

**DISABILITY ACCOMMODATION AND ACCESSIBILITY IN POST-SECONDARY  
EDUCATION: A PRELIMINARY STUDY**

by

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May 2024

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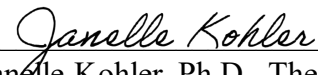
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May 2024

## **ABSTRACT**

### **DISABILITY ACCOMMODATION AND ACCESSIBILITY IN POST-SECONDARY EDUCATION: A PRELIMINARY STUDY**

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Accommodations are a critical component of accessibility for students with disabilities in post-secondary education. Although the purpose of accommodations is to ensure that students with disabilities have equal opportunity to excel within a learning environment, only a minute portion of the disabled population registers to acquire accommodations in university. Numerous barriers that students with disabilities encounter when obtaining accommodations have been identified in previous literature; however, our research intends to exhaustively examine the nature of prominent barriers at a local university and particularly amongst unregistered students. By understanding why various barriers exist and the limitations they impose on students, universities and other influential systems can attempt to alleviate these obstacles inhibiting accessibility in post-secondary education. This study explores disability as a political identity, evaluates attitudes towards disability in the U.S., and discusses proposed barriers in education from past research. It then analyses data from a survey given to students with neurodevelopmental, mental or emotional, or learning disabilities that are not registered with student disability services. Through descriptive statistics and qualitative analysis, this study identifies prominent barriers alongside student regard for accommodation effectiveness. Finally, this study provides guidance in targeting these disparities to educational institutions.

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## CHAPTER 1: INTRODUCTION

Challenging systematic inaccessibility across societal spheres, such as within infrastructure, labor, transportation, law, and education, has been a centuries-long endeavor in the United States (U.S.) and one far from completion (Meldon, 2024). Within education, the introduction of Section 504 of the Rehabilitation Act and the Individuals with Disabilities Education Act (IDEA) engendered formidable improvements in disabled students' range of success (Office of Special Education and Rehabilitative Services (OSERS), 2007). However, disproportionate differences in attendance and graduation rates persist between disabled and non-disabled students (Houtenville et al., 2023). Accessibility in post-secondary institutions is primarily effectuated through accommodations, but only one-third of students with disabilities inform their college about the nature of their disability (Adam & Warner-Griffin, 2022); meaning that 63% of students with disabilities do not receive accommodations. It is crucial that we evaluate the barriers students with disabilities face when obtaining accommodations to diligently inform future efforts to alleviate the issue. Additionally, it is essential that we assess efficiency in accessibility in post-secondary institutions to ensure students with disabilities are provided equal access and opportunities in higher education. Seeking to address this concern, the current study investigates barriers that students with neurodevelopmental, mental or emotional, and learning disabilities encounter within university, particularly when trying to acquire accommodations. This preliminary study will identify barriers to registering with SDS, assess for intersectional differences, and propose remedial measures.

### **Disability**

“Disability” behaves as an umbrella term for a wide spectrum of physical or mental impairments which vary in degree of permanence, visibility, symptoms, and the extent of lifelong

consequences (ADA National Network, 2023). Some disabilities have a visible manifestation, perhaps identified through assistive technology like wheelchairs and canes; other disabilities provide no external indication of their presence and may be difficult to observe. A common misconception is that disability affects a small population born with their impairment; however, most people tend to become disabled over their lifetime (Siebers, 2001). Furