

Reviewed Article: Teaching and Learning in Clinic

CLINICAL LEGAL EDUCATION AND DISABILITY: ACCOMMODATION, IMPLEMENTATION AND ASSESSMENT IN SERVICE-LEARNING PROGRAMS

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INTRODUCTION

Experiential education is becoming an increasingly relevant pedagogy in post-secondary and professional education. A recent survey of 22 Universities in Ontario, Canada, revealed that each highlights experiential education as an asset to the school's curricular offerings and heralds it as a beneficial learning practice.¹ Most of the universities surveyed connect the benefits of experiential education to

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¹ This informal survey began by using the list of universities provided on the Government of Ontario Ministry of Training, Colleges and Universities website (<http://www.ontario.ca/education-and-training/ontario-universities>). This website provides a list of 22 accredited universities in Ontario. This list of universities also included a link to the specific university official website. From the university's official site I typed the term "experiential education" to search the internal site. Of the 22 universities searched 20 had a positive result for this search term with most having a separate webpage dedicated to experiential education or experiential learning. Only two universities, Royal Military College and Dominican College, had no results with those search terms. This is most likely attributed to the specialized nature of those universities (military and philosophy/theology respectively).

the students' post university opportunities. Ontario is certainly not alone in this focus.

The Canadian Council on Learning (CCL), in its 2008 report, "Lessons in Learning: The benefits of experiential learning", connected the shift to a more knowledge-based economy to the growing demand by employers for employees with occupational skills rather than solely academic knowledge.² The CCL suggests that mandating experiential learning as a condition for graduation from a post-secondary institution offers an opportunity to gain "the job-specific technical skills and the so-called soft skills" required by employers.³ In the law school environment, experiential programs provide a bridge between the academic and practice worlds.

Different models of experiential education are utilized in law school curricula. For this paper, the authors will focus on the clinical setting of service-learning programs, where community service – the practice is interwoven with theory and reflection. The particular focus of this paper will be on the impact of such programs on students with disabilities and the way in which service-learning programs can create universally accessible learning environments. Service-learning programs are particularly useful for law students as they enable students

² Canadian Council on Learning, *Lessons in Learning: The Benefits of Experiential Learning* (2008), available at <http://www.ccl-cca.ca/pdfs/lessonslearning/feb-21-08-benefit-of-exper.pdf>.

³ *Id.* at para 2.

to identify the type of law the wish to practice, to develop practice skills, to make sense of the theoretical classroom teaching, to learn professional responsibility as part of an overall reflective practice and to make important networking and mentoring connections.⁴ These skills, along with the opportunity to identify and experiment with accommodations that they may need to utilize in practice is of particular benefit for students with disabilities who have greater difficulty finding employment in the legal field after graduation.⁵ Pervasive and substantial barriers still exist for students with disabilities. Clinical programs at law school are a good place to start breaking down these barriers.

This discussion is timely, as there is an increasing number of students in law schools with both physical and “non-visible” disabilities requiring accommodation.⁶ Certain accommodations have traditionally been provided in the academic classroom, accommodations that may not be relevant in the experiential classroom and clinical setting. This paper will consider the challenges faced by students with disabilities within the service-learning model and will offer some prescriptions for program selection, implementation and assessment. Using

⁴ Sande L. Buhai, *Practice Makes Perfect: Reasonable Accommodation of Law Students with Disabilities in Clinical Placements*, 36 *San Diego Law Review* 137 (1999).

⁵ *Id.*; Law Society of Upper Canada, Report of the Disability Working Group, *Students and Lawyers with Disabilities – Increasing Access to the Legal Profession* (2005), available at <http://www.lsuc.on.ca/WorkArea/DownloadAsset.aspx?id=2147487144>.

⁶ The nature and severity of disability among law students varies and is not well-documented. Some examples of such disabilities include: mental health disabilities, learning disabilities, medical disabilities, mobility disabilities, physical disabilities, sensory disabilities, among others.

a critical disability lens, as this paper does, offers a deeper analysis of this subject and reveals that, for people with disabilities, the service-learning model has the potential to reinforce barriers to participation. These barriers are maintained through an ongoing failure to identify and challenge the ubiquitous ableism that is present within the social framework. These problems can indeed be addressed, but a shift must take place in the field of clinical education in order for meaningful change to be made.

This paper will begin by situating service-learning within the larger context of experiential education. It will then turn to an examination of the social model of disability and its relevance for service-learning programs. The final section will narrow in on implications of the aforementioned on program selection, implementation and assessment. Our hope is to offer practical suggestions to create and maintain universally accessible programs as well as a theoretical framework from which to view these challenges and opportunities.

SITUATING SERVICE-LEARNING WITHIN THE LARGER CONTEXT OF EXPERIENTIAL EDUCATION

Before a detailed examination of service-learning and its impact on students with disabilities can be considered, the nature of experiential education must be outlined. The field of experiential education suffers from a conflation of terms and

meanings that warrants clarification. The philosophy of experiential education is often confused with the learning process of experiential learning. In turn, each of these terms is further entangled with the execution of their goals in programs such as externships, service-learning programs, internships, work placements or co-ops, among others. To ensure clarity throughout this paper, we will spend some time in this section, explaining and contextualizing experiential education.

It is important and necessary to distinguish experiential education from the process of experiential learning. These are terms that are often used interchangeably in error. Kolb describes experiential learning as “a process whereby concepts are derived from and continually modified by experience”.⁷ The modification of learning through experience is indeed an essential component of experiential education, but it is not sufficient to amount to experiential education in and of itself. Experiential education offers a far more enriched educational experience that serves a purpose; it does not simply entail learning a skill. Experiential education engages the learner through reflection in an educational triad: theory, practice, and reflection.

The Association for Experiential Educators uses a base definition that provides some further guidance and refinement:

⁷David A. Kolb, EXPERIENTIAL LEARNING: EXPERIENCE AS THE SOURCE OF LEARNING AND DEVELOPMENT 26 (1984).

Experiential education is a philosophy that informs many methodologies in which educators purposefully engage with learners in direct experience and focused reflection in order to increase knowledge, develop skills, clarify values, and develop people's capacity to contribute to their communities.⁸

As an educational philosophy, experiential education has its roots with John Dewey who first began writing and connecting “learning through doing” in his works *Democracy of Education*⁹ and *Experience and Education*¹⁰. For Dewey, it was the process of learning rather than the actual content learned, which was paramount. In explaining Dewey’s concepts, Itin comments that, “It was insufficient to simply know without doing and impossible to fully understand without doing”.¹¹

Reflection is an essential component of experiential education philosophy. Reflection is critical to ensure that experience along, Dewey argues, has the potential to mis-educate the learner in a way that reinforces barriers rather than eliminates them.¹² Dewey writes, “The belief that all genuine education comes about through experience does not mean that all experiences are genuinely or

⁸ Association for Experiential Education, *Definition of Experiential Education*, available at <http://www.aee.org>.

