

Disability Needs and Management within the University of Florida Experience

Summary Report to the University of Florida I-Cubed Program

Consuelo M. Kreider

Rehabilitation Science Program

University of Florida

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Correspondence concerning this abridged report should be addressed to Consuelo Kreider.

E-mail: ckreider@php.ufl.edu

Abstract

Broadening the participation and improving success of students with disability is a priority at the University of Florida (UF). Qualitative methods of individual interview and focus group were used to better understand how the university experience is affected by the student's disability-related needs. The views of 22 UF students with disability, university personnel, and parents of students with disability were thematically analyzed. Five themes were identified and include (1) added complexity, (2) self-determination, (3) negotiation and disclosure, (4) stigma and unfairness, and (5) support. Qualitative findings were compared to a content analysis of published materials examining the extent of commonality of identified needs, strategies and accommodations for post-secondary students across a broad range of diagnoses resulting in disability. A total of five disability needs with high commonality across diagnoses were identified in the content analysis. Needs and strategies related to self-advocacy were found to have the highest universality across diagnoses. This research sheds light on the breadth and complexity of the needs of students with disability attending UF.

Disability needs and management within the University of Florida experience

Students with disability (SWD) are a growing population in post-secondary education whose numbers on college campuses is estimated to have at least tripled over the past 25 years (Onley, Kennedy, Brockelman & Newsom, 2004; Polombi, 2000). Despite this increase in enrollment, academic success and satisfaction with the college experience continue to elude numerous SWD (Quick, Lehmann & Deniston, 2003). College success is bolstered by adjustment to the range of demands and experiences associated with college life. These demands extend beyond the classroom and necessitate a set of life skills that are complex and challenging. Researchers have identified factors contributing to the success of college SWD. However, contextual and operational meanings of the factors associated with college success remain to be explicated. Moreover, little empirically informs as to broader holistic needs impacting the everyday-lives of these students.

Broadening the participation and improving success of students with disability is a priority at the University of Florida (UF). In an effort to better understand the range of needs experienced by SWD, we interviewed the students themselves, university personnel working with SWD, and parents of such students. In doing so, this research elucidates contextual meanings of disability-related factors most salient to those concerned. Additionally, we conducted an analysis of published materials in order to assess the extent of commonality of needs in post-secondary SWD across a broad range of diagnostic conditions. For university SWD, this research expands understanding of disability-related needs impacting matters of academic, social, and everyday life.

Overall Methods

Overview of Research Design

A mixed method design was used to investigate the needs of SWD in higher education. We concurrently, but separately, collected and analyzed qualitative and quantitative data. In the

qualitative segment, we used interview and focus groups to collect data and then analyzed for recurrent themes. In the quantitative analysis, publications were inventoried with regard to noted needs, strategies, and/or accommodations. We used a content analysis to identify which disability related needs, strategies, and/or accommodations demonstrated the greatest commonality across diagnostic conditions. Following these separate analyses, quantitative findings from analysis of the publications were used to validate themes identified in the qualitative analysis.

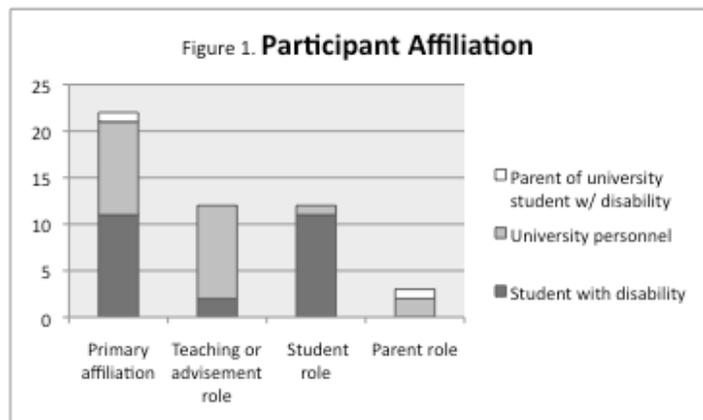
Qualitative Component – Interview and Focus Group

A focused ethnographic research strategy was chosen to explore the relationship of college SWD to institutional culture and infrastructure in place to serve them. Qualitative data collection (interviews and focus groups) and initial data analysis was contributed by PhD students enrolled in NRG 7814 Summer C 2010, an interdisciplinary graduate level qualitative methods course offered in a summer semester. Students enrolled in this course were given the option to engage in this research project as a means of completing required class assignments.

Participants Providing Qualitative Data

Study participants included university students who self-identified as having a chronic disability, parents of self-identified university SWD, and university personnel who work with SWD

and have disability expertise or experience. Recruitment efforts yielded a total of 37 potential participants who met inclusion criteria and agreed to participate. However, primarily due to scheduling constraints, a total of 22

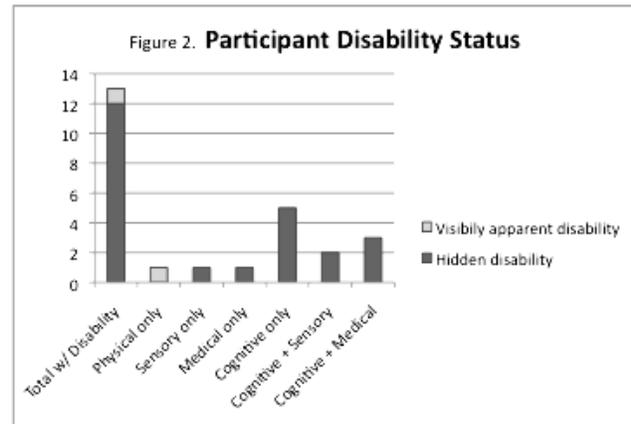


participants informed this study. Of these 22 participants, a handful had multiple types of affiliations with the university and reported on their experiences from multiple vantages (Figure 1).

The majority of study participants with disability had conditions that were invisible or at least not readily apparent. Only one participant had overtly apparent physical disability that impacting mobility. Several participants had multiple conditions contributing to their disability (Figure 2).

Qualitative Data Collection

The sponsoring university's internal review board approved all procedures and consent procedures were completed for all informing this research. Data was collected via 14 face-to-face individual interview and two focus groups.



Qualitative Data Analysis

All interviews were recorded, transcribed, and analyzed as part of a dynamic process that enabled researchers to contemplate and regularly discuss emerging themes.

Qualitative Findings

The stories told by participants described both positive and negative disability-related experiences. In analyzing these stories, five major themes were identified in the elucidation of the broader needs of university SWD. The stories described below tell of (1) added complexity, (2) self-determination, (3) negotiation and disclosure, (4) stigma and unfairness, and (5) support. As summarized by one participant, *“It’s not enough to have ramps. It’s not enough to have length of the test extended. You know there are other kinds of things that have to be done.”*

Added Complexity

Study participants highlighted the impact of disability on their daily activities and routines. *“It’s one thing to have academic help, but everything that affects you in school affects you in your daily life too.”* While each individual’s condition presented unique constraints, similarities were

found in demands required to manage their disability within the context of being a university student. Participants identified numerous ways in which disability impacts academic undertakings. Students voiced concerns regarding timely completion of assignments, keeping up with classes, finding time for involvement in campus life, and even mastering organizational and time management skills. Several participants echoed concerns regarding timely completion of course assignments, as disability-related constraints made assignment completion more time consuming. *“Every written assignment takes me way longer than average.” “They give you time and a half for the exam, but they don’t give you extra time for homework.”*

Several participants spoke of interpersonal and disability-related difficulties with cooperative assignments and group classroom activities. Faculty participants spoke of the added difficulties faced by students whose disability involves conditions of impaired social and interpersonal functioning. Participants described considerable uneasiness on the part of the students when it is time to *“pair up into groups.”* For these students, disability-related issues of social functioning added complexity to challenges faced by instructors already dealing with tricky social-dynamics inherent in student group projects. While not every student reported difficulties with group assignments, students did voice disability-related concerns regarding group projects. One participant described the added pressure of feeling as if he must work extra hard on group projects. *“...I don’t want to slow anyone down...you remember who works hard, and I don’t want to be one of the people that doesn’t work hard because then no one’s going to work with me.”*

In addition to managing academic responsibilities, a student with a disability must handle matters brought about by the diagnostic condition. Student’s understood the need to prioritize disability-related health matters when attempting to balance demands. *“I have to pick and choose because I have a [disability/health] priority. I cannot have everything done because I have no energy to do it.”* Study participants also spoke of challenges in contending with disability-related

health concerns while trying to establish a social identity. One participant with a heavy daily health-treatment burden spoke of the challenge this way, *“I was making new friends and trying to hang out [with them]. So it was a balance. It was all a balancing act of what you can do and what you can’t do.”* For participants, juggling disability-related constraints inhibits full participation in campus life. *“[Disability] definitely prevents me reaching out.”*

For many who spoke with us, the grind of daily living was exacerbated by the grind of living with a disability. One participant spoke extensively about the hardships in daily planning and compliance with diagnostically related dietary requirements while on the university campus. Other participants spoke of difficulties in obtaining or creating appropriate living spaces to meet the student’s disability-related needs. A participant with a medical condition impacting physical endurance spoke of needing to locate housing close enough to contend with his need for daily naps. Other participants spoke of needing to move off campus in order to contend with issues of noise and distractibility. One participant spoke of the student needing to move into a family member’s home after unsuccessfully living on his own. *“...Let’s give [the student] a supportive, organized environment...He couldn’t handle it all, he didn’t have the skills.”*

While not always in the forefront of the student’s thinking, students must be continuously mindful of how their disability might be impacting everyday campus situations. For instance, one student spoke of how riding a crowded bus would over-stimulate her, leaving her agitated or anxious and, resultantly, unable to focus. This student learned that she must be careful to build in extra travel time prior to exams so as to either avoid the over-crowded buses or to allow enough time to recover from her state of over-stimulation. The daily grind of living with a disability and having to remain vigilant to working around the disability complicates the management of a daily life, and can, at times, be exhaustive for the student. The ever-present aspect of disability complicates the task of balancing academic, social, and daily-life demands. Strategies to deal with the disability

must be woven into the student's daily patterns. For SWD, their disability adds multiple layers of complexity to the many rigorous demands of attending a major university.

Self-determination

Self-management. Succeeding at the university level requires SWD to make the transition to internalized self-management of their disability-related needs. Self-management is both a practice and skill central to successful transition to post-secondary education for SWD (Garrison-Wade & Lehmann, 2009). At multiple levels, the onus is placed on the student to seek-out, negotiate, and obtain supports needed. *"...It's up to you to fill it out. It's up to you to pick it up. It's up to you to deliver it to your professors and everything so it's mainly the student's responsibility."* Successfully seeking out and obtaining needed supports requires both understanding of one's disability-related needs and the ability to communicate such needs.

Several participants told stories relating the process of developing their own disability identity. Many spoke of struggle coming to terms with having a personal identity associated with a disability. One participant spoke of seeking professional help in reconciling the personal meaning of her diagnosis. She sought counseling on *"...learning how, what it meant"* to have her particular condition. Students also spoke of being able to rationally understand their disability while continuing to have difficulty emotionally accepting it. *"...[Disability professional] says I should consider [an accommodation]. But I'm not ready yet...I just have to be ready before I ask for the next set of [disability] services."* For this student, difficulty in coming to terms with the constraints of her disability served as a barrier to seeking out needed accommodations. Other students spoke of difficulty accepting that they needed additional supports to remain academically successful at the university level. *"I got into [the university] on equal footing and equal position."* Several participants relayed stories of grappling with figuring out what the diagnosis meant in the context of the student's life. In doing so, students would struggle with knowing when to seek

accommodations. *“You at the beginning are like, ‘I am going to do this [without accommodations], lets see how the first test is.’ And then...[I] didn’t do well.”* In the process of figuring out the bounds of her disability, one student spoke of the condemnation received from the instructor when she presented her accommodation letter late in the semester. *“He made me feel inferior...he yelled at me...I didn’t say this, but I am thinking... ‘I know I chose to come in late and I am sorry, but I thought I could do this without it and now I realize I can’t.”* Understanding the bounds on one’s disability and coming to terms with it is pivotal to the development of effective disability self-management and critical to the student’s ability to advocate for needed supports.

Self-advocacy. The development of self-advocacy is foundational to self-determination for SWD. However, the process of developing effective self-advocacy can be a difficult and often-tenuous process. Several students spoke of hesitancy in actively seeking accommodations from their instructors. Students spoke of following the prescribed procedures for obtaining accommodations. However, for some, their level of self-advocacy was not always adequate enough to ensure they receive appropriate accommodations. While not a universal experience, students with hidden disability such as learning disability relayed instances of accommodation denial. *“They wouldn’t give me the extra time on the test.”* Such accommodation denial often led to feelings of disbelief, irritation, and hopelessness. Unfortunately for some students, this accommodation denial also contributed to an erosion of self-advocacy that resulted in the student choosing to forgo seeking much needed accommodations. Students also spoke of well-meaning instructors dissuading them from invoking testing accommodations by detrimentally convincing them of their ability to manage the test in an un-accommodated fashion. *“Let’s see how you do without it.”*

Participants told stories of learning and gaining from prior experiences. Non-traditional age students spoke of earlier struggles when attending college as a younger individual. These older students spoke of how lessons learned from life experiences enabled them to endure and succeed in

college this time around. *“If I was 20 and I was dealing with all this, I would’ve quit.”* Participants attributed skills learned in managing a household or advocating for their children as experiences critical to their persistence and success as an older student with a disability. For many SWD, the process of developing self-advocacy can be discouraging and exhaustive. *“...You just have to keep going and justifying and explaining the situation. Just that’s all you do. Just keep explaining.”* In order to effectively self-advocate, students must do more than communicate their needs. Students must demonstrate conviction and remain vigilant to the protection of their disability rights.

Mature self-determination. Some students spoke of using critical assessment of their classes, schedules, and the overall big picture in deciding when to seek or advocate for accommodations. The ability to clearly articulate what their needs entailed was a common thread amongst participants who told stories of mature self-determination. Students with a clear understanding of their needs used this insight in strategizing to set themselves up for success. *“His teaching style is what I needed and I knew that if I had someone like that teaching me...then I’d be able to retain it and really work with it.”*

Unique to the stories of mature self-determination were concise articulations of specific ways the accommodations helped the student. These levels of meta-learning enabled students to more critically assess and prioritize when to use which accommodations. *“I generally don’t choose to use [extended testing time] unless it know it’s the style of test that I have trouble with...that type of pressure [from the particular test style] makes me agitated and I have trouble taking the test...”* Judicious use of accommodations was also discussed within the context of being competitive in the future workplace. *“[Campus disability services] gave you a whole list of stuff [accommodations], for the most part I try to use it minimally as possible, cause out in the work force... So I figure the less I do in college, the better I’ll be able to adjust once out into the real world.”*

Negotiation and Disclosure

While institutions of higher education are required to provide reasonable accommodations, SWD are tasked with seeking out and negotiating their needed supports. Students must bring clinical documentation of their disability to the campus disability office where eligibility for disability services is verified. At the beginning of each semester, the student presents a letter to each instructor identifying accommodations the student qualifies to receive. These letters only identify the accommodations needed; they do not disclose reasons for the accommodations. More importantly, these letters do not provide guidance on how to incorporate the required accommodations into the teaching plan.

For students whose disabilities are not apparent, giving the letter and negotiating accommodations oftentimes places the student in a difficult position. Many students feel as if they must disclose their condition or confidential health information in order to justify required accommodations. *“I think the hardest part of that process is going to the teachers and explaining... trying to not tell them what the disability is but letting them know what’s going on.”* These students must weigh privacy concerns against the need for their instructor to understand their disability-related constraints.

