



WISCONSIN INDIANHEAD TECHNICAL COLLEGE

10-514-1 Occupational Therapy Assistant

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: plug electrical appliance into wall outlet)
- Ability to push, pull, stabilize, and freely move arms to allow movement of 50 pounds as in moving an object or transferring a client 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 extinguisher)

HAND STRENGTH/DEXTERITY

- Demonstrates functional hand strength and dexterity, with ability to grasp weights, equipment, client's extremities, and perform repetitive hand motions

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 descent a flight of stairs
- Ability to walk independently without the assistance of a cane, walker, crutches, wheelchair or the assistance of another person
- Ability to sit frequently for documentation and client treatment (at least 30 continuous minutes)
- Ability to demonstrate proper body mechanics during all tasks

ENVIRONMENT

- Ability to have stamina sufficient to maintain physical activity for a period of time for 5-8 hours
- Ability to tolerate heat and humidity as high as 90 degrees for up to ½ hour (shower and spa rooms)

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 clients as well as report and document client information

SENSES: TACTILE, SMELL, HEARING, AND VISION

- Ability to identify the subtle difference in surface characteristics (palpate muscle contraction)
- 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 environment
- Ability to read and interpret written data held at a reasonable distance

EMOTIONAL STABILITY

- Ability to interact and support clients during times of stress and emotional upset
- Ability to cope with strong emotions and physical outbursts of clients while remaining in a reasonable state of calm
- Ability to focus attention on client needs despite interruptions and multiple demands
- Ability to accept constructive feedback and accept responsibility for own actions

CRITICAL THINKING SKILLS

- Ability to work alone and complete independent problem solving
- Ability to work in a fast paced environment with frequent change and frequent interruptions
- Ability to meet deadlines

INTERPERSONAL SKILLS

- Ability to apply knowledge gained in classroom to establish appropriate relationships with clients, 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 (including machines and computers)

MATH

- Ability to do basic math including add, subtract, multiply, and divide without the use of a calculator
- 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: _____