⁹ John Dewey, *DEMOCRACY AND EDUCATION* (1916).

¹⁰ John Dewey, *EXPERIENCE AND EDUCATION* (1938) [hereinafter Dewey (1938)].

¹¹ C.M. Itin, *Reasserting the Philosophy of Experiential Education as a Vehicle for Change in the 21st Century*, 22(2) *Journal of Experiential Education* 91 at 92 (1999).

¹² Dewey (1938), *supra* note 10.

equally educative".¹³ Thorough and appropriate reflection is required to ensure genuine education takes place. Students become exposed, in experiential education, to new challenges that may conflict with or reinforce their preconceived notions. Critical reflection helps reconcile misconceptions they have to align with new realities.¹⁴ If a learning experience is not sufficiently orchestrated and reflected upon, it may reinforce stereotypes, beliefs and lead to misinformation. The potential for mis-education of this fashion is of particular note in the context of disability. A more in-depth discussion of the concept of mis-education and its impact follows further in the paper.

Various forms of experiential education exist, including externships, service-learning programs, internships, work placements and co-ops. This paper considers service-learning as a specific method in order to create clarity around the environment being examined. The unique nature and expansive application of the label "service-learning" to a wide range of activities makes it difficult to articulate a sustainable definition. Instead, there is a spectrum of programs that fit within a service-learning continuum, each with different emphases.¹⁵ The following useful

¹³ *Id.* at 28.

¹⁴ Tania D. Mitchell et al., *Reflective Practice that Persists: Connections Between Reflections in Service-Learning Programs and in Current Life*, 21 *Michigan Journal of Community Service Learning* 4 (2015).

¹⁵ D.W. Butin, *SERVICE-LEARNING IN THEORY AND PRACTICE: THE FUTURE OF COMMUNITY ENGAGEMENT IN HIGHER EDUCATION* (2010).

definition of service-learning is provided by the National Service-Learning Clearinghouse: “a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities”.¹⁶ It is the combination of out-of-classroom community service activities and academic study that characterizes service-learning models. The great preponderance of clinical legal education programs, including those directed by the authors, indeed combine education, reflection, and community service.

While integral to service-learning programs, the twin dimensions of academic study and community service can be problematic. In a service-learning environment, the connection and balance between learning and service is essential but difficult to master.¹⁷ If the emphasis shifts towards prioritizing community needs, the resulting program looks closer to volunteerism. If the program moves closer to prioritizing the learner, the resulting program is better described as field education or internship.¹⁸ A balance must be struck which is increasingly difficult if the clinical programs are externally funded¹⁹. The trick is to create a general

¹⁶ National Service-Learning Clearinghouse, *Definition of Service-Learning* (n.d.), (June 2, 2013), <http://www.servicelearning.org>.

¹⁷ A. Furco, *Service-Learning: A Balanced Approach to Experiential Education*, in EXPANDING BOUNDARIES: SERVING & LEARNING 2 (1996).

¹⁸ *Id.*

¹⁹ It is not uncommon for Legal Aid Ontario to provide funding to some clinical programs in order that they provide legal services to low income families and individuals.

equilibrium, although at different stages one may take precedence over the other.

The focus of this research is on the students and the focus that must remain on the learning that takes place through service to the community. Students must come first.

Despite some critique, carefully crafted and executed service-learning programs provide invaluable education to students. Service-learning is beneficial to students as it provides enhanced learning opportunities as well as personal and social skill development. A study of about 1500 students found that service-learning had a positive impact on such outcomes as personal development, social responsibility, interpersonal skills, tolerance and stereotyping, learning, and application of learning.²⁰ Indeed, the literature pays special attention to the ways in which student cognitive learning has been shaped and enhanced through the participation in service-learning. These studies have focused on challenging and measuring diversity outcomes (age, race, gender, socio-economical positions and culture) through the use of reflection.²¹ They have not yet considered disability as an outcome.

²⁰ J.S. Egler & D.E. Giles Jr, *WHERE'S THE LEARNING IN SERVICE-LEARNING?* (1999).

²¹ T. Mitchell, *Traditional vs. Critical Service-Learning: Engaging the Literature to Differentiate Two Models*, *Michigan Journal of Community Service Learning* 1 (2008). See also A. Green, *Difficult stories: Service-learning, Race, Class, and Whiteness*, 55(2) *College Composition and Communication* 276 (2003); A.R. Roschelle et al., *Who Learns from Service-Learning?*, 43(5) *American Behavioral Scientist* 839 (2000).

DISABILITY: PREVALENCE IN POST-SECONDARY EDUCATION AND THE DUTY TO ACCOMMODATE

We turn now to the topic of disability in order to explain the duty for service-learning providers to accommodate students with disabilities. Canadians with disabilities are protected from discrimination under the 1982 *Canadian Charter of Rights and Freedoms*.²² The operation of s.15(1) of the *Charter*, along with various provincial legislation oblige post-secondary universities and law schools to provide appropriate accommodation for students with disabilities.²³ Ontario's *Human Rights Code* defines "disability" as,

- (a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- (b) a condition of mental impairment or a developmental disability,
- (c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,

²² *Constitution Act 1982* c.11, *Canadian Charter of Rights and Freedoms* at s.15(1).

²³ *Id.*

(d) a mental disorder, or

(e) an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*; (“handicap”).²⁴

Educational institutions, including law schools and the universities in which they are situated, have a legal obligation to provide “reasonable accommodation” which promotes equity for students with disabilities.²⁵ The exception to the duty to accommodate is generally only operable where there is “undue hardship” on the person responsible for accommodating those needs.²⁶

The Courts have interpreted the definitional requirement for accommodation existent in the federal and provincial legislation. As defined by McChesney,

Accommodation is the adjustment of a rule, practice, condition, or requirement to take into account the specific needs of an individual or group. To some degree it involves treating individuals differently. Different treatment to adjust for a disability is legally required if the accommodation is needed to ensure that the individual has the opportunity to participate fully and equally.²⁷

²⁴ *Human Rights Code*, R.S.O 1990 Chapter H.19. Although this paper focuses on Canadian legislation and jurisprudence, similar provisions and case law exist in other jurisdictions.

²⁵ Allan McChesney, *NAVIGATING LAW SCHOOL AND BEYOND: A PRACTICAL GUIDE FOR STUDENTS WHO HAVE DISABILITIES* (2000).

²⁶ See for example, *Human Rights Code*, *supra* note 24 at s.17(2).

²⁷ McChesney, *supra* note 25 at viii.

There has been a rise in the number of students requiring accommodation in post secondary institutions over the last decade.²⁸ The prevalence of various disabilities in a survey of post-secondary students was documented in the *National College Health Assessment*, the results of which are depicted in the chart below.²⁹

Attention Deficit Hyperactivity Disorder (ADHD)	4.6%
Chronic Illness	5.0%
Deafness/hearing loss	2.0%
Learning disabilities	3.9%
Mobility/dexterity disabilities	1.1%
Partial sightedness/blindness	2.4%
Psychiatric condition	5.4%
Speech/language disorder	1.0%
Other disability	2.1%

Universities are attempting to provide accommodations to students in the ways they, as institutions, are obliged to do so. However, traditional accommodations, offered by secondary and post-secondary academic institutions, are often of limited applicability and utility in service learning programs. Students must have

²⁸ L. Clapham et al., *NAVIGATING STUDENT MENTAL HEALTH AND WELLNESS: FRAMEWORK AND RECOMMENDATIONS FOR A COMPREHENSIVE STRATEGY* (2012).

²⁹ American College Health Association, *National College Health Assessment: Canadian Reference Group Data Report* (2013), available at http://www.cacuss.ca/Library/documents/NCHA-II_WEB_SPRING_2013_CANADIAN_REFERENCE_GROUP_DATA_REPORT.pdf.

the opportunity to request accommodation and service-learning programs must be equipped to provide required accommodation, which may or may not mirror accommodations utilized in traditional academic settings.

DISABILITY AND SERVICE-LEARNING: THE PROBLEMS WITH ABLEISM AND THE CHARITY MODEL

The definition of disability, as utilized in legislation, is outlined above. At the forefront of the theory on which this paper is based, however, is how disability is conceptualized within the classroom or in the learning environment rather than purely by its definitional elements. We ground our work in the social model of disability, which focuses on socio-environmental aspects of disability rather than simply a bio-medical definition.³⁰ The focus on a medical model of disability perpetuates the marginalization of people with disabilities whereas the social model recognizes disability as a social construct. Although, it should be noted, students ability to receive accommodations within the university setting will require medical documentation to at the very least articulate the functional limitations.

As explained by the Supreme Court of Canada in *Granovsky v. Canada*, "Exclusion and marginalization are generally not created by the individual with disabilities

³⁰ Ravi A. Malhorta, *The Duty to Accommodate Unionized Workers with Disabilities in Canada and the United States: A Counter-Hegemonic Approach*, 2 *Journal of Law and Equality* 92 (2003).

but are created by the economic and social environment and, unfortunately, by the state itself".³¹ The legal profession and law schools are not immune to the barriers that create disablement. Efforts must be made to make these accessible. This paper is intended to provide practical strategies to create universally accessible service-learning programs. It is first essential, however, to outline the problematic theoretical framework within which these programs often operate.

Pamela Gent is one of the few academics to start applying a critical disability lens to service-learning. Gent identifies significant ways in which students with disabilities are excluded from service-learning even when they participate as learners.³² The exclusion is based on the pervasiveness of ableism within society that fails to comprehend the impact of language, attitudes, program design and roles of people with disability that create barriers to universal participation. Ableism refers to "... a network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human. Disability then, is cast as a diminished state of being human".³³ As Campbell explains, ableism is

³¹ *Granovsky v. Canada (Minister of Employment and Immigration)*, [2000] S.C.R. 703, 186 D.L.R. (4th) 1 at 30.

³² P. Gent, *Service-Learning and the Culture of Ableism*, in *PROBLEMATIZING SERVICE-LEARNING: CRITICAL REFLECTIONS FOR DEVELOPMENT AND ACTION* 223–243, (T. Stewart & N. Webster eds., 2011).

³³ F. K. Campbell, *Inciting Legal Fictions: Disability's Date with Ontology and the Ableist Body of the Law*, 10 *Griffith Law Review* 42 at 44 (2001).

based on the belief that the disabled body is “inherently negative and should the opportunity present itself be ameliorated, cured or indeed eliminated”.³⁴

Ableism views disability as a negative, problematic and difficult way of being. Moreover, such starting points operate on the assumption that the disabled body will be either cured or reformed to fit within the undefined, yet pervasive, normalized body.³⁵ In other words, people assume that there are few or no students with disabilities (perhaps because they were cured or reformed) and those that remain follow the script of the disability trope and require little or no attention. The disability trope dictates that the person with a disability is either the incapable childlike recipient of services or the supercrip who subscribes to the overcoming narrative and requires little accommodation or assistance.³⁶ In this way the learner with a disability is ignored, silenced or hidden and as a result has received little attention or examination. Students with disabilities are underrepresented in the service-learning setting, largely because of these problematic views.

³⁴ F.K. Campbell, *Refusing Able(ness): A Preliminary Conversation about Ableism*, 11(3) *M/C Journal* 154 (2008).

³⁵ *Id.*

³⁶ Brenda Jo Brueggemann & Rosemarie Garland-Thomson, *The Politics of Staring: Visual Rhetorics of Disability*, in *DISABILITY STUDIES: ENABLING THE HUMANITIES* 56–75, (Sharon L. Snyder ed., 2002).

Even where students with disabilities enter service-learning programs, they rarely disclose their disabilities for fear of discrimination because of the pervasiveness of the ableist narrative. As explained by Anderson & Wylie,

Given the lore and legend of the competitive nature of law school, these students may fear that their classmates may perceive unfairness if one individual is given extra time to complete a writing assignment or the time pressured high stakes tests. Students may also choose to ‘tough it out’ because they realize they are entering a profession with frequent deadlines and high performance standards, and they reason that they should use law school to prepare themselves for practice.³⁷

Moreover, faculty members often lack the training to assist students, even if disability is disclosed. Owing to this lack of training, students may fear that faculty members may be aware of their need for accommodation and may feel that the student is not capable of practicing in a certain area. There is a concern that if students cannot meet the clinical program requirements without accommodation then they cannot meet the practical elements of the program. Since faculty are often integral in providing reference letters, students may fear ramifications resulting from disclosure. Despite the onus on students to disclose their disability in order to receive accommodation, these fears sometimes impede disclosure. Thus, the authors urge service-learning program faculty to make efforts to create

³⁷ Alexis Anderson & Norah Wylie, *Beyond the ADA: How Clinics Can Assist Law Students with ‘Non-Visible’ Disabilities to Bridge the Accommodations Gap between Classroom and Practice*, 15 *Clinical Law Review* 1 at 20 (2008) [hereinafter Anderson].

a universally accessible program in order to accommodate all students irrespective of disclosure.

