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Preliminary Analysis of Student Accommodations at Higher Education Institutions in the Midwest with Communication Disorders Programs

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Preliminary Analysis of Student Accommodations at Higher Education Institutions in the Midwest with Communication Disorders Programs

Abstract

Purpose: The purpose of this study was to identify accommodations available to students in Midwestern higher education institutions. The number of students with disabilities entering graduate programs, including in CSD, is increasing. There are multiple barriers that impact success for students with disabilities. Reasonable accommodations for students are legally required in higher education, but little is known about the types of accommodations available to CSD students at different institutions. An enhanced understanding of common accommodation may help CSD programs proactively prepare programs to support graduate students in academic and clinical training. **Method:** Analysis of the accommodations listed on the websites of 40 different institutions that provide CSD education in the Midwestern region was conducted to identify themes in accommodations in these institutions. .

Results: Assistive technology was the most common type of accommodation theme identified. In addition, alternate formats and accommodations related to physical environment/assistance were also frequently noted themes.

Conclusions: While the most commonly reported available accommodations are designed for use in traditional academic settings, some may also be relevant to clinical training for CSD students for disabilities. However, their application in clinical education should be made more obvious to ensure student learning and success.

Keywords

disability accommodations, higher education, clinical education, communication sciences and disorders

Cover Page Footnote

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The number of individuals with disabilities enrolling in college is growing. The Americans with Disabilities Act of 1990 (ADA) defines disability as “a physical or mental impairments that substantially limits one or more major life activities...; a record of such an impairment; or being regarded as having such an impairment” (section 12102, part 1). Currently, 26% of adults living in the United States have a disability (Centers of Disease Control and Prevention [CDC], n.d.) and 90% of higher education institutions report enrolling students with disabilities (National Center for Educational Statistics [NCES], 2011). The National Center for Education Statistics (NCES) reported that 19% of undergraduate students and 11% of post-baccalaureate students have a disability (NCES, 2011). This is an increase from 6.3% of undergraduate students in 1992, and 4% of post-baccalaureate students (NCES, 1995).

The rights relating to education for those with disabilities are enumerated in two primary federal laws- the Individuals with Disabilities Education Improvements Act (IDEA), initially enacted in 1975, and the ADA, enacted in 1990. IDEA mandates that public schools have to provide education to all children from birth to age 21, regardless of disability status, and at no cost to families (Turnbull III, et al., 2007). The ADA, on the other hand, wasn't specifically designed to address education opportunities to those with disabilities; instead, the ADA was meant to address discrimination those with disabilities face in all aspects of their lives, which can include the pursuit of higher education (Turnbull III, et al., 2007). Students with disabilities must self-identify and request accommodations needed to access their educational opportunities from their college or university (American with Disabilities Act [ADA] National Network, n.d.).

The growing number of students with disabilities seeking higher education opportunities has been influenced by a mandate within IDEA that secondary educational institutions assist students with disabilities with post-secondary planning, including moving on to institutions of higher education (Singh, 2019). Thus, more students with disabilities are viewing post-secondary education as an attainable goal.

With the passage of the ADA, colleges and universities (public and private), are required to ensure that those with disabilities are able to access all programs and activities (ADA National Network, n.d.). In the two decades since its adoption as law, implementation of the ADA has made higher education more accessible but there are still calls for improvement and change. Most institutions of higher learning have offices that are charged with addressing the needs of students with disabilities and then coordinating needed accommodations (ADA National Network, n.d.). While these offices have various names depending on the institution, throughout this paper we will refer to it as the Office of Disability Services (ODS). Once a student has provided required documentation of their disability to their institution's ODS office, specific accommodations for that student to access all academic and extracurricular activities is determined based on the student's needs. Accommodations must be reasonable but should not change the core of the activity or be a financial burden to the institution (Singh, 2019).

Despite the various mandates in place to support their access to higher education, students with disabilities continue to report multiple barriers to accessing their education due to their disability, including simply accessing campus spaces, difficulties working with faculty and staff to get needed accommodations implemented, and overall negative campus climate toward those with disabilities (Scott, 2019). Some students report that they feel they need to hide or downplay their disability or

to forgo accommodations altogether due to discrimination, fear of discrimination, or the stigma of being an individual with a disability. Students also report that this can lead to a feeling of isolation (Eickmeyer, et al., 2012; Kiesel et al., 2018; Luckowski, 2016; Lund et al., 2014; Meeks, 2018). This feeling is exacerbated by the fact that some of the professionals in ODS offices don't agree on how the ADA should be implemented in higher education (Gordan, et al., 2002). Which accommodations are made available to a given student may vary widely depending on the individual's needs, but also on the institution itself, on the institution representative making the recommendation, and on faculty's willingness to implement the accommodations (Americans with Disabilities Act of 1990, 42 U.S.C. § 12101 et seq., [1990]; ADA National Network, n.d.; Gordan, et al., 2002; Scott, 2019).