The steps involved in seeking accommodations with individual instructors provoked anxiety in students of all ages. *“Please don’t make me go back and make me reiterate what the letter already says!”* Some students expressed discomfort in the act of personally handing the letter to their instructor. These students wished for anonymity in the process of conveying accommodation needs to the instructors. For other students, the possibility of having to explain and negotiate disability-related needs served as the point of discomfort. *“It’s always an awkward conversation.”* The process of accommodation seeking is made more difficult when these negotiations are conducted with instructors who are ill equipped to deal with the needs of the student. *“That is*

particularly uncomfortable when you have to...explain it and then they scrutinize it and they just don't understand that people are receiving accommodations for this kind of thing." Nonetheless, students did relay stories of instructors making attempts to ease student's discomfort when disclosing. Instructors primarily did this by finding ways to identify with the student. Some instructors shared stories of their own experience with disability or a personal struggle. Other instructors chose to commend the student for advocating for needed accommodations.

Stigma and Unfairness

Decisions to seek accommodations and disclose are made against a backdrop of stigma. *"I often think that they are judging me... so I rarely like to disclose."* When the disability is not readily apparent, greater unacceptability is associated with the accommodation seeking. *"The only understanding is if I have a physically broken thing they could see...but other than that, I get no understanding."* Some students go to great lengths to avoid having their classmates know of their disability status. *"I had a young man who asked in class if there was anyone who would want to be a note taker. He would pay... He did not give me a letter until about two weeks after that, and we had a little chat. He indicated that he thought it would be a mark against him and he was going to try and hide it and that sort of thing."*

Threaded throughout the interviews were sentiments detailing a sense of unfairness in relation to academic accommodations. *"The faculty and students almost hold it against me because I am getting special treatment. They can't see disabilities so they don't see something broken..."* One student spoke of being singled out by his instructor. *"You're all goin' to have an hour and a half for this test... SOME OF YOU [emphasis] are goin' to have a little longer'. And he kinda' looked around and looked at each one of us [receiving accommodations]."* Additionally, instructors spoke of having to contend with non-impaired students questioning accommodation practices. *"Why do they get the special treatment? Why don't they have the same kind of [accommodation]?"*

Support

Prevalent in all interviews was the concept of support. Participants spoke of supports that were provided as well as those lacking. Institutional supports focus primarily on those needed for academic success. Supportive individuals play a key role in the success of SWD. *“She just took me under her wing and figured out what was going on.”*

Disability Resource Center. The University of Florida has a centralized disability resource center (DRC) with fulltime personnel providing disability-related services for students with a qualifying disability. The DRC remained central to most students’ disability-related experiences. All participants recognized the focal role of DRC in advocacy and support for accommodations. *“I guess the role of [DRC] is being there to support...decision to request accommodations and then kind of helping ... facilitate with instructors how that plays out as ... access to accommodations.”* For some, the very existence of a disability center was unknown to them until they were already involved with the university. Some expressed frustration with limited visibility of DRC on campus and a general lack of awareness. *“The DRC/disability part is the shortest segment possible at the [university] orientation.”* For some students, academic trouble is the precipitating factor to initiation of obtaining disability-related support services. *“Every now and again I will get a student...that has no idea that they have access to accommodations and you wonder how possibly they could have gotten to that point where they are now failing and nobody’s told them about [disability services].”*

Recurrent in the interviews were stories of how students initiated the process of accessing services through the DRC. For some students the push to connect with the DRC came through recommendation of a faculty member. *“I spoke to my teacher before the first time I used disability service.”* Health-service personnel also served as a source for navigating students toward the DRC. *“We can connect a student with [DRC] whenever they need some kind of confirmation that they*

have any form of disability.” For some, connection with disability services resulted from pushes from family. “My mother made the appointment.” One student spoke of how a classmate served as the impetus for seeking disability services. “She said, ‘So you have [diagnosis] too?’ And I was like, how did you know?... She was the one that told me to go to the [disability] service center, which I knew existed; but I’m like, if its standing out that much, I probably need to go.”