Aiming to create universally accessible spaces is important because the system of oppression and exclusion for people with disabilities occurs on many levels: individual, cultural and institutional. The ongoing oppression is unrecognized because so many fail to identify the problematic attitudes towards people with disabilities³⁸ and the ways in which we are socialized to accept ableism.³⁹ Gent identifies five ways in which ableism overrides attitudes towards people with disability, ultimately leading to oppression: that people with disabilities have a poor quality of life because of their disability such that it would be better if they did not live; that people with disabilities need to be cured or at the very least repaired; that disability equates to a continued state of child-like innocence and/or that the inspirational nature in the way that people with disabilities overcome makes them worthy to participate in society.⁴⁰ Each of these beliefs perpetuates an ongoing understanding that disability is not within us but exists as something outside ourselves. We fail to recognize our own limitations and spectrum of abilities and fail to appreciate that ability is a temporary state. Ableism is problematic and damaging to everyone regardless of ability/disability.

³⁸ Gent, *supra* note 32.

³⁹ Campbell, *supra* note 33.

⁴⁰ Gent, *supra* note 32.

Gent argues that the privileging of the normative body is so pervasive that it is not even recognized.⁴¹ Evidence of this ignorance is found in the literature that identifies disability as a framework for discussion but does so in a troublesome way. In “Service-Learning is for Everybody”, for example, author Robert Shumer notes that the participation of students with disabilities as learners in programs is significantly less than the participation of people with disabilities as recipients.⁴² He provides no real analysis as to why an imbalance exists, other than to suggest that some programs found it difficult to adapt the placement to meet the needs of the disabled student. Neglecting to unpack the lack of participation of students with disabilities risks validating Dewey’s “mis-education” concerns explained above. Students and faculty must be aware of the self-selection that takes place even before the formal application process for service-learning programs begins. Only once an appreciation of these issues is had, can the conversation of participation be useful. Later in this paper, consideration will be given to the self-selection that students engage in when deciding to participate or not to participate in a service-learning program. In addition to this issue, the imbalance in the number of recipients with disabilities vis-a-vis the dearth of students with

⁴¹ *Id.*

⁴² Robert Shumer, *Service-Learning is for Everyone*, 114 *New Directions for Higher Education* 27 (2011).

disabilities reinforces ableist thought in design and implementation of service-learning programs.

We are not suggesting that faculty or institutions intentionally prevent participation. It is not obvious to those who participate in or design service-learning programs that ableism exists. Such naïveté is possible in part because it happens as an unplanned consequence of so many other things – how disability is displayed, defined, described and ultimately how it is a problem to be fixed rather than another reality or to be celebrated. Thus, disability is rarely considered when crafting or executing service-learning programs. The pervasive ableism leads to programs that are inaccessible to students with disabilities, sometimes despite the simplest of amendments that would render the program accessible.

While ubiquitous ableism is problematic, the ways in which service-learning replicates the charity model of disability is even more concerning. As a way of conceptualizing disability, the charity model defines disability as a deficit in need of the generosity of the community to either cure or transform the disabled body through the use of technology or assistive devices or other forms of “aid”. It fails to recognize the complex, enriching and valuable lives of people with disabilities regardless of cures. A more thorough examination of the charity model, its impact and how it is replicated in service-learning adds another layer to Gent’s theory of ableism. As long as service-learning replicates the charity model, people with

disabilities should be cautious in participating in such programs. That caution should apply to people who do not identify as disabled for different and overlapping reasons.

Disability has, until quite recently through the emergence of the social model of disability, been framed by those without a disability in a manner that focused solely on the individual as problematic. The impaired body is a flawed body and one that is in search of a cure.⁴³ There is no distinction between impairment and disability. The charity model of disability continues to locate the impairment within the individual where,

(t)he ideology of cure and the mandate for normalcy intertwine, crowding out any possible narrative of accommodating rather than eliminating disability.⁴⁴

The charity model insists on a particular narrative of exclusion as the impaired body fails to conform to a society that values the commodity of labour.⁴⁵ The charity model allows society to find a place for the disabled, but not as full participants in society. Instead, the disabled by virtue of a tragedy, whether by birth or accident, are otherwise excluded in the normal world order.

The charity model of disability has its roots within the medical model of disability.

The prevailing characteristic of both is that the impaired body is a flawed body in

⁴³ D. Hevey, *THE CREATURES TIME FORGOT: PHOTOGRAPHY AND DISABILITY IMAGERY* (1992).

⁴⁴ R. Garland-Thomson, *Feminist Disability Studies: A Review Essay*, 30(2) *Signs* 1557 (2005).

⁴⁵ Hevey, *supra* note 43.

search of a cure. The lack of participation in society is a fault of the disabled person whose body is a sight of the failed normal. A mythology is created of the suffering and tragic “half person”⁴⁶ who has no life (or not a life worth living) and who cannot easily participate in society. The lack of participation rests solely on the disabled individual whose body does not comply. These “occasions of ideology”⁴⁷ homogenize the disabled body as one, regardless of the scope, nature or impact of the disability.

The issue of identity under the charity model of disability is one of perception. The disabled person is perceived as inactive and passive, the recipient of whatever benevolent services are bestowed upon them. Disability is continually imaged, both verbally and visually, as pathetic and in need of being cured or at least transformed. Within that attitude is a view that there is nothing of value within the disabled body, that the experience of the disabled body is inherently negative rather than different, and that frustration ensues because the disabled body will simply not cooperate and be normal. Within that inactive and passive body also lies a helpless one, which is another trope, embedded within the charity model – the innocent child. There is an incorrect assumption made that assumes a connection between requiring assistance (especially with the most intimate tasks)

⁴⁶ M. Russell, *BEYOND RAMPS: DISABILITY AT THE END OF THE SOCIAL CONTRACT* 85 (1998).