In communication sciences and disorders (CSD), data on students with disabilities is limited. In 2020, 6.9% of undergraduate CSD students had a documented disability. At the graduate level, 7.8% of audiology (AUD) students and 4.5% of master's level speech-language pathology (SLP) students had a documented disability (Council for Academic Program in Communication Sciences and Disorders [CAPCSD] and the American Speech-Language-Hearing Association [ASHA], 2020). Those percentages, however, reflected students from programs that responded to the survey conducted by the Council for Academic Program in Communication Sciences and Disorders (CAPCSD) and the American Speech-Language-Hearing Association (ASHA) and chose to also include information about their students with disabilities. Of the 272 CSD programs, 116 reported their data, reflecting a 43% response rate. The response rates for graduate AUD and SLP programs were 39% and 44%, respectively. In addition, these numbers indicated how many students had documented disabilities; these data, however, did not include students who may have disabilities but choose not to provide documentation to their institution for various reasons (CAPCSD and ASHA, 2020). In summary, these data are likely an underestimate of the number of CSD students with disabilities.

Education in CSD includes clinical experiences required for graduation and eventual certification and licensure. To become certified by ASHA, graduate students in SLP must complete at least 400 hours of clinical experience under the supervision of certified practitioners (ASHA, 2020b). Graduate AUD students must also complete supervised clinical experience for certification and licensure, although ASHA does not require a specific number of hours for these students (ASHA, 2020a). Clinical experiences can occur in a variety of settings, both on and off campus. Generally, students' early clinical experiences occur in an on campus clinical setting where maximum support and supervision can be provided. As students progress in their program, clinical experiences more often occur off campus in private clinics, schools, and medical settings. These clinical experiences include hands-on experiential learning with simulated and real clients (McCrea & Brasseur, 2003). Since institutions of higher learning are required by law to provide accommodations, those accommodations would apply to clinical practicum courses as well as classroom based learning. The learning demands in these clinical settings are very different from those in a classroom setting; however, research examining how accommodations meant for the classroom are implemented in the clinical setting is lacking.

Clinical practicum, in the form of on-campus or off-campus hands-on work with actual clients or patients is a form of experiential learning. Students are asked to apply the information, concepts, and theories learned via didactic coursework in these clinical education settings. Accommodations,

such as having a note taker or being given extra time on exams, may need to be significantly adapted to experiential learning opportunities, if they can be applied at all. For example, accommodations regarding attendance may not be feasible in the clinical practicum setting where clients need services provided on a regular schedule.

There is a notable gap in the research regarding specific accommodations that are being implemented in higher education in general. Faculty may, in general, not be aware or familiar with the various types of accommodations to which a student may be entitled. Being aware of what types of accommodations are most broadly available may help programs consider how accommodations could be applied or adapted to both the academic and clinical settings without compromising the integrity of the educational experience. Also, consideration of the types of accommodations most broadly available in advance of a specific student needing those accommodations entering a program would allow programs to design their academic and clinical education programs in ways that are inclusive to all learners.

Before CSD programs can begin to proactively consider how accommodations can apply or be adapted to the clinical setting, we first need to understand what accommodations are commonly being issued for students by ODS. Therefore, the purpose of this paper is to answer the following research question: What types of accommodations are available for students with disabilities at institutions of higher learning in the Midwest region of the United States that offer programs in communication sciences and disorders?

Procedures

Identifying Available Accommodations. The first step was to choose the states and universities for inclusion in the study. Using the Statistical Abstract of the United States (U.S. Bureau of the Census, 1995), the states of North Dakota, South Dakota, Nebraska, Kansas, Minneapolis, Iowa, Missouri, Wisconsin, Illinois, Michigan, Indiana, and Ohio were considered to constitute the Midwest region of the United States. Only accommodations offered in Midwestern institutions of higher learning were considered for this study. Views of disability and use of accommodations are varied based on many factors including race, ethnicity, and geographical location (Holland & Nelson, 2020). This study was focused on Midwestern institutions of higher learning to limit the scope to one geographical location which could ensure similar cultural norms around disability and accommodations.

Next, all the institutions in the Midwestern region that offer clinical programs in CSD (or speech and hearing sciences) were identified. The authors attempted to contact some of the offices of disability directly via phone, email, or both. The initial request asked for a list of accommodations that the institution provides to students. In many cases, no response was received. In some situations, the officer in the accommodations office indicated that this information could not be provided due to institution policy, individualization of accommodations for each student, or both. No information was collected using this method. To illustrate how a potential student may gather information regarding accommodations, the authors chose to use publicly available information for this analysis. A graduate assistant reviewed the websites for each of all the identified institutions and collated the accommodations listed on each institution's website. This information was downloaded or copied from the websites of all universities in the Midwestern region that offer

degrees in speech-language pathology, audiology, or both. These accommodations were found on student disability related sites and were not specific to speech-language pathology or audiology.

Thematic Analysis. Thematic analysis (Braun & Clark, 2006) was broadly used to analyze the information gathered. An inductive process was used; that is, the themes were identified based on the data. Authors discussed professional and personal biases prior to and during the data analysis to reduce the impact of these biases on data analysis. The first step was a pilot analysis where all three authors independently analyzed the accommodations offered by the same five randomly chosen institutions. Every accommodation listed on the website was considered a “meaningful unit” and assigned a code by each author. Based on these codes, initial themes were identified by the authors independently. To increase consensus building, the authors used a Google document as a means to share information for these pilot analyses. The authors met via video conferencing and discussed these codes and candidate themes.

From this meeting, the authors initially identified 11 themes: timing, assistive listening device, alternate format, assistive technology, note taking/scribe, attendance, physical environment/assistance, COVID specific, fieldwork accommodations, load/course expectations variation, and service animal. The authors considered assistive listening devices as a subtype of assistive technology and so these were grouped into one theme, resulting in a total of 10 themes. It should be noted that themes that were related to housing related accommodations and veteran affairs were not considered in the analysis.

In the second step, each author independently analyzed accommodations offered for five other randomly chosen institutions. A shared document was not used for the second analysis, resulting in truly independent analysis for reliability and calibration. Similar to the pilot analysis, all possible accommodations gathered from the websites were assigned a theme based on the 10 candidate themes identified earlier. Following the analysis, the authors met again for consensus building, to discuss themes and calculate reliability. The authors had disagreements on the theme for 15 of the accommodations. These were discussed and a theme was chosen so that each accommodation listed was assigned to only one theme. Two new themes emerged from this analysis – “coaching and support,” and “too broad/vague.” No other accommodations belonging to the themes of COVID specific and fieldwork accommodations were noted in the second analysis. Given that these two themes only occurred in one out of the 10 Universities considered, these themes were removed for future consideration. This process of reducing themes that have minimal meaningful units is common in inductive qualitative research. At the end of this step, there were 10 themes identified.

In the final step, each author independently reviewed accommodations provided by 10 unique institutions each. No new themes emerged from the analysis of these 30 institutions, hence data saturation was reached and no new analyses were completed. No meaningful units/accommodations were identified for themes related to “COVID specific” or “fieldwork accommodation” and these were removed from the analysis, resulting in a total of 10 themes. In total, information from 40 universities were included for the analysis. The decision for the number of universities was not made *a priori*, but analysis ended when no new themes emerged from the data.

Following all the steps of data collection, information on accommodations for 40 universities in the Midwestern area were analyzed. These included eight research-focused R1 and eight R2 universities, five private liberal colleges or universities, and 19 teaching-focused public institutions. Two of the 40 universities offered only a bachelor's program, with the other 38 offering both undergraduate and graduate programs in CSD. All 40 universities offered clinical education (on site or with community-based clinical educators) as part of their training.

Inter-rater Reliability. This measure was calculated for the five institutions that were analyzed by all three authors in the second step of the methodology. Inter-rater reliability was determined as the number of disagreements divided by the total number of options. From a total of 92 possible accommodations, the authors had 15 disagreements, for an inter-rater reliability measure of 0.810 or 81%, a high degree of agreement.