Accommodations supported by DRC are extensive and were generally felt to be valuable and beneficial. However, access to these supports was at times an issue. For some, accessing available supports was not always felt to be worth pursuing due to procedural reasons. In referring to the process of seeking accommodations that must be repeated with each new semester, one student shared, *“I think they offer you a bunch of options. So, technically they are there, but it’s not accessible. If you need this, you can go through all these [hoops] ... You are technically allowed, they make it too hard for you to use.”* Some instructors were sensitive to the cumbersome nature and difficulties incurred by students seeking accommodations. *“I choose to accommodate them instead of sending them up the hill [for accommodated testing] because of parking. It’s an issue for them... Obviously if I can do it, I’ll do it.”*

Pedagogical support. Unfortunately, an instructor’s empathy was not usually enough to meet the student’s needs. Several conversations centered on what many considered a lack of disability-related training on the university campus. *“...There is some professors that I kind of felt like they didn’t have any empathy. And there is some professors that have some empathy, but they don’t always know what to do with like the issues.”* In discussing disability training received as part of the orientation and training received as a new instructor, one participant described it as follows: *“They didn’t explain what you are supposed to do or why you need to do it or anything...It was just like ‘They are going to come to you and may give you a letter and then you know fill out paperwork’ and that’s it.”*

Faculty participants with experience and/or extended training in matters of disability spoke positively about practices of inclusive pedagogy. However, all acknowledged that considering and supporting the needs of SWD could be difficult and at times be perceived as more work. Empathetic and supportive faculty spoke of wanting students to succeed. *“I’m going to accommodate you because I have this...feeling that I want everyone to do well... I actually enjoy it. It makes me feel like a better instructor.”* One supportive faculty participant spoke frankly about added difficulties when adequately accommodating students. *“I have a PhD student that I know has a ... disability. I worked with her and it’s twice the amount of work for me. But its worth it for me because I recognize other strengths that, you know, that made it fine. But I can see how another faculty member ... [trails off].”* Most notable in the conversations of supportive teaching faculty were the stories of mutual gain from embracing the unique challenges and opportunities afforded by working with SWD. *“When I end up helping them [students with disability] it helps me get my stuff better. I haven’t had an accommodation issue that actually didn’t end up making me, helping me, do my job better.”*

Multiple sources of support. SWD rely on multiple sources of support in order to contend with the multiple layers of complexity existing in their lives as university students. The health care system is an important source of support for these students. SWD are accustomed to disclosing intimate aspects of their lives to their medical and health practitioners where a culture of confidentiality and non-judgment already exists. *“...Really it was the MDs ... who knew inside and out what I was dealing with... It was like ‘I can’t believe you’re doing this. You’re amazing!’... They were saying ‘wow, you do have challenges, but you’re rising above them.’”* Embedded in the health care system is the understanding that problematic behaviors can stem from physiologic roots.

Several participants spoke of students needing support in dealing with anxiety. *“I think one of my main problems is anxiety and I think school is more anxiety producing than the real world.”*

Students spoke of relief felt from just knowing accommodations were available to them. *“I think half the battle...is knowing I have extra time; relieves some of the anxiety and therefore I don’t need [extra time] as much as I think.”* One older student spoke of disability-related support provided by classmates. *“They wanna take good care of me... They are very accepting of me and I very appreciate that...It’s not another aspect that I have to worry about.”* All interviewed recognized the importance of support beyond assistance in dealing with classroom concerns. *“It’s nice having the right kind of support around me; my family and all the right doctors.”* Students found much needed support in the DRC, from health and medical providers, empathetic instructors, classmates, involved family members, and university personnel who made an effort to connect on a personal level.

Quantitative Component – Analysis of Publications

A content analysis was conducted in order to summarize quantitative exploration of commonalities in recommended accommodations and interventions across a broad range of impairments. Both published journal articles (n=19) and diagnostically organized chapters (n=17) from a health profession intervention resource guide were used in this content analysis.