⁴⁷ B.A. Haller, *REPRESENTING DISABILITY IN AN ABLEIST WORLD: ESSAYS ON MASS MEDIA* 137 (2010).

and a person's maturity or adult status.⁴⁸ To be clear, we are not suggesting that services or technological/assistive devices are not useful for people with certain disabilities. These, however, should not be viewed as the solution or cure of disability or that the need and use of assistance renders the person less capable.

Inherent in the charity model is the existence of distinct roles for those who are determined disabled and those who are not. This is problematic because the distinction between these two conceptions is not easy to delineate; the determination of who is, or is not, disabled is a false dichotomy that fails to identify the spectrum of the body and the transitory nature of some disabilities. The social model of disability, while not without its own flaws, distinguishes between what is socially created or constructed (disability) and impairment which "is simply a bodily state, characterized by the absence or altered physiology, which defines the physicality of certain people".⁴⁹ The distinction between abled and disabled does not acknowledge that all bodies are abled as, even individuals with a disability, are living and breathing beings. The distinction is really about capacity –

⁴⁸ For a historical analysis of the charity model and its origins see H. Stiker, *A History of Disability* (1999).

⁴⁹ Brendan Gleeson, *GEOGRAPHIES OF DISABILITY* 52 (1999).

something to which everyone can relate.⁵⁰ The focus on a cure or transformative technology “reduces the tolerance for variable bodies”.⁵¹

The charity model and the medical model upon which it is predicated, set up an ongoing struggle for people with disabilities to fight against the reality of their own bodies.⁵² In addition, the charity model creates a relationship of dependency that is one-sided and unrealistic. To assume that, with or without disability, there are no reciprocal independent/dependent relationships is misleading and untrue. It fails to recognize and even devalues the assistance we provide each other on an ongoing basis in order to meet the demands of living irrespective of disability.⁵³

Service-learning often perpetuates what is problematic with the charity model.⁵⁴

At the first level, service-learning has individuals with high cultural capital volunteer for the benefit of people with low cultural capital. The concept of cultural capital, first introduced by Pierre Bourdieu, is a useful framework to discuss the inequality within the service-learning setting.⁵⁵ Butin offers an

⁵⁰ C. Champman, *Disablism or Ableism* (2011), available at <http://comradshaw.wordpress.com/2011/09/12/disablism-or-ableism-a-piece-by-chris-champman/>.

⁵¹ R. Garland-Thomson, *Integrating Disability; Transforming Feminist Theory*, in *FEMINIST DISABILITY STUDIES* 18 (Kim Q. Hall ed., 2011).

⁵² R. Drake, *Charities, Authority and Disabled People: A Qualitative Study*, 11(1) *Disability and Society* 5 (1996).

⁵³ M. MacGregor, *Citizenship in Name Only: Constructing Meaningful Citizenship Through a Recalibration of the Values Attached to Waged Labour*, 32(3) *Disabilities Studies Quarterly* (2012).

⁵⁴ Butin, *supra* note 15.

⁵⁵ Pierre Bourdieu, *The Forms of Capital*, in *HANDBOOK OF THEORY AND RESEARCH FOR THE SOCIOLOGY OF EDUCATION* 241 (J. Richardson ed., 1986).

important critique of service-learning in which he questions the relationship between the individual students with “high cultural capital” who in the context of an academic setting undertake activities “for the sake of individuals with low social capital”.⁵⁶ In service-learning, individuals with high cultural capital volunteer for the sake and benefit of people with disabilities, who are deemed to be of low social capital. Both are about doing good *for* others, rather than *with* others, and the goal is not social change but rather such individual acts of kindness are aimed to bring about individual satisfaction for both the learner and the recipient.⁵⁷ Framing service-learning in this way is problematic as it marginalizes students and recipients with disabilities in a way that perpetuates ableism. How do students with disabilities fit into a model that is predicated on the notion of the abled helping the disabled? This narrative must shift if universal accessibility is sought.

CLINICAL PROGRAMS AND DISABILITY: PROGRAM SELECTION, IMPLEMENTATION AND ASSESSMENT

The preceding sections have articulated the theory behind experiential education, narrowing in on service-learning, and have shed light on some significant barriers

⁵⁶ Butin, *supra* note 15 at 6.

⁵⁷ Drake, *supra* note 52.

faced by students with disabilities. The pervasive ableism promulgated by the charity model of disability has been problematized. With all this in mind, we now begin the search for a solution. The remainder of the paper will turn to prescriptions about what can be done to ameliorate service-learning programs and create a more universally accessible learning environment for all students.

There is no easy solution to the complex problems we have described. However, shifting the lens of service-learning programs to one of universal design begins this process. Universal design refers to a broad spectrum of ideas meant to create spaces and programs that are inherently accessible for individuals with and without disabilities. It recognizes both the ubiquity and range of disability in the population and respects the range of comfort with disclosure of disability existent in the community. Universal design must be applied to program selection, program implementation and program assessment. Each of these will now be discussed.

Program Selection

The theory of universal design requires that disability be considered, by both students and faculty, from the inception of a service-learning program. Even before students are admitted to programs, disability considerations are integral. Indeed, one must contemplate that some students are self-selecting out of service-

learning programs because they have a perception, real or imagined, that their disability will not be accommodated. At the program selection stage, there are various issues. Is the selection process itself accessible? Are program directors clear on their expectations of students such that students can make an informed decision about what can work for them? Do particular programs have requirements that bar certain students from participating? This section will consider these issues.

(a) Inform students about accessibility before the admission process begins

Anderson and Wylie suggest that clinical faculty should disseminate information about access to accommodation.⁵⁸ We agree with this suggestion and expand it to suggest that providing such information once students are accepted to a program is too late. Clinical faculty must find a venue for such information sharing before program selection takes place. As noted above, we are concerned about the number of students who erroneously self-select out of service-learning programs because of a dearth of information regarding potential accommodations. However, students should have a clear understanding of what programs entail so that they may be able to make the right choices for themselves. Students vary in their willingness to disclose the existence and extent of their disabilities, so a fulsome approach to information sharing about program expectations should be

⁵⁸ Anderson, *supra* note 37 at 43.

taken from the outset. It must be recognized that some students may also be unaware of a disability until well into a service-learning program or may develop a new disability that was not existent upon program selection.