Results

Ten themes related to accommodations were identified from an analysis of published lists of accommodations from the 40 Midwestern institutions. Table 1 includes the themes, frequency of meaningful units, and examples for each of the themes. A meaningful unit represents a specific accommodation listed on a website within the theme.

The most commonly occurring theme was related to the use of assistive technology with 101 units. Alternate formats and changes in the physical environment/assistance had 86 and 75 units respectively. Service animals and attendance accommodations were lower on the list with 11 and 10 units. Thirty-six of the units were identified as too broad or vague. Some examples of these include “classroom accommodations,” “testing accommodations,” “make sure students with disabilities have access to courses and programs,” and “alternative testing.”

Discussion

This analysis used qualitative methods to explore what types of accommodations were most frequently described as available for students with disabilities at Midwestern institutions of higher education. Given the paucity of available data on the different type of and settings in which accommodations are used, as well as the increasing number of individuals with disabilities who are enrolling in higher education, an awareness of the most common accommodations can help programs proactively begin to intentionally design academic and clinical education to be more inclusive of individuals with disabilities. The results of this preliminary analysis indicated that the most frequent type of accommodations described by accessibility offices are related to the use of assistive technology, the use of alternative formats, and modifications to the physical environment/assistance. Accommodations for service animals and attendance were the least described types of accommodations, with modifications to course load/expectations variations, timing, note taking/scribe/reader, and coaching and support rounding out the themes. The following sections discusses these findings and the implications for education in CSD, focusing on clinical education, as well as limitations of this study and future research in this area.

Table 1

Identified Themes, Frequency of Stated Accommodations, and Examples from 40 Midwestern Institutions

Theme for Analysis	Meaningful Units	Examples
Timing	39	Time and half on tests; extended time to complete tests and quizzes; breaks as needed; allow time for oral response; due date exception policy
Alternate Format	86	Large print; Braille; ASL interpreter; no scantron; multiple sittings for 1 test; Recorded lectures; word bank; alternate format- mp3, PDF, text-to-speech, etc.
Assistive Technology	101	Closed captioning; calculator; use of computer; talking calculator; electronic note taking; electronic recording device
Note Taking or Scribe/Reader	37	Scribe; reader; volunteer note taker; notetaking services; typist
Attendance	10	Flexible attendance; step out of classroom as needed; instructor flexibility with attendance due to medical condition; absence policy exception; tardy policy exception
Physical Environment/ Assistance	75	Low distraction room; private room for testing; food or drink allowed in class; chair without arms; adjustable lighting; adaptive transportation; preferential seating
Load/Course Expectations Variations	40	Reduced course load; course substitution; priority registration; spelling not graded; allowed to email in-class assignments; flexible deadlines for assignments; provide copies of lecture notes/PowerPoint slides
Service Animals	11	Emotional support animal; service animal
Coaching and Support	23	Career preparation; tutoring; time management assistance; organizational planning
Too broad/vague	36	Auxiliary aides; orientation and mobility; make sure students with disabilities have access to courses, services, and programs

The feasibility and effectiveness of the most common accommodations described in this study are generally accepted in traditional classroom settings for higher education (e.g., Kim & Lee, 2016; Kimball et al., 2016). While there are no investigations of the use of accommodations specific to CSD clinical education, there are investigations from related fields and may provide preliminary insight regarding the potential for success. The first, *assistive technology*, has been used in clinical educational settings in physical therapy (PT) (Hinman et al., 2015), nursing (Epstein et al., 2020) and medical education (American Association of Medical Colleges [AAMC], 2018). Examples of assistive technology that may support students in their data collection and documentation include pens that record verbal messages for later review and using iPads (White, 2007). The successful use of technology to support students with hearing loss (and stethoscopes modified to enhance sound; Hinman et al., 2015) may also benefit CSD students. Alternative formats, such as using a Braille goniometer and voice-to-text software (Hinman et al., 2015) have also been used with success in PT clinical education. While technology was successful in supporting the students, there is also resistance from staff for nursing students using technology (White, 2007), and some students report being embarrassed to use assistive technology and/or alternate formats (McPheat, 2014).

