm systems should be supplemented by visual cues, such as flashing lights
- provision should be made in the event of power failure and some type of battery operated emergency lighting provided
- if possible, the on/off status of equipment should be distinguished by indicator lights (though many students with a hearing disability safely monitor using tactile cues such as vibrations).

Specialist Laboratory/Practical Equipment

There is a considerable range of equipment to assist people with disabilities. For example, for students with a visual disability, computer hardware and software has been developed in America which can interface easily with almost any scientific instrument which gives an analog signal for a chart recorder or digital output, i.e. Ph electrodes, digital balances, visible and infra-red spectrometers, titrators and gas chromatographs.

Other specialised equipment includes:

- stereocopiers which contain fusers with rotating drums convert any black drawing into a raised format. The paper used is Japanese capsule paper (puff paper) which can be either drawn on or photocopied on
- thermometers with voice output or audible null detection
- talking callipers for length measurement
- talking multimeters
- other battery operated sensors for example, for liquid level
- electronic calculators with braille or voice output

Section 12

Safety Issues During Practical/Laboratory Work

Further Information

Advice on appropriate equipment and its availability can be obtained from support organisations for people with disabilities – refer to those listed in the chapters on specific disabilities.

Source Material

Acknowledgement is made of material from the following sources and where appropriate is used with permission:

- Swanson, A.B., Steere, N.V. (1981). Safety considerations for the physically handicapped individuals in the chemistry laboratory. *Journal of chemical education,* 58, 234.
- *Uniability: Students with disabilities in higher education: A resource guide for staff.* (1993). Adelaide, South Australia: Flinders University of South Australia, University of Adelaide, University of South Australia.

Safety Issues: Fire Safety – Building Evacuation

On the occasions when the fire siren sounds during lectures, tutorials or in any area where students may be present, the normal procedures of evacuation and assembly apply.

In the case of a wheelchair user the procedure is: the warden of the area is to organise somebody to stay with the person, move the person to the nearest smoke free lobby where they will not block exits or hold up other people and report the persons position to the Building Warden. The responsibility of evacuating a person in a wheelchair is the responsibility of the fire service and/or wardens. Unless the emergency is dire, it is unwise to move a person in a wheelchair as they can be fragile and injuries may easily occur.

Library Assistance

The General Library at the University of Auckland has a section on its website regarding services for people with disabilities. This can be reached from the Library's LEARN site under Libraries, Services, Collections.

All students can book a session to learn how to use the Library. Students with disabilities can use this service or if their disability necessitates individual assistance, this can be arranged.

Disability Services also operate a Library Service. Students are asked to make an appointment and can be assisted to do such things as search for books and journals and physically take books from shelves as required.

In addition, Disability Services operate an Alternative Print Service to produce written material in alternative format for blind and visually impaired students.

Library staff seeking information on how to assist students with a disability are encouraged to read the overview section and the chapters on specific disabilities.

Section 14

Disability Services

The Mission Statement for Disability Services is "To enable and encourage students with disabilities to access University study and reach their academic potential" and the staff are committed to this goal. The staff at Disability Services welcome students, academic staff and general staff to contact them for assistance and advice.

Services Offered

- Advocacy and Advice
- Notetakers, Laboratory Assistance
- NZ Sign Language Interpreters
- Library Research Assistance
- Alternative Print Service
- Careers Advice
- Mental Health Service
- Examinations and Test Advice
- Equipment
- Use of Mobility Scooters
- Specialist Technology
- Designated Study Rooms
- Accessible Parking (conditions apply).

Who Uses The Services

Anyone who has a disability including –

- Deaf and Hearing Impaired
- Blind and vision impaired
- Specific Learning
- Medical / Occupational Overuse Syndrome
- Head Injury
- Mental Health
- Physical/Mobility
- Speech
- Temporary (when practicable)

Staff

Manager – Disability Services

Co-ordinator for Students and Staff with Disabilities

Outreach Co-ordinator – Epsom Campus

Assistant Co-ordinator for Students and Staff with Disabilities

Administration and IT Co-ordinator

Alternative Print Service Co-ordinator – Tamaki Campus

Mental Health Co-ordinator

Assistant Mental Health Co-ordinator

Careers Advisor.

