# Resource Center for Persons with Disabilities (RCPD)

***Maximizing Ability & Opportunity*Michigan State University Bessey Hall**

# 434 Farm Lane, #120 East Lansing, MI 48824

**(517) 884-7273 (517) 432-3191 (fax)**

[**http://www.rcpd.msu.edu/**](http://www.rcpd.msu.edu/)



COVID Related Remote Learning Accommodation Request Form

# Institutional Context

Michigan State University is a residential institution with its courses and programs primarily offered via in-person instruction. For the 2021-2022 academic year, most of the university’s academic programs will have essential in-person components.

Students with disabilities desiring remote learning due to COVID should first determine whether there is an online or hybrid learning option for the course and then speak with their academic advisor about scheduling changes. Where online or hybrid learning options for a course are not offered, remote learning may be approved as a reasonable accommodation, if due to COVID a student’s disability makes them unable to participate in person, and remote learning does not lower academic standards or require substantial program alteration. Students eligible for remote learning are approved for 1 semester and on a class-by-class basis. Approval is contingent upon determining feasibility for the student’s course in collaboration with faculty. This accommodation is not intended to be used for multiple semesters in a row, nor to convert an in-person course into an all-virtual experience.

# Approval Process for COVID Related Remote Learning Accommodation

A student with a disability requesting a remote learning accommodation due to COVID must identify and register with the Resource Center for Persons with Disabilities (RCPD) in advance, preferably at least 15 days before the accommodation is needed. Students should provide the Covid Related Remote Learning Accommodation Request form or equivalent documentation.

*The University reserves the right to request additional clarification or documentation.*

The RCPD will validate the need for approved accommodations and engage with the student and campus officials to facilitate a reasonable accommodation that does not lower academic standards or require substantial program alteration.

# Dispute Resolution Procedure

Disputes or disagreements about a disability determination, appropriateness of an accommodation, or service/assistance quality should first be raised with the RCPD specialist involved. If the matter cannot be resolved, a [dispute resolution](http://www.rcpd.msu.edu/awareness/dispute) should be submitted to RCPD.

Individuals may also file a written grievance with the University’s ADA Coordinator:

The ADA/Section 504 Coordinator  
Office for Civil Rights  
Olds Hall, Suite 107  
East Lansing, MI  48824  
Phone: (517) 355-3960  
Email:  [ocr@msu.edu](mailto:ocr@msu.edu)

## Health Care Provider Role

University decision-makers need your professional judgement as it relates to the student’s health status and related needs. The description should include an assessment of the student’s health risks for being in class, on campus, in extracurricular activities, or otherwise exposed to other people while enrolled at MSU, considering: their unique medical profile, the latest information on vaccine efficacy, and the university’s or other safety practices available to the student. Impacts must go beyond the typical stress or nervousness that most people are expected to feel in readjusting to an in-person experience.

## Student Information

Name: Last, First, Middle Initial

Date of Birth: MSU NetID:

## Certifying Professional

Certifying Professional’s Printed Name:

Credentials/Specialization:

License Type: License #: State: Exp. Date:

Diagnosis/Diagnoses that requires a remote learning accommodation:

DSM or ICD Codes:

Date of onset: Date of diagnosis:

Date of student’s last appointment?

How often does the student receive treatment?

Estimated end date and circumstances you believe need to change for the student to resume face-to-face instruction?

## Content for Letter of Support

Below is the information the university is looking for in evaluating an individual’s request for remote participation as an accommodation.

* 1. *For students with CDC-recognized COVID-high-risk conditions (e.g., diabetes) the description should include an assessment of the student’s health risks for being on campus, including in the classroom, in housing, participation in extracurricular activities, personal contact with others, etc., considering their unique medical profile, the latest information on vaccine efficacy, and the university’s or other safety practices available to the student.*
  2. *For students without CDC-recognized high-risk conditions (e.g., mental health conditions) the description should include an explanation of how being on campus including in the classroom, in housing, participation in extracurricular activities, personal contact with others, etc., will disproportionately affect them compared to their peers such that remote learning is the only viable option. This impact must go beyond the typical*

***Please answer the following within the form or attach a supplemental letter of support on official letter head***:

1. Describe why the student’s disability/medical condition would be negatively impacted if they are required to attend classes in person? In what ways would disability/medical condition be exacerbated?
2. How would attending classes remotely, benefit and mitigate the negative impacts experienced by the student’s disability in ways that go beyond the typical benefits any individual receives from having online classes?
3. Why do you believe that remote participation is essential for the student to effectively participate in and benefit from their academic work?
4. Has the student been fully vaccinated for covid 19?
5. Is the student able to wear a facemask while indoors at MSU?
6. If the student has been fully vaccinated for COVID-19 and/or is able to wear a facemask while indoors, why do you believe that remote learning is essential for the student to effectively participate in and benefit from their academic work?

Please print this documentation, sign, and date below. Send or fax directly to RCPD using information on page one.

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**Certifying Professional’s Signature Date**