Modifications to the physical environment are discussed in the literature and may be more challenging to implement in clinical education settings given the cost and potential permanence of space. While providing students with a quiet space for review, preparation, and documentation is helpful (McPheat, 2014; Reep-Jarmin, 2016), it may not always be feasible. Supports related to specific physical accommodations can be beneficial but may not be practical. For example, in the case of a physical therapy student with a disability (Hinman et al., 2015), the university was able to provide a plinth for the student to stretch or rest on long academic days. However, a physical therapy program will likely have access to greater space and familiarity with the physical needs of their students, while a CSD program or clinical partner may find this challenging. Interestingly, in nursing clinical education, clinical instructors reported encouraging students to use the accommodating technology in private places (Epstein et al., 2020), further complicating the needs of students requiring accommodations.

Accommodations related to timing included when extended timing is granted for assignments and assessments, student challenges with timing, and clinical educator concerns on modification of timing for activities. In the classroom, modifications to timing generally have minimal impact. In the clinical environment, however, timing is tied to patient safety, patient satisfaction, and the workload of the clinical instructor. Students are generally not able to extend the time for completing documentation, handing off patients, or both (Steele, 2018), and describe this as a challenge. Many clinical instructors see the implementation of extended time as an unreasonable modification in clinical settings (Epstein et al., 2020; Ashcroft & Lutfiyya, 2013; King, 2018). Some clinical instructors, however, indicated that if the student discloses the need for more time, they were willing to provide this accommodation (Epstein et al., 2020). Additionally, some credentialing organizations require that accommodations provided must not significantly impact the expected duration of a learning activity (AAMC, 2018).

As CSD programs evolve to support students with disabilities (in both academic and clinical education), adopting a Universal Design (UD) framework may be more beneficial than individually reviewing accommodations. UD is defined as “the design of products and

environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design” (North Carolina State University, Center for Universal Design, 2023). More broadly speaking, UD is intentionally designing an environment or experience to be accessible, understandable, and usable to the maximum extent possible regardless of one’s abilities (National Disability Authority, 2020). Within the context of CSD academic coursework, this could include proactively developing course materials to be compatible with screen readers or using a microphone while lecturing to ensure adequate signal to noise ratios. In terms of clinical training, UD could include safe spaces for disclosure, pre-placement orientations, providing structure and specific goals to learning expectations, providing a glossary of placement specific terminology, providing maps of the site, and providing documentation templates (Heelan et al., 2015). Integrating UD principles has been shown to improve student learning in STEM courses (Langley-Baugh et al., 2013) and nursing education (Levey, 2018; Coffman & Draper, 2022), but is limitedly described in CSD (Dempsey et al., 2023).

Utilizing UD concepts would not only support students with known disabilities, it could also support opportunities for learning for the known subset of students who are uncomfortable disclosing their disability (United States Department of Education, NCES, 2022; Cole & Cawthon, 2015). While CSD fields have not specifically identified specific barriers or stigmas, students in other fields report feeling stigmatized (Edwards et al., 2022; de Cesarei, 2015), and both faculty (Levey, 2014) and clinical supervisors (Calloway & Copeland, 2021) report negative perceptions of accommodations. Engaging in and supporting UD may normalize the perception of disability within educational programs for students, faculty, and clinical supervisors. Interestingly, current accreditation standards require graduate programs to have physical environments that can accommodate all learners (Standard 6.3; Council on Academic Accreditation, 2020), but these requirements have not yet evolved to general support for students with more hidden disabilities. Engaging in and supporting UD may normalize the perception of disability within educational programs for students, faculty, and clinical supervisors.

The descriptions of specific accommodations included in this study suggest that the accommodations granted by ODS at various institutions of higher learning are based on the traditional classroom-based learning scenario, not a clinical education setting. This fact is consistent with previous descriptions of accommodations in CSD (American Speech-Language-Hearing Association, 2000) and higher education in general (Edwards et al., 2022). For example, accommodations such as time-and-a-half on tests, or to step out of the classroom as needed, reflect learning that occurs in a traditional setting. Accommodations that are designed for academic settings may not translate well to the clinical educational setting. Specifically, once students are in external clinical placements, the use of accommodations is at the purview of the preceptor and the facility while balancing issues such as patient safety, patient satisfaction, and clinical instructor capacity. None of the institutions specifically described accommodations for clinical experiences or other experiential learning opportunities. Notably, all universities included in this review are accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology and, therefore, must include clinical opportunities across the breadth and depth of the professions.