In addition, Disability Services employ over 200 casual staff each year.

Section 14

Disability Services

Contact Details

Disability Services are located on the City Campus at –

The ClockTower,
Basement Level – Room 033
Telephone (09) 373 7599
ext 82936, 88808, 87330
Fax (09) 308 2354
Email disabilities@auckland.ac.nz
Website www.disability.auckland.ac.nz

Faculty of Education
Block K, Room 100
Gate 4
60 Epsom Ave
Epsom
Telephone (09) 623 8899 ext 48459
Fax (09) 623 8872
Email disability@auckland.ac.nz

Office hours are 8am to 4pm. It is most advisable to make an appointment. Services required on other campuses such as Tai Tokerau should contact the Faculty of Education Office to organise the services they require.

Please note – The University of Auckland has an Alliance Agreement with The Manukau Institute of Technology. Students studying at Manukau who may require services should contact –

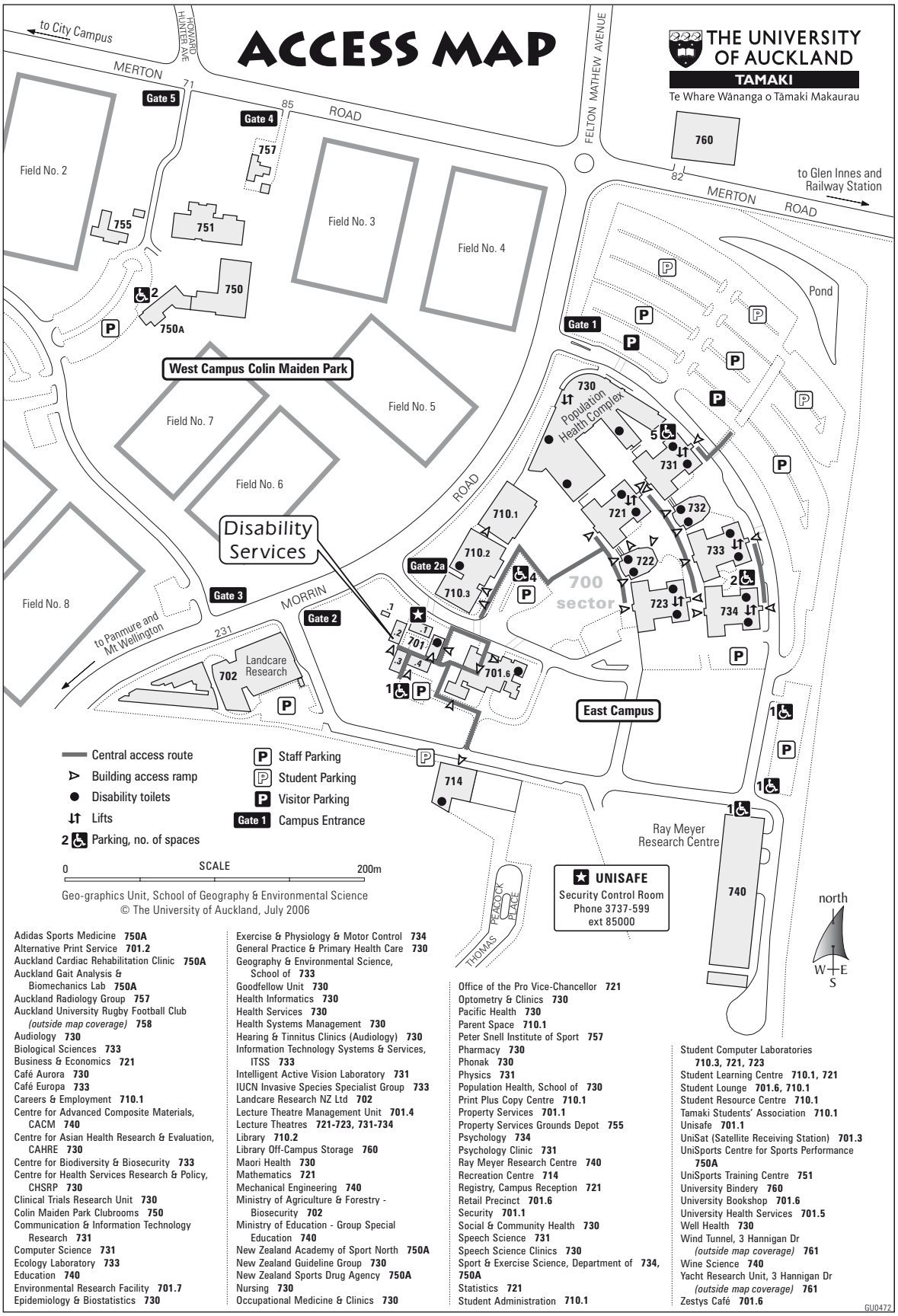
Disability Support Services
NF 1
Gate 11
North Campus
Telephone (09) 968 7668
Fax (09) 968 7667
Email disabilities@manukau.ac.nz

