



WISCONSIN INDIANHEAD TECHNICAL COLLEGE

10-543-1 Associate Degree Nursing

Functional Abilities Disclosure

It is the intent of the Wisconsin Indianhead Technical College (WITC) to fully comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. & 794), the Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. & 1201. *et seq.*), and the ADA Amendment Act of 2008. In accordance with these laws, WITC does not provide students with personal devices and services.

In order to assist students to successfully complete this program, WITC has developed a set of objective functional ability criteria. At the time of application, students are asked to sign the Functional Ability Disclosure stating whether or not they are able to meet the functional abilities, with or without accommodations, as stated in this document. **Students entering the program based on falsification of records related to their ability to meet functional requirements, may face disciplinary action.** The signed acknowledgement of this information will be filed in the student's permanent record. If the student is required to sign the form again at a later date designated by the program requirements, the signed form will be kept on file in the student's record maintained by the program director/faculty for five years, then destroyed.

For students with a disability, reasonable accommodations are available. Reasonable accommodations are defined as modifications or adjustments that allow individuals with disabilities to gain equal access and have equal opportunities to participate in WITC's courses, services, activities, and use of the facilities. To be eligible for disability-related services/accommodations, students must have a documented disability. This documentation must be provided by a licensed professional, qualified in the appropriate specialty area. WITC is not obligated to provide an accommodation that requires a substantial change in the curriculum or alteration of an essential element or function of a program /course. WITC is also not obligated to provide an accommodation that poses an undue financial or administrative burden to the College or poses a direct threat to the health and/or safety of others.

Accommodations allowed, without disability documentation: supportive back brace or other supportive brace that does not impede required movement or interfere with infection control policies, hearing aids, glasses, and/or contacts. Other student-suggested accommodations will require the approval of the Program Director or Academic/Divisional Dean, the campus Accommodation Specialist, and the Wisconsin Department of Health Services (for Nursing Assistant only). All requests should be approved before the student is enrolled in the program. Any accommodation cannot substantially alter the requirements or nature of the program or provide accommodations that inflict an undue burden on the program.

If you are a person with a documented disability and would like to request accommodations, complete the [Reasonable Accommodation Request Form](#) and contact the [Accommodations Specialist](#) at your campus. It is recommended that reasonable accommodation requests be made 30 days prior to class start date to allow time for accommodations to be coordinated. Requests for reasonable accommodation must be made a minimum of fourteen (14) calendar days prior to the first day the service is needed.

Functional abilities required for participation in this program are listed below:

GROSS MOTOR SKILLS

- Ability to move in confined spaces, maintain balance in standing position, move body from one side to the other, reach below the waist and to the front or the side of the body to the level of the top of head (examples: adjust overhead lights, plug electrical appliance into wall outlet)
- Ability to push, pull, stabilize, and freely move arms to allow movement of 125 pounds (250 with assistance) as in moving an object or transferring a patient from one place to another

FINE MOTOR SKILLS

- Ability to grasp, twist, squeeze, pinch, and manipulate fine equipment for at least 5 seconds (example: operate fire extinguishers)

TACTILE ABILITY

- Ability to distinguish subtle vibrations through the skin (pulse)
- Ability to identify the subtle difference in surface characteristics (feel a raised rash)
- Ability to detect temperature (skin, liquids, environment)

MOBILITY

- Ability to squat or modified squat (one knee on floor) for at least one minute
- Ability to move quickly in case of emergency situations
- Ability to climb and descend a flight of stairs
- Ability to walk independently without the assistance of a cane, walker, crutches, wheelchair or the assistance of another person

ENVIRONMENT

- Ability to have stamina sufficient to maintain physical activity for a period of time from 5-8 hours
- Ability to tolerate exposure to common allergens such as: pets, body lotions and soaps, cleaning products
 - Student must inform Paramedic Technician/EMT-Paramedic program instructor **in advance** of class to assess if this will be an issue in the clinical environment; attempts will be made to place the student in a clinical site without such allergens
- Ability to tolerate heat and humidity as high as 90 degrees for up to ½ hour or cold environments for the same period of time

SPEECH AND COMMUNICATION

- Ability to interact with others to report observations and advocate for the needs of clients
- Ability to speak, write, and understand English in order to be able to communicate with patients as well as report and document patient information

SENSES: SMELL, HEARING, AND VISION

- Ability to detect difference in body and environmental odors
- Ability to hear and understand voices spoken at a normal speaking volume at a distance of 10 feet (typical length of a room), e.g. person to person conversation
- Ability to hear faint noises such as whispers within a range of 4 feet (considered the typical comfort zone)
- Ability to see objects clearly within a minimum of 20 feet
- Ability to have depth perception and peripheral vision to allow identification of dangerous objects and client situations within the client room
- Ability to read and interpret written data held at a reasonable distance

EMOTIONAL STABILITY

- Ability to interact and support patients during times of stress and emotional upset
- Ability to adapt to changing situations and emergency conditions while maintaining emotional control
- Ability to cope with strong emotions and physical outbursts of patients while remaining in a reasonable state of calm
- Ability to focus attention on patient needs despite interruptions and multiple demands
- Ability to accept constructive feedback and accept responsibility for own actions

INTERPERSONAL SKILLS

- Ability to apply knowledge gained in classroom to establish appropriate relationships with patients, families, and coworkers
- Ability to interact as a member of the health care team
- Ability to show respect for diversity in culture, religion, sexual orientation, marital status, socio-economic status and abilities/disabilities

READING

- Ability to read and understand at a minimum of an 8th grade level with ability to understand charts, graphs, and worksheets
- Ability to read and understand digital and computer displays

MATH

- Ability to do basic math including add, subtract, multiply, and divide
- Ability to count and understand the meaning of numbers
- Ability to measure length by reading a tape measure or ruler
- Ability to tell time on a clock

Functional Abilities Signature Statement

Wisconsin Indianhead Technical College has developed a set of objective functional ability criteria for this program. By signing below, I am confirming that I have read and understand the bulleted information below and the information contained in this Functional Abilities Disclosure and that I am:

- Able to meet the Functional Abilities Criteria as presented with or without accommodation.
- Will be provided with information concerning accommodations or special services upon request.

(This signed document is needed only for those students who did not complete the online application or requested additional information.)

Signature: _____

Student ID: _____

Program: _____

Date: _____