The field of CSD is not alone in requiring clinical education. Most allied health professions (e.g., physical and occupational therapy, nursing) require clinical experiences, and other professional

preparation programs require comparable experiences (e.g., student teaching for educators, cooperative learning in business and education). This lack of specificity for student accommodations in experiential learning is surprising. CSD programs have yet to formally describe or publish the implementation of accommodations in clinical training. Other related fields, such as physical therapy (e.g., Hinman et al., 2015) and nursing (e.g., Horkey, 2019; Epstein et al., 2020; Pillion et al., 2021) have systematically explored this area and may provide support for CSD educators planning to incorporate reasonable accommodations in clinical education. Reviewing these accommodations may provide insight for clinical education strategies and also ensure students meet the essential functions or technical standards required for certification (Council on Academic Accreditation in Audiology and Speech-Language Pathology, 2020).

Limitations

Several limitations should be noted regarding this study. First, information regarding accommodations was only included from institutions that made their available accommodations accessible to the public. Direct requests to institutions for information did not garner responses. Although most institutions did provide some information via their websites, the degree of specificity varied, including some institutions with only generic information. Additionally, accommodations were only reviewed from Midwestern institutions and the applicability of these results in other geographic regions is unknown. Another limitation in understanding available accommodations was the exclusion of program modifications or accommodations specific to United States military veterans, who are a recognized protected class in graduate CSD education (Council on Academic Accreditation, 2020). Information regarding services available to veterans was presented in various ways by the institutions, including in different locations on the website or through different offices within the institutions. It was not clear if the practices described by these institutions were general accommodations or unique practices for veterans and were thus excluded from the analyses. Additionally, several accommodations described were too broad or general to be included in the analyses, including information on accommodations related to housing. Finally, although the goal is to ultimately understand what accommodations may be available for students in clinical training programs, none of the accommodations included were specific to clinical placements.

Future Research

This research could be the first step in identifying what accommodations CSD students may be utilizing, and how those needed accommodations are or can be realized in the clinical education setting. As mentioned previously, the clinical education setting is unique, and accommodations that work well within the traditional classroom setting may need to be adapted to support students with disabilities in the clinical setting. Further research is needed to determine if clinical educators are implementing accommodations in the clinical setting and, if not, what are the perceived obstacles to doing so. Additionally, insight into how the implementation of disability accommodations in the clinical education setting impacts student learning and client outcomes would add to the knowledge base that programs and clinical educators could draw upon so that students with disabilities can feel supported in their clinical practicum experiences.

Conclusion

As the number of students in higher education, and specifically CSD fields, continues to increase, the frequency with which higher education programs will need to implement accommodations will also rise. CSD programs may benefit from proactively considering how accommodations can be adopted into the curriculum while maintaining academic standards and supporting clinical certification requirements.

Individuals from diverse backgrounds bring strength to a profession and support improving care for patients with disabilities (Carroll, 2004). Given that the fields of CSD focus on advocating for and supporting individuals with disabilities, the field is uniquely poised to support students. Future investigations of the current state of accommodations in clinical practice, as well as clinical educators' perceptions on feasible accommodations in clinical education, will help guide CSD faculty in optimally supporting students.

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References

- ADA National Network. (n.d.) *What are a public or private college-university's responsibilities to students with disabilities?* <https://adata.org/faq/what-are-public-or-private-college-universitys-responsibilities-students-disabilities>
- American Association of Medical Colleges. (2018). *Accessibility, inclusion, and action in medical education: Lived experiences of learners and physicians with disabilities.* <https://sds.ucsf.edu/sites/g/files/tkssra2986/f/aamc-ucsf-disability-special-report-accessible.pdf>
- American Speech-Language-Hearing Association. (2000). Learning disabilities: Issues in higher education [Relevant Paper]. www.asha.org/policy
- American Speech-Language-Hearing Association. (2020a). *2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Audiology.* <https://www.asha.org/certification/2020-audiology-certification-standards/>
- American Speech-Language-Hearing Association. (2020b). *2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology.* <https://www.asha.org/certification/2020-slp-certification-standards/>
- Americans with Disabilities Act of 1990, 42 U.S.C. § 12101 *et seq.* (1990). <https://www.ada.gov/pubs/adastatute08.htm#12102>
- Ashcroft, T. J., & Lutfiyya, Z. M. (2013). Nursing educators' perspectives of students with disabilities: A grounded theory study. *Nurse Education Today*, 33, 1316–1321.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Calloway, K., & Copeland, D. (2021). Acute care nurses' attitudes toward nursing students with disabilities: A focused ethnography. *Nurse Education in Practice*, 51, 102960. <https://doi.org/10.1016/j.nepr.2020.102960>
- Carroll, S. (2004). Inclusion of people with physical disabilities in nursing education. *Journal of Nursing Education*, 43, 207-212.
- National Disability Authority. (2020). What is Universal Design: Definition and overview. <https://universaldesign.ie/what-is-universal-design/definition-and-overview/definition-and-overview.html>
- Centers for Disease Control and Prevention. (n.d.) *Disability impacts all of us.* Disability & Health Infographics. <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>
- North Carolina University, Center for Universal Design. (2023). *Center for Universal Design.* <https://design.ncsu.edu/research/center-for-universal-design/>
- Coffman, S., & Draper, C. (2022). Universal Design for learning in higher education: A concept analysis. *Teaching and Learning in Nursing*, 17(1), 36–41. <https://doi.org/10.1016/j.teln.2021.07.009>
- Cole, E.V. & Cawthon, S.W. (2015). Self-disclosure decisions of university students with learning disabilities. *Journal of Postsecondary Education and Disability*, 28(2), 163-179.
- Council for Academic Programs in Communication Sciences and Disorders, & American Speech, Language, Hearing Association. (2020). *Communication sciences and disorders education survey: National aggregate data 2019-2020 academic year.* <https://www.asha.org/siteassets/uploadedfiles/csd-education-survey-national-aggregate-data-report.pdf>