Section 15

Wheelchair Access and Restrooms on Campus

The Campus Access Map outlines information on the best access routes around and within buildings on campus, such as the location of level entrances to buildings, lifts and accessible toilets for people with disabilities. The University also has rest spaces located throughout campus, for staff and students who require rest breaks or need to administer medication. A list of the restrooms is available from Disability Services or the EEO Office.

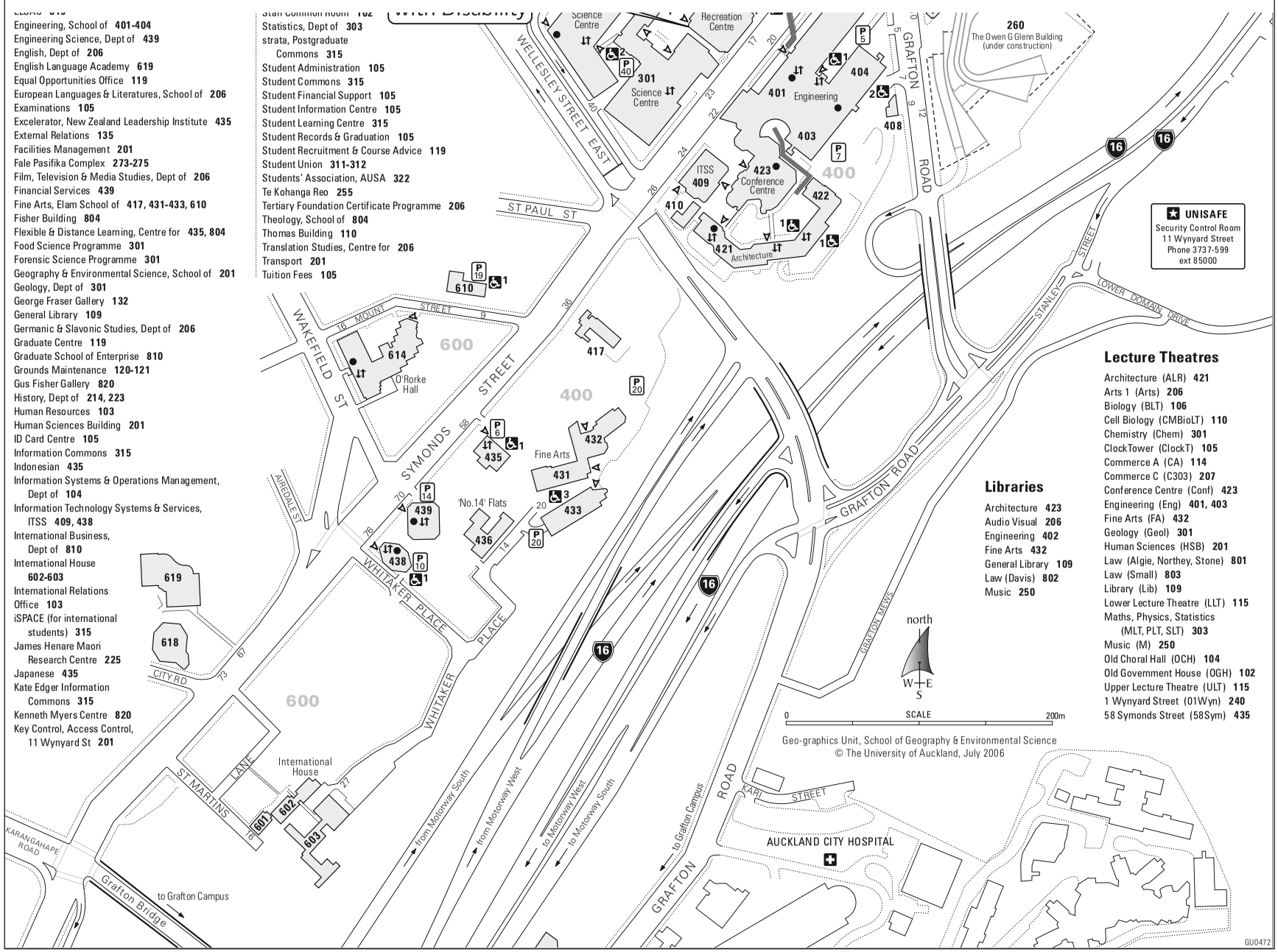
Map of Tamaki Campus



Adidas Sports Medicine **750A**
Alternative Print Service **701.2**
Auckland Cardiac Rehabilitation Clinic **750A**
Auckland Gait Analysis & Biomechanics Lab **750A**
Auckland Radiology Group **757**
Auckland University Rugby Football Club *(outside map coverage)* **758**
Audiology **730**
Biological Sciences **733**
Business & Economics **721**
Café Aurora **730**
Café Europa **733**
Careers & Employment **710.1**
Centre for Advanced Composite Materials, CACM **740**
Centre for Asian Health Research & Evaluation, CAHRE **730**
Centre for Biodiversity & Biosecurity **733**
Centre for Health Services Research & Policy, CHSRP **730**
Clinical Trials Research Unit **730**
Colin Maiden Park Clubrooms **750**
Communication & Information Technology Research **731**
Computer Science **731**
Ecology Laboratory **733**
Education **740**
Environmental Research Facility **701.7**
Epidemiology & Biostatistics **730**
Exercise Physiology & Motor Control **734**
General Practice & Primary Health Care **730**
Geography & Environmental Science, School of **733**
Goodfellow Unit **730**
Health Informatics **730**
Health Services **730**
Health Systems Management **730**
Hearing & Tinnitus Clinics (Audiology) **730**
Information Technology Systems & Services, ITSS **733**
Intelligent Active Vision Laboratory **731**