Analysis

The research team employed an initial review of the literature to guide development of categories used in the content analysis. We identified 15 disability-needs categories that represent the broad range of needs, strategies, and/or accommodations recommended for SWD. Categories

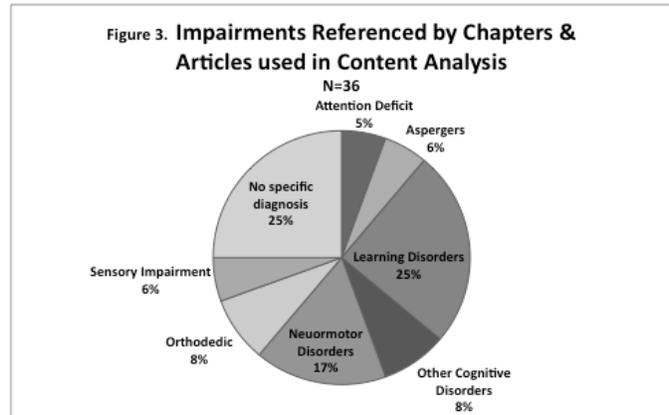
Category of Needs, Strategies & Accommodations	% Chapters & Articles Endorsing Category
Disability self-advocacy, self-determination, disability education	56%
Coping, anxiety, stress management, self-management	41%
Fostering of social, leisure, and/or disability support networks	41%
Vocationally-related skill development and/or counseling	26%
Social and/or communication skill training	26%
Break tasks into short segments	21%
Univerally accessible pedagogical practices	15%
Accommodated study & test environment	15%
Mentoring and/or provide guidance & information	12%
Create structure & locate effective cues	12%
Memory & organizational aids	12%
Disability specific compensatory or adaptive strategy training	9%
Additional time	6%
Assistive technology	6%
Disability specific environmental modifications	3%

Table 1. Content analysis assessing universality of needs across a broad range of diagnoses.

developed ranged from generalizable needs such as social supports to specific strategies such

as use of extended time or environmental modifications (Table 1). Publications were analyzed as to identification of needs, supports, and strategies important to college student populations with a variety of disabling conditions. Figure 3 provides a breakdown of impairments represented in both the clinical intervention guide and the published articles used in the content analysis.

Content analysis. Following categorization of all selected publications, we calculated the percentage of endorsement for each of the 15 disability-needs categories (Table 1). Categories with



higher percentage endorsements were considered to have greater commonality as a need or recommended strategy and/or accommodation across the broad range of diagnostic conditions.

Results

Five of the 15 disability-needs categories received >25% endorsement and are judged to be needs with high commonality. The category of *Disability Self-advocacy, Self-determination and/or Disability Education* was found to have the greatest commonality (56% endorsement). Two disability-needs categories were found to have the second greatest commonality across diagnoses. These categories were *Coping, Anxiety, Stress Management and/or Self-management* and *Fostering of Social, Leisure, and/or Disability Support Networks*, and each received 41% endorsement. Both *Vocationally Related Skill Development and/or Counseling* and *Social and/or Communication Skill Reinforcement or Training* categories received 26% endorsement

Discussion

Qualitative findings illuminated in the interviews and focus groups were validated by findings of the content analysis. Findings converged from both the qualitative and quantitative analysis. Both the quantitative and qualitative analysis point to the development of self-advocacy and self-management as central skills pivotal to the successful management of the broad range of disability needs and supports for university SWD. Additionally, the five categories of needs identified to have the greatest commonality across diagnoses were detailed and contextually described within the qualitative interviews.

The summer semester timing of this study combined with the constraint of data collection within the time frame of a twelve-week semester is a limitation of this study. The number of participants who were interviewed to inform the qualitative segment of this study was notably fewer than the number of those who contacted us and agreed to participate. Several students who self-selected and expressed a desire and willingness to participate were unable to do so because several had traveled or returned home for the summer semester. Additionally, a handful of willing faculty and staff participants were unable to participate due to scheduling conflicts exacerbated by busy summer travel schedules. A bias of this study was the inclusion criterion selecting faculty and staff who have disability training or experience. However, as we were seeking depth of insight into the needs of SWD on the university campus, we sought to hear from those who had spent time contemplating and living the issues being investigated.

Our findings shed light into the depth of complexity and the multi-faceted breadth of needs SWD on college campuses face. As true for all students, educational needs remain central. However, disability-related academic needs must be approached with consideration of the student's concurrent developmental and health needs. This research highlighted the fact that the conditions resulting in disability are diagnosed and managed through the medical and health system.

