

# The Weill Cornell Medical College

## Disability Services

*Disability is defined by the Americans with Disabilities Act of 1990 as "a physical or mental impairment that substantially limits one or more major life activities." An individual may also qualify as disabled if he/she has had an impairment in the past or is seen as disabled based on a personal or group standard or norm. Such impairments may include physical, sensory, and cognitive or intellectual impairments. Mental disorders (also known as psychiatric or psychosocial disability) and various types of chronic disease may also be considered qualifying disabilities. A disability may occur during a person's lifetime or may be present from birth.*

The Weill Cornell Medical College's (which includes the Medical College and Graduate School of Medical Sciences) Disability Services are dedicated to providing equal educational opportunities for students with disabilities. Federal law states that no qualified student will be excluded, denied participation or subjected to discrimination from any program or activity.

Dr. Dana Zappetti, Associate Dean for Student Affairs manages all curricular, academic and student affairs-related aspects of the student's needs by working with faculty and administrators to provide services to students with disabilities in addition to assisting the school in meeting its compliance obligations.

### **Accommodation Requests and Review Process Guidelines**

- A student must submit a written request describing the disability and/or condition and the type of accommodations being requested. The school's obligation to provide accommodations is not triggered until the disabled individual makes his or her needs known.
- A student must provide disability documentation supporting his/her need for accommodations that meets Cornell guidelines from a certified medical practitioner. Documentation must be sufficient to establish that the requested accommodation is appropriate for the student's condition. Documentation is not accepted from family members.
- A student must submit information from previously attended post-secondary institutions describing accommodations approved and used.
- A student must submit letters of approval of accommodations from testing agencies.
- Dr. Zappetti, in conjunction with an advisory group from the school, has responsibility for determining the acceptability of documentation and reserves the right to require additional information. The school maintains the right to deny documentation that does not verify a student's disability or justify the need for reasonable accommodations. The school also maintains the option of seeking a second, professional opinion regarding documentation presented to verify disabilities. Students may appeal accommodations decisions.
- The school may request additional documentation from the student upon finding that the student's original documentation is insufficient and may choose to provide temporary accommodations while the student gathers the requested documentation.

- Once the requests have been reviewed and approved by Dr. Zappetti and the Disability Services Advisory Committee, Dr. Zappetti will then work with faculty and administrators to determine what accommodations are necessary.
- Documentation accepted by Dr. Zappetti is valid as long as a student is continuously enrolled at the school. However, if there is a break in the student's enrollment, s/he may need to present updated documentation to Dr. Zappetti in order to receive disability services. If additional accommodations are requested, additional documentation may be needed.
- All documentation of disabilities is received and held solely by Dr. Zappetti. Documentation is treated as confidential. Generally, no documentation is released to anyone outside of Dr. Zappetti's office without the student's informed and written consent. Documentation is destroyed six years after the last semester the student is enrolled.

## **STUDENT RESPONSIBILITIES**

1. A student is responsible for requesting disability special accommodations and providing supporting documentation to Dr. Dana Zappetti, Associate Dean for Student Affairs at the beginning of the academic year.
2. A student is responsible for completing and submitting the Request for Accommodations form to Dr. Zappetti with the supporting documentation.
3. The supporting documentation should
  - a. be current (within the past 3 years)
  - b. be in the form of a letter from a physician and/or school
  - c. meet guidelines for disability ([www.sds.cornell.edu/guidelines](http://www.sds.cornell.edu/guidelines))
  - d. include medical information that describes the limitations of the disability
  - e. include evaluation/diagnostic test results used to make the diagnosis
  - f. indicate the accommodation with an explanation of its relevance to the disability
4. A student is responsible for any costs or fees associated with obtaining the necessary documentation to support his/her claim.
5. Once a student has provided appropriate documentation and met with Dr. Zappetti to discuss accommodations, he/she must schedule a time to meet with instructors to deliver an accommodation letter and discuss granted accommodations. These meetings also provide students the opportunity to introduce him/herself and discuss specific needs with the course/clerkship director and/or instructor. Meetings with instructors must take place two (2) weeks in advance of needed accommodations.
6. A student is responsible for notifying Dr. Zappetti immediately if there are any problems receiving accommodations, or if a student feels he/she have been discriminated against or treated differently in any way.

**The Weill Cornell Medical College  
Disability Services**

**Request for Accommodations**

**I. General Information**

Name \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Student ID #: \_\_\_\_\_

School: Medical College \_\_\_\_\_ Graduate School \_\_\_\_\_/Program \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Local Address: ( ) check here if same as Permanent Address.

Local Address: \_\_\_\_\_

Local City \_\_\_\_\_ Local State \_\_\_\_\_ Local Zip Code \_\_\_\_\_

Local Phone: ( ) \_\_\_\_\_ Other Email Address: \_\_\_\_\_

**II. Nature of Disability/Disabilities, Documentation and Accommodations Requested:**

1) What is your disability (diagnosis):

\_\_\_\_\_

2) What type of accommodation(s) are you requesting:

\_\_\_\_\_

3) What documentation are you providing:

\_\_\_\_\_

4) Other pertinent information:

\_\_\_\_\_

### III. Confidentiality

Dr. Dana Zappetti, Associate Dean for Student Life will abide by the School's FERPA(Family Educational Rights and Privacy Act) policy whereby all applications, supporting documentation and verbal discussions with the student about their disability/disabilities will be kept on file with Dr. Zappetti and confidential.

### IV. Release of Information (internal and external source)

In order to arrange for reasonable and appropriate accommodations, it may be necessary for Dr. Zappetti to communicate to the following individuals on your behalf.

I \_\_\_\_\_ am enrolled as a student in the \_\_\_\_\_ Medical College \_\_\_\_\_ Graduate School/Program \_\_\_\_\_ / \_\_\_\_\_ of the Weill Cornell Medical College. I give permission to \_\_\_\_\_ Dr. Dana Zappetti, Associate Dean for Student Life for the Weill Cornell Medical College to share information with the following individuals on my behalf:

\_\_\_\_\_ Course/Clerkship Directors of the Weill Cornell Medical College

\_\_\_\_\_ Course Directors of the Weill Cornell Graduate School of Medical Sciences

\_\_\_\_\_ Other individuals (counselors, physicians, etc.)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed Request for Accommodations form along with supporting documentation to:

Dana Zappetti, MD  
Associate Dean for Student Life  
Weill Cornell Medical College  
445 East 69<sup>th</sup> Street, Room 110  
New York, NY 10021  
Phone: 212-746-1058  
Fax: 212-746-8211  
Email: daz9001@med.cornell.edu