- Council on Academic Accreditation in Audiology and Speech-Language Pathology. (2020). Standards for accreditation of graduate education programs in audiology and speech-language pathology (2017). <https://caa.asha.org/siteassets/files/accreditation-standards-for-graduate-programs.pdf>
- de Cesarei, A. (2015). Psychological factors that foster or deter the disclosure of disability by university students. *Psychological Reports*, 116(3), 665–673. <https://doi.org/10.2466/15.PR0.116k26w9>
- Dempsey, A. M., Lone, M., Nolan, Y. M., & Hunt, E. (2023). Universal Design for learning in anatomy education of healthcare students: A scoping review. *Anatomical Sciences Education*, 16(1), 10–26. <https://doi.org/10.1002/ase.2160>
- Edwards, M., Poed, S., Al-Nawab, H., & Penna, O. (2022). Academic accommodations for university students living with disability and the potential of universal design to address their needs. *Higher Education*, 84(4), 779–799. <https://doi.org/10.1007/s10734-021-00800-w>
- Eickmeyer, S. M., Do, K. D., Kirschner, K. L., & Curry, R. H. (2012). North American medical schools' experience with and approaches to the needs of students with physical and sensory disabilities. *Academic Medicine*, 87(5), 567-573. DOI: 10.1097/ACM.0b013e31824dd129
- Epstein, I., Stephens, L., Severino, S. M., Khanlou, N., Mack, T., Barker, D., & Dadashi, N. (2020). "Ask me what I need": A call for shifting responsibility upwards and creating inclusive learning environments in clinical placement. *Nurse Education Today*, 92, 104505. <https://doi.org/10.1016/j.nedt.2020.104505>
- Gordon, M., Lewandowski, L., Murphy, K., & Dempsey, K. (2002). ADA-based accommodations in higher education. *Journal of Learning Disabilities*, 35(4), 357-363. <https://doi.org/10.1177/002221940203500406>
- Heelan, A., Halligan, P., Quirke, M. (2015). Universal Design for learning and its application to clinical placements in health science courses (Practice Brief). *Journal of Postsecondary Education and Disability*, 28(3), 469-479.
- Hinman, M. R., Peterson, C. A., & Gibbs, K. A. (2015). Prevalence of physical disability and accommodation needs among students in physical therapy education programs. *Journal of Postsecondary Education and Disability*, 28(3), 309-328.
- Holland, A.L., & Nelson, R. L. (2020). *Counseling in communication disorders: A wellness perspective* (3rd ed.) Plural Publishing.
- Horkey, E. (2019). Reasonable academic accommodation implementation in clinical nursing education: A scoping review. *Nursing Education Perspectives*, 40(4), 205-209. DOI: 10.1097/01.NEP.0000000000000469
- Kiesel, L. R., DeZelar, S., & Lightfoot, E. (2018). Challenges, barriers, and opportunities: Social workers with disabilities and experiences in field education. *Journal of Social Work Education*, 54(4), 696-708. <https://doi.org/10.1080/10437797.2018.1507365>
- Kim, W.H. & Lee, J. (2016). The effect of accommodation on academic performance of college students with disabilities. *Rehabilitation and Counseling Bulletin*, 60(1), 40-50. <https://doi.org/10.1177/0034355215605259>
- Kimball, E. W., Wells, R. S., Ostiguy, B. J., Manly, C. A., & Lauterbach, A. A. (2016). Students with disabilities in higher education: A review of the literature and an agenda for future research. In M. Paulsen (Ed.), *Higher Education: Handbook of Theory and Research* (pp. 91–156). Springer. https://doi.org/10.1007/978-3-319-26829-3_3