IUCN Invasive Species Specialist Group **733**
Landcare Research NZ Ltd **702**
Lecture Theatre Management Unit **701.4**
Lecture Theatres **721-723, 731-734**
Library **710.2**
Library Off-Campus Storage **760**
Maori Health **730**
Mathematics **721**
Mechanical Engineering **740**
Ministry of Agriculture & Forestry - Biosecurity **702**
Ministry of Education - Group Special Education **740**
New Zealand Academy of Sport North **750A**
New Zealand Guideline Group **730**
New Zealand Sports Drug Agency **750A**
Nursing **730**
Occupational Medicine & Clinics **730**
Office of the Pro Vice-Chancellor **721**
Optometry & Clinics **730**
Pacific Health **730**
Parent Space **710.1**
Peter Snell Institute of Sport **757**
Pharmacy **730**
Phonak **730**
Physics **731**
Population Health, School of **730**
Print Plus Copy Centre **710.1**
Property Services **701.1**
Property Services Grounds Depot **755**
Psychology **734**
Psychology Clinic **731**
Ray Meyer Research Centre **740**
Recreation Centre **714**
Registry, Campus Reception **721**
Retail Precinct **701.6**
Security **701.1**
Social & Community Health **730**
Speech Science **731**
Speech Science Clinics **730**
Sport & Exercise Science, Department of **734, 750A**
Statistics **721**
Student Administration **710.1**
Student Computer Laboratories **710.3, 721, 723**
Student Learning Centre **710.1, 721**
Student Lounge **701.6, 710.1**
Student Resource Centre **710.1**
Tamaki Students' Association **710.1**
Unisafe **701.1**
UniSat (Satellite Receiving Station) **701.3**
UniSports Centre for Sports Performance **750A**
UniSports Training Centre **751**
University Bindery **760**
University Bookshop **701.6**
University Health Services **701.5**
Well Health **730**
Wind Tunnel, 3 Hannigan Dr *(outside map coverage)* **761**
Wine Science **740**
Yacht Research Unit, 3 Hannigan Dr *(outside map coverage)* **761**
Zestys Café **701.6**