We must be mindful that not all programs are able to provide settings that are accessible to all students. Funding and physical access limitations make it unrealistic to maintain such an expectation. As McChesney found in his study,

One survey participant stated that he had wanted to obtain a position in his law school's community legal aid clinic. He was asked to withdraw his application, however, because of his visual disability. Most of the files and resources at the law clinic were not in a format accessible to him. A clinic participant at another law school, who has a learning disability, stated that he faced barriers in contributing to the school's law clinic, where accommodations or adjustments were not offered for his disability.⁵⁹

If indeed effort is made to accommodate students with disabilities in service-learning programs, this information must be shared very early on, before students can discount themselves as not able to participate. Integral to this initial information is sharing with students the essential role of service-learning programs in assisting students to bridge the gap between academic and practice settings.

(b) Consider the varying levels of disclosure

⁵⁹ McChesney, *supra* note 25 at 51.

A significant encumbrance on the ability for program faculty to accurately characterize the accessibility of their program for particular students is the fact that a number of students elect not to disclose the existence or nature of a disability. Why do some students choose not to disclose a disability? This is a difficult question to answer, as the reasons are deep and diverse. A consequence of the charity model, and how it describes and defines disability, is the inevitable reluctance to be identified as disabled. The decision of whether to be identified in this way or not bears significantly on student selection in clinical programs and thus bears consideration here. Some students might choose not to be labeled disabled, if at all possible, to avoid the negative associations of either being a body in search of a cure, a helpless person or a “supercrip” who can overcome any obstacle. None of those descriptors sound appealing and cannot possibly apply in some kind of uniform fashion.

If a student chooses to “hide” or “pass” as not disabled, which is distinctively different from choosing not to disclose, it is more difficult to challenge the ableist narrative and assumptions that are guiding the learning within the classroom and the underlying reasons the student has chosen to hide. There is a troublesome dialogue around privacy and disclosure. We do not advocate for a process in which every student must disclose their disability, but we should start examining the role privacy plays in how and why students choose to disclose their disability

or not. There is a lot of weight given to the student's right to privacy and we question whether there is an underlying agenda that is cloaked in the language of privacy.

The main reason to not disclose, presumably but not exclusively, is to avoid the stigmas and assumptions embedded and hidden within disability. Students may fear, for example, that disclosure of a disability will lead faculty members to question their ability to practice in a law firm setting, hence impacting much coveted reference letters and grades. What needs to be acknowledged and addressed is the underlying reasons *why* the student doesn't want to disclose a disability rather than exclusively the student's *right* not to disclose. When a significant reason to not disclose is to avoid stigma and negative assumptions then we do a disservice when we don't examine further how and why those assumptions exist. A subtle, but powerful, message is sent when students' fears about the ramifications of disclosure are met with promises of privacy and anonymity rather than fulsome and widespread effort to address the underlying fears.

The other side of non-disclosure is the right to choose from the number of personal identities that seem important to each individual. Identifying as a person with a disability may not seem important within the context. Multiple identifiers such as sister/mother/friend/ally/student exist within all of us and at different times we

may want to choose which identifier is the most appropriate, rather than having it chosen for us.

Students with disabilities often ask how, when and if they should disclose their disability to potential employers. Worried about a narrow job market post graduation there is some evidence that students with disabilities (as well as mature and/or racialized students) are more likely to enter the third year of law school without a secured position⁶⁰, students with disabilities, who have a choice as to whether to disclose, are rightly concerned about disclosure.⁶¹ These concerns translate into a student's concern about being admitted to a program within a clinical setting. Clinical programs have the potential to assist students in making the decision to disclose or not to disclose in an employment environment, by simulating these environments in a less pressured, more supportive, setting. The provision of a summary that describes the efforts made to provide an accessible program, along with the follow through by program faculty during the program

⁶⁰ Law Society of Upper Canada, *Pathways to the Profession: A Roadmap for the Reform of Lawyering Licensing in Ontario* (2012), available at <http://www.lsuc.on.ca/WorkArea/DownloadAsset.aspx?id=2147489848>.

⁶¹ The process of articling creates a mentor relationship between the graduated law student and a practicing member of the bar. The process of finding an articling position traditionally takes place during the summer between second and third year with at least some portion of students starting their third year with a secured position that will start shortly after graduation and last for approximately one year. Normally these positions are paid but, most importantly, being articled for a year is a requirement to being licensed to practice law.

selection process, help to make students comfortable with disclosure and/or with throwing their hat in the ring for a position in the program.

While students cannot be forced to disclose, it is helpful for them to understand the beneficial impact of disclosure. A participant in Pardo and Tomlinson's study explained,

Students must be encouraged to disclose at the earliest possible time in order to facilitate the restructuring of the clinical setting...Faculty and staff need to be better educated around the needs of students with disabilities and academic accommodations coupled with a clear understanding of the essential competencies and skills to be mastered.⁶²

Without disclosure, it is difficult to ensure that students are receiving the optimal accommodations right from the start.

(c) Create an accessible admission process

Even after a general statement of accessibility is included in material describing the service-learning program, faculty must ensure that whatever selection process is utilized is accessible. The authors both utilize interviews as the main selection criterion.

Interviews allow faculty the opportunity to acquaint themselves with students in a way that written applications and transcripts cannot. They also allow for a more fulsome discussion around possible accommodations that may be required. At the

⁶² Patricia Pardo & Debra Tomlinson, IMPLEMENTING ACADEMIC ACCOMMODATION IN FIELD/PRACTICUM SETTINGS 40 (2000) [hereinafter Pardo].

same time, though, interviews may themselves be inaccessible to students with both visible and non-visible disabilities. Depending on the location and format of interviews, students with disabilities may be either invited or barred from participating. We suggest sending an invitation for students to participate in an interview, which includes a question about whether any accommodations are required. A sample of such an invitation can be found in Appendix A. The effect of such an inquiry is to both make students feel welcomed to disclose and to practically develop a strategy for the interview. Is a telephone interview more appropriate? Should the room be set up in a certain way to accommodate the student? An accessible interview is the first step to an accessible program. These issues, however, are often overlooked.

Program implementation

Once students have selected a clinical program and have been admitted, the work begins to follow through on the promises made to create and ensure an inclusive and accessible setting. Clinical programs have the potential to be of benefit to students with disabilities. The individualized attention given to clinical students and the smaller class sizes of clinical seminars help ensure that relationships are established with both faculty and peers and that accessibility can be assured.