Resultantly, SWD must simultaneously manage health and academics. This often requires SWD to master advocacy and navigation of two very complicated, and primarily divergent institutional systems. In working to meet the needs of SWD, educators, programs, health practitioners, researchers, and institutions must consider and draw from the expertise of educational, developmental, and medical traditions in order to more adequately understand and meet the breadth of the student's interrelated needs.

In order to bolster preparedness for the breadth and complexity of college demands, educational systems at all levels must work together to ensure that holistic, beyond the classroom needs of young academically successful college-bound SWD are addressed. Working in conjunction with families, middle and high school interventions that focus on the development of self-management, self-advocacy, and critical everyday-life management skills will work to foster optimal academic trajectories for young SWD. The ultimate goal of such coordinated and holistic efforts is the fostering of SWD whose academic success is benefitted by being better equipped to handle the multiple layers of complexity associated with being an individual with disability in higher education. Findings of this research support the argument that enrollment in post-secondary education is a premature endpoint for SWD receiving transition services in high school.

A culture of inclusion and success must be created in order to assist those at risk across critical academic and transitional junctures. Institutions, faculty, and service providers must work to ensure that SWD engaging in higher education have adequate access to the breadth of supports needed to meet the full range of disability-related needs that arise in the campus environment. Moreover, these supports must be responsive enough to meet the shifting needs from an educational focus to inclusion of supports for workplace and life readiness. Post-secondary educational participation extends beyond the classroom to the development of everyday-life competencies needed to guide a young adult towards educational success, work-readiness, and self-sufficiency. In

the same way that the families of the SWD created a vision for their child to achieve admission into higher education, so too, must higher educational institutions create a vision of the path to success for the students with disability they have admitted.

Implications for research and practice. This research highlighted several areas of need, all of which are potential points of intervention. Future research is needed in the development and testing of innovative interventions to meet the broad range of needs identified in this population. Additionally, alliances between key players such as schools, programs, and health systems, must be fostered in order to better address the interrelated nature of the needs SWD. Moreover, educational institutions at all levels must work to create a culture of inclusive pedagogy.

Our research highlighted the need to increase education about disability and available disability services to institutional personnel, students, and parents. An urgent need was identified for disability training in matters specific to hidden disabilities. Education of both students and institutional personnel are needed with regards to (1) how to access disability services, (2) rules regarding maintenance of disability-related confidentiality, and (3) how to handle disclosure and negotiation of classroom accommodations. Also critical is the need to educate instructors in specific strategies for handling disability-related classroom issues, such as methods for managing group activities when the student's disability involves dysfunction in social or interpersonal abilities. Formal pedagogical training must also include training in methods of universal design for learning, such as use of backwards design when lesson planning.

In working to create a culture of inclusive pedagogy on college campuses, institutional support must be made available. The addition of disability-related questions on instructor or course evaluations would serve as an initial means to incentivize inclusive pedagogical practices. Course evaluation questions might include assessment of the instructor's willingness and effectiveness in addressing a range of disability-related classroom needs. Additionally, formalized mentorship or

advisement to a SWD could be supported as a service considered applicable to faculty tenure packages.

Our research pointed to the need for improved networking across the university and beyond. The breadth of the needs identified in this research requires that a wide net be cast in the creation of the disability support network. A critical next step is the identification of key individuals who can serve as disability resources throughout campus, in each college, and in each department. Additionally, key individuals must be identified in both academic and health systems. The needs of university SWD are broad and scattered across multiple domains. Better holistic understanding is a critical next step in advancing innovation of strategies and supports designed to broaden participation and support the success of SWD in higher education.

Conclusion

This study provides insights from multiple vantages into the broader needs of university SWD. While study findings revealed broader needs to be varied and inextricably tied to the unique specifics of both diagnosis and the individual's life-stage, universalities existed in the beyond the classroom needs of SWD. Social, communication, psycho-affective, and disability-related health needs were identified to have an impact on academic performance, university participation, and management of everyday-life. Better understanding of the range of needs and contexts of SWD in higher education will enable programs, practitioners, and researchers to more effectively work to facilitate development the of broad range of competencies needed to guide SWD towards educational success, self-sufficiency, and ultimately well-being.

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