Section 16

Map of Auckland Campus



Lecture Theatres

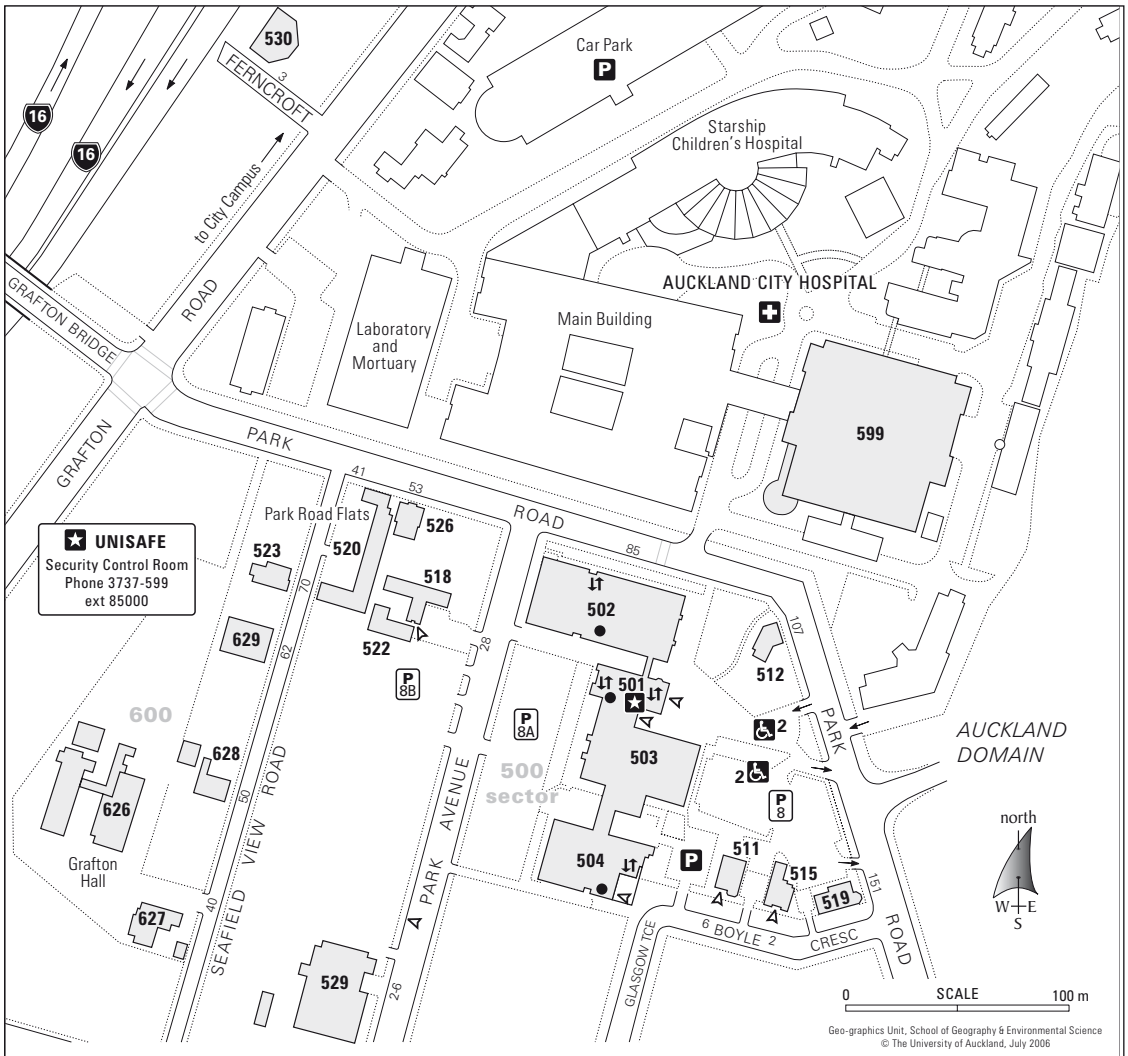
Architecture (ALR) **421**
Arts 1 (Arts) **206**
Biology (BLT) **106**
Cell Biology (CMBioLT) **110**
Chemistry (Chem) **301**
ClockTower (ClockT) **105**
Commerce A (CA) **114**
Commerce C (C303) **207**
Conference Centre (Conf) **423**
Engineering (Eng) **401, 403**
Fine Arts (FA) **432**
Geology (Geol) **301**
Human Sciences (HSB) **201**
Law (Algie, Northey, Stone) **801**
Law (Small) **803**
Library (Lib) **109**
Lower Lecture Theatre (LLT) **115**
Maths, Physics, Statistics (MLT, PLT, SLT) **303**
Music (M) **250**
Old Choral Hall (OCH) **104**
Old Government House (OGH) **102**
Upper Lecture Theatre (ULT) **115**
1 Wynyard Street (01Wyn) **240**
58 Symonds Street (58Sym) **435**