The sad reality, however, as stated in the previous section, is that students sometimes do not reveal their disabilities. Even more unfortunate is the frequent occurrence experienced by the authors, where students reveal their disabilities at the end of a program, once a high level of trust has been built with program faculty. Research has been conducted on the intimate relationship that students share with clinical faculty.⁶³ The intimacy between students and faculty in clinical programs is different from that of other law school classes. Students spend a considerable amount of time with faculty in service-learning programs and share personal and self-growth experiences with them. These relationships present ideal ground to assist all students in self-discovery and advocacy.

Because it takes time to build such relationships, program directors unfortunately often learn about a disability only when a crisis occurs or once it is too late to provide the appropriate accommodations. This section will discuss the implementation of service-learning clinical programs through universal design, along with the importance and risk of partnerships within such programs.

(a) Ensure accessibility in the daily operation of the service-learning program

⁶³ Kathleen A. Sullivan, *Self-Disclosure, Separation, and Students: Intimacy in the Clinical Relationship*, 27 *Indiana Law Review* 115 (1993).

It seems obvious that student clinical settings should be accessible to the students for whom the clinics were created to teach. Despite the blatancy of this statement, the goal of accessible workspaces is not often being maintained.

Even within environments in which the faculty members are especially sensitive to the importance of accommodating disability on a universal design basis, barriers remain. This section will outline one particular example of the ways in which clinical settings can impede the active participation of students with disabilities. It will also explain the principle of universal design to explain how one may approach the creation of an accessible program.

Recently the law school, in which the clinics the authors direct are situated, underwent a major renovation. The result was a brand new clinical space that has enough space for students to work, replete with interview rooms and group meeting spaces. A separate entrance was created to ensure clients were spared wandering through the law school in search of the free legal clinic that would both single out their poverty as well as which side of the law they found themselves on. For all its great design, the reception desk, which is where the volunteer students provide intake services, is completely inaccessible to any student with a mobility disability.

University settings are complex, and at times unwieldy, organizations that take a long time to respond – all too often, in a reactive rather than proactive manner.

Over the next two years the reception desk became a source of discussion and frustration. The desk itself has a high counter that runs parallel to a set of windows with a seating area behind and in between the counter and the windows. A further building design created a foot high and foot wide ledge along the base of the window. Consequently the space between the seating area and the window ledge is barely enough to fit a chair. At any given time there are four students that volunteer to answer the incoming calls, determine eligibility for those seeking services and provide comprehensive referrals for those the clinic cannot assist. Sitting in a long row made exiting the area difficult and required students to walk along the window ledge while the other students squeezed their chairs in as close as possible. In addition, the volunteer students are supervised by a senior credit student to ensure that they are providing the correct information. The reception desk area design made it impossible for the supervisor to work alongside the volunteers to ensure that they were completing the information in the database correctly and ultimately they ended up supervising from the seating area. The overall effect was poor supervision, a physical environment that is impossible to navigate for students with disabilities as well as inaccessible to both those students and potential clients with disabilities.

What are we teaching, and more importantly what is being absorbed, about accommodation of disability in such a setting? Ultimately these lessons are not the

ideal ones to convey. Despite repeated complaints, the University remained unmoved, likely because this issue was deemed inconsequential – there were no students with disabilities volunteering or in the credit program. A hurried and less than satisfactory response was likely to come only when the student (volunteer or otherwise) with a mobility disability could be presented – everyone likes a poster child! However, this approach negates the deterrence that the space may create for students who may have wanted to volunteer for the clinic or to accept a credit position. As was supposed in the previous section, they simply may not apply for the program because they see that it would not work for them.⁶⁴

Recently the reception/volunteer space was reconfigured and the process for the provision of initial intake services was reviewed. The result is a volunteer space that is accessible, better maintains client confidentiality and projects a professional image of the clinic to those entering the clinic. The budgetary constraints remained the same, university permission to redesign the space has still not been granted but a solution was arrived at.

The point in detailing this situation is to highlight that the impact of ableism has prevented researchers from a close examination of the intersection of disability in

⁶⁴ Unfortunately, the *Accessibility of Ontarians with Disabilities Act*, and more specifically the Design of Public Spaces Standard, only applies to newly constructed or renovated spaces begun after January 1, 2016 for institutions such as York University. (AODA Integrated Accessibility Standards, Ont. Regulations 191/11 and personal communication with Monica Ackermann, Accessibility Consultant on September 2, 2013).

service-learning programs. Flowing from that is the necessity for critical investigation in how the tensions found in waged labour environments for people with disabilities are recreated in what is intended to be educational programs. The situation described a physical barrier for students with mobility disabilities. Such barriers can be seen, even if only once it is too late to change readily. What about those barriers that cannot be seen? When and how do we address such impediments to education?

The answer lies in the theory of universal design. Creative teaching strategies must be used to ensure that each student in a service-learning environment receives an accessible education. Clinics should offer a variety of work spaces from which students can select. A combination of quiet and communal work spaces would allow students to experiment with what works best for them. This educative process will help both during and after the service-learning program.

Buhai suggests other accommodations that can be of assistance.⁶⁵ She suggests, for instance, the option of giving students extra time or smaller, less time-sensitive projects.⁶⁶ She also suggests client questionnaires in lieu of client interviews where such interviews do not meet the accommodation needs of students.⁶⁷ However, such accommodations do not always service the needs of clients, a limitation that

⁶⁵ Buhai, *supra* note 4.

⁶⁶ *Id.*

⁶⁷ *Id.*

Buhai acknowledges.⁶⁸ Client realities cannot be ignored. Deadlines are real and cannot be set aside in favour of a different pedagogical aim. Clinic faculty must consider the myriad of people affected both positively and negatively by any accommodation plan.

Using student teams can be an effective way of supporting students through universal design. The strengths of one student can often support the accommodation needs of another and vice versa. Supervision here is critical, however, to ensure that team dynamics are operating in an effective way. No student should have to shoulder burden because of another unless the reciprocal is true as well.

(b) Work with community partners to ensure accessibility

The examination of partnerships is important for the ongoing discussion of disability within service-learning programs. Many service-learning programs rely on partners outside of the law school to provide a rich learning experience for students. The addition of external agencies and individuals, while useful and enriching in many ways, imputes an added layer of complexity to the discussion of disability. As has been stated throughout the paper, ableism pervades the social and professional world in which these programs reside. There are essential questions to be asked as a way of observing and challenging how ableism is

⁶⁸ *Id.*

created and maintained. These questions are not separate nor can they be separated from the academic component of service-learning. Organizations that perpetuate ableism are fundamentally flawed, reinforce prevalent views on disability that neither challenge students nor improve civic responsibility and thus go to the very core of “mis-education” against which Dewey warned. Partners must be carefully selected and monitored.