- King, L. (2018). Link lecturers' views on supporting student nurses who have a learning difficulty in clinical placement. *British Journal of Nursing*, 27(3), 141–145. <https://doi.org/10.12968/bjon.2018.27.3.141>
- Langley-Turnbaugh S. J., Blair, M., & Whitney, J. (2013). Increasing accessibility of college STEM courses through faculty development in UDL. In S. Burgstahler (Ed.). *Universal design in higher education: Promising practices*. Seattle: DO-IT, University of Washington. www.uw.edu/doi/UDHEpromising-practices/college_stem.html
- Levey, J. (2014). Attitudes of nursing faculty towards nursing students with disabilities: An integrative review. *Journal of Postsecondary Education and Disability*, 27(3), 321-332.
- Levey, J. A. (2018). Universal design for instruction in nursing education: An integrative review. *Nursing Education Perspectives*, 39(3), 156–161. <https://doi.org/10.1097/01.nep.0000000000000249>
- Luckowski, A. (2014). *The lived experience in the clinical setting of nursing students with disabilities*. Widener University School of Nursing.
- Lund, E. M., Andrews, E. E., & Holt, J. M. (2014). How we treat our own: The experiences and characteristics of psychology trainees with disabilities. *Rehabilitation Psychology*, 59(4), 367. <https://doi.org/10.1037/a0037502>
- McCrea, E. S., & Brasseur, J. A. (2003). *The supervisory process in speech-language pathology and audiology*. Pearson Education.
- McPheat, C. (2014). Experience of students with dyslexia on clinical placement. *Nursing Standard*, 28(41), 44–49.
- Meeks, L. M., Herzer, K., & Jain, N. R. (2018). Removing barriers and facilitating access: Increasing the number of physicians with disabilities. *Academic Medicine*, 93(4), 540-543. <https://doi.org/10.1097/ACM.0000000000002112>
- National Center for Educational Statistics. (1995). *Digest of education statistics*. <https://nces.ed.gov/programs/digest/d95/dtab204.asp>
- National Center for Educational Statistics. (2011). *Students with disabilities at degree-granting postsecondary institutions*. <https://nces.ed.gov/pubs2011/2011018.pdf>
- Phillion, R., St-Pierre, I., & Bourassa, M. (2021). Accommodating and supporting students with disability in the context of nursing clinical placements: A collaborative action research. *Nurse Education in Practice*, 54, 103127. <https://doi.org/10.1016/j.nepr.2021.103127>
- Reep-Jarmin, J. L. (2016). *The meaning of nursing education as described by students with learning disabilities* [unpublished doctoral dissertation]. University of North Dakota.
- Scott, S. (2019). *Access and participation in higher education: Perspectives of college students with disabilities* (NCCSD Research Brief, volume 2, issue 2). National Center for College Students with Disabilities.
- Singh, D. K. (2019). Educational rights of college students with disabilities. *College Student Journal*, 53(2), 243-251.
- Steele, J. (2018). *The lived experience of nursing students with disabilities* [unpublished doctoral dissertation]. University of Alabama.
- Turnbull III, H. R., Stowe, M. J., & Huerta, N.E. (2007). *Free appropriate public education: The law and children with disabilities* (7th ed.). Love Publishing Company.
- United States Department of Education, National Center for Education Statistics. (2022). Use of supports among students with disabilities and special needs in college: Data point. <https://nces.ed.gov/pubs2022/2022071/index.asp>

U.S. Bureau of the Census (1995). *Statistical Abstract of the United States: 1995*
(115th edition.)

White, J. (2007). Supporting nursing students with dyslexia in clinical practice. *Nursing Standard*,
21(19), 35–42. <https://doi.org/10.7748/ns2007.01.21.19.35.c4506>