Libraries

Architecture **423**
Audio Visual **206**
Engineering **402**
Fine Arts **432**
General Library **109**
Law (Davis) **802**
Music **250**

Section 16

Map of Grafton Campus



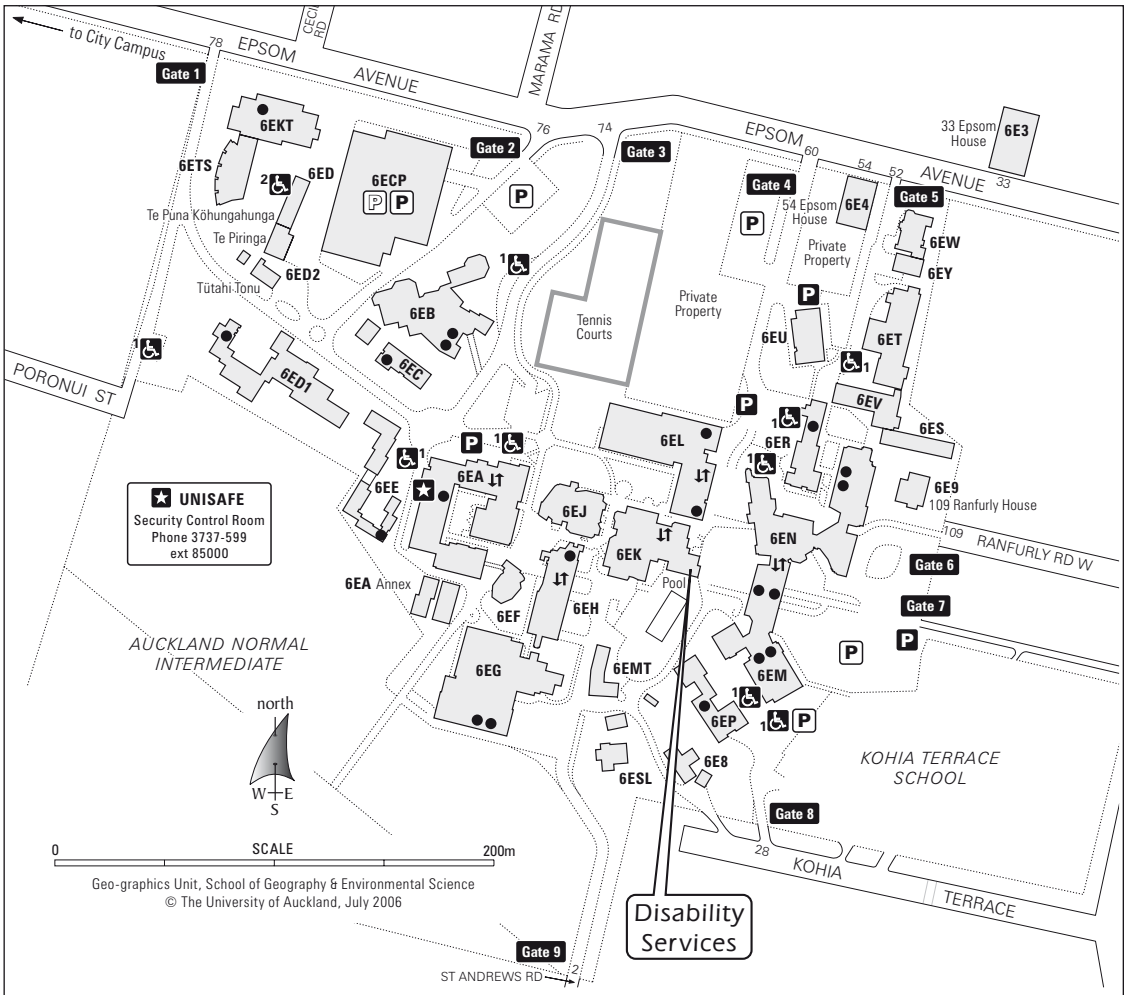
THE UNIVERSITY OF AUCKLAND
GRAFTON
Te Whare Wānanga o Tāmaki Makaurau