In examining service-learning partners, we should consider the role that people with disabilities play in the organization that is the recipient of service. This is especially important if the partner organization’s goals are in any way disability related. Do people with disabilities work at the organization in paid positions, and at what level? If an organization that purports to assist people with disabilities does not have people with disabilities in decision-making and management positions this reinforces the hegemony of who is capable and who has knowledge and decision-making abilities. People with disabilities have been denied the ability to articulate needs related to service delivery on a mistaken belief that they are incapable of understanding and expressing their own or collective needs. If students are brought into these work environments, such flawed messages should not be conveyed.

However, a related concern arises when placements are chosen specifically to accommodate students with disabilities. Reeser notes that there are a limited

number of architecturally accessible partner agencies and a shortage of disability-awareness training for agency staff, resulting in reduced placement options for students with disabilities.⁶⁹ In order to meet accessibility needs, then, students are often placed with disability-serving agencies even when this is not the student's area of choice or interest.⁷⁰ Once again, the message is not one of inclusivity and accessibility.

Program Assessment

The third area that this paper will address concerns the assessment of service-learning experiential programs. Assessment is yet another area in which students with disabilities can stand at a disadvantage in clinical programs. This need not be the case. Indeed, for some students, clinical programs are ideally suited to assess their skills in ways that traditional law school classes cannot. For others, however, this is not the case. This section will consider the types of accommodations that may be useful in grading service learning programs and will outline the issue with typical accommodations allowable through typical academic channels.

⁶⁹ L.C. Reeser, *Students with Disabilities in Practicum: What is Reasonable Accommodation*, 28 *Journal of Social Work Education* 98 (1992).

⁷⁰ *Id.*

As Buhai noted long ago, the skills required in a clinical setting are different from those required in a pure academic setting.⁷¹ If indeed the skills required are different, the assessment mechanisms must be equally different. Often, suggestions for accommodation for evaluations that are available in the typical academic class are of little utility in a clinical setting (i.e. extra time for test taking, preferential seating, note-taking scribes, audio recordings of lectures). In Pardo and Tomlinson's study, 50% of respondents identified difficulties implementing academic accommodations in a field or practicum setting.⁷²

Clinical faculty must recall their essential dual role: they must assess students fairly and they must assist students to prepare for a legal career that will impact on or be affected by their disabilities. Faculty should discuss strategies with each of their students, irrespective of disability. Particularly for students with disclosed disabilities, extra care should be taken in addressing particular challenges faced by the students and how these may be remedied in practice. The clinical placement is an opportunity for students to set their professional paths in motion. How is one to grade such development? What risks will students avoid if they know they are being graded? What opportunities for growth will be lost?

⁷¹ Buhai, *supra* note 4.

⁷² Pardo, *supra* note 62 at 41.

Anderson and Wylie, in their case study research of non-visible disabilities in legal clinics, suggest the importance of determining essential and non-essential components of a clinic.⁷³ They state, “If a clinic narrowly defines its essential functions and continually revises that list to reflect current experiences of all its students, then students...may well be able to be accommodated”.⁷⁴ Essential functions should be assessed and insisted upon, while non-essential functions may be better waived or altered in certain circumstances. As explained by Helms and Helms, “Students with disabilities must be able to perform the essential tasks of his/her profession in a competent manner with reasonable accommodation in order to be eligible for a field placement”.⁷⁵ The key is in determining what the specific essential tasks are for the individual service-learning programs.

Patricia Pardo and Debra Tomlinson also offer suggestions for applying accommodation plans in clinical settings.⁷⁶ Specifically, the report suggests the need for a realistic appraisal of students’ learning needs before the commencement of the practicum; the need to review evaluation procedures with the student before the clinical placement; the need for discussion and review of accommodation requests before the placement; the need for clarity regarding disclosure of the

⁷³ Anderson, *supra* note 37.

⁷⁴ *Id.* at 40.

⁷⁵ L.B Helms & C. Helms, *Medical Education and Disability Discrimination: The Law and Future Implications*, 69 *Academic Medicine* 535 (1994).

⁷⁶ Pardo, *supra* note 62.

student's disability amongst administration, clinical faculty, and placement staff; the need for the development of institutional protocols to review student requests for clinical accommodations.⁷⁷ These requirements are certainly necessary in legal service-learning programs as well.

Detailed mid-term evaluations can be a vital source for students in helping them develop as lawyers and as individuals. Such mid-term evaluations open the door to initiate discussions of possible accommodations where a student may be struggling to meet expectations.

CONCLUSION

This paper has begun to combine theoretical considerations of disability with practical strategies for service-learning programs that take into account students with disabilities. The suggestions offered herein do not negate and indeed encourage the need for clinical faculty to attend training programs, which focus on teaching students with disabilities. In addition, faculty should share their own experiences with accommodations that proved successful or unsuccessful in an attempt to increase the body of knowledge in the area. Our hope is that, by increasing dialogue in this area, students with disabilities will feel more

⁷⁷ *Id.* at 52-53.

Reviewed Article: Teaching and Learning in Clinic

comfortable embarking on service-learning programs that can help them set a career path in motion.

Reviewed Article: Teaching and Learning in Clinic

APPENDIX A - Sample Interview Invitation

Hello,

Thank-you for applying to the CLASP Clinical Intensive program.

Below I have outlined the interview sign up process and what to expect at the interview. Interviews will take place on at various times throughout the day.

Sign Up Process

When:

How: IN PERSON: (FROM 9AM TO 4PM)

Come to the CLASP offices (you can send someone on your behalf)

OR

BY PHONE:(FROM 9AM TO 4PM)

The Interview - What to Expect

Here at CLASP we endeavour to meet with every student who expresses interest in the program.

Each applicant will meet with the CLASP team (Clinic Director, Review Counsel, Community Outreach Counsellor and a Student Board Member. During the interview we will ask you a series of questions about your interest in the program and the work we do at CLASP. You will have an opportunity to ask questions about the program, the work and academic program. The interviews are approximately 15 minutes in length. We will have copies of your statement of interest and resume.

If you require any accommodations for the interviews please do not hesitate to contact me directly and together we will ensure an accessible interview process. I can best be reached by email at

Thank you very much for your interest in the program and I look forward to meeting with you next week.