ACCESS MAP

Administration **502**
Anaesthesiology, Mercy Hospital, Mountain Rd *(outside map coverage)* **551**
Anatomy with Radiology **502**
Auckland Cancer Society Research Centre **504**
AUMSA **501**
Biomedical Engineering **501**
Café **503**
Childcare Centre **518, 522**
Counselling **512**
Creche **518**
Faculty Education Unit **519**
Financial Advice **512**
Grafton Flats & Houses **526**
Grafton Hall of Residence **626-629**
Infant & Toddler Centre **522**
Information Commons **503**
Information Technology **501**
Learning Technology Unit **519**
Lecture Theatres (Cole, Henley, Lewis, Robb) **501**
Library, Philson **503**
Liggins Institute **529**
Maori Health **511**
MAPAS Student Centre **515**
Medical & Health Sciences, Faculty of **502**
Medical Sciences **503**
Medicine **530, 599**
Molecular Medicine & Pathology **504**
NeuronZ Ltd **529**
Nursing **503**
Nutrition **503**
NZ National Eyebank **504**
Obstetrics & Gynaecology **503, 530, 599**
Ophthalmology **504**
Optometry & Vision Science **502**
Optometry Clinic **502**
Paediatrics **599**
Park Road Student Flats **520, 523**
Pharmacology & Clinical Pharmacology **503**
Pharmacy **504**
Philson Library **503**
Physiology **502**
Psychological Medicine **599**
Student Centre **501**
Study Area **503**
Surgery **530, 599**
Unisafe **501**
University Health Services **512**

Building access ramp
Disability toilets
Lifts
2 Parking, no. of spaces
Bus Stop, city service
P 18 Staff Parking, area no
P Visitor Parking

GU0472



THE UNIVERSITY OF AUCKLAND
EPSOM
Te Whare Wānanga o Tāmaki Makaurau

ACCESS MAP

Directory

109 Ranfurly House **6E9**
28 Kohia House **6E8**
33 Epsom House **6E3**
54 Epsom House **6E4**
Administration **6EA**
Cafeteria **6EK**
CEDD **6EN**
Computer Rooms **6EN**
Conference Rooms **6ER**
Contact Centre **6EN**
Contracts (ECPD) **6EE**
Contracts **6EE**
Counselling Services **6ER**
Créche **6E3, 6ED**
Disability Support Office **6EK**
Drama Centre **6EK**
Duncan McGhie Lecture Theatre **6EJ**
Education, Faculty of **6EA**
Finance **6EA**
Gym & Dance Rooms **6EG, 6EM**
Health & Physical Education **6EP**
Health Centre **6ER**
Human Resources **6EA**
Human Services **6EE**
Information Technology Services **6ER**
Internet Room **6EL**
Kohia Teachers Centre **6EKT**
Languages **6EN**
Lecture Theatres **6EF, 6EJ, 6EN**
Library, Sylvia Ashton-Warner **6EL**
Maintenance **6EMT**
Maori Studies **6ED2**
Marae, Tūtahi Tonu **6ED2**
Marketing **6EW**
Music **6EB**
Owen Gilmore Theatre **6EN**
Pasifika **6ES, 6EV**
Practicum **6EN**
Performance Improvement Centre **6EW, 6EY**
Postgraduate Studies & Research **6EU**
Reading Recovery & International **6EN**
Reception **6EA**
Social & Policy Studies, S&P **6EN, 6EP**
School Leadership Centre **6ETS**
Science, Mathematics & Technology, SMT **6EA, 6ET**
Student Centre **6EK**
Student Learning Unit, SLU **6ESL**
Sylvia Ashton-Warner Library **6EL**
Te Puna Kōhungahunga **6ED**
Te Puna Wānanga **6ED1**
Team Solutions **6ETS**
Teaching, Learning & Development, TLD **6EA, 6EH**
Tūtahi Tonu Marae **6ED2**
Unisafe **6EA**
Visual & Creative Arts, VCA **6EA, 6EB**

● Disability toilets
Lifts
2 Parking, no. of spaces
P Staff Parking
P Student Parking
P Visitor Parking
Gate 1 Campus Entrance

GU0472

Section 17

ACCOMMODATION

Accommodation and Conference Services of The University of Auckland offer both fully catered and self-catered accommodation options for students with disabilities. Excellent study and living facilities as well as personal and academic support are provided. In addition, the residences have undergone a rigorous quality assurance assessment by Qualmark and have been awarded between 3 and 4 stars in Student Accommodation.

Facilities such as wheelchair access and specially fitted bathrooms are available at O'Rorke Hall, The Railway Campus and Park Road Student Flats. Some rooms at The Railway Campus open directly on to the lawns and are especially suitable for guide dogs. The dogs can also be accommodated at O'Rorke Hall.

O'Rorke Hall is a fully catered Hall of Residence, conveniently located close to the City Campus and particularly suitable for recent school leavers. An organised social programme, internet access through the University's resnet system at a small weekly rental, library, games and computer rooms are some of the attractions. Accommodation is in single rooms with six rooms in a pod sharing a lockable shower, basin and separate toilet. The Hall was awarded 4 Stars in Student Accommodation.

The Railway Campus has self-catered accommodation in one bedroom en-suite studio or two or three bedroomed apartments, with a kitchenette with tea and toast making facilities and a fridge. Cooking is in fully equipped communal kitchens but meal plans or single meals are available at the in- house, privately managed @Rail Café. Some personal support is provided and the facilities include internet access at a small fee and a library, games room, large chess board, laundry and outdoor BBQ area. The Railway Campus was awarded 4 Stars in Student Accommodation.

Park Road Student Flats are en-suite bed sits with cooking in a communal kitchen. The flats provide greater independence and privacy and are suitable for postgraduate and more mature students. They are not available to recent school leavers. 3 Stars were awarded to Park Road.

Accommodation and Conference Services can assist in finding a suitable homestay, where students live with a family. A separate bedroom, meals and laundry service are included.

Applications are made online on www.auckland.ac.nz/accommodation from 1 August of the preceding year.
Full information is on the website or contact Accommodation and Conference Services at O'Rorke Hall, 16 Mount Street, Auckland, on +64 9 373 7599 ext 87691 or email accom@auckland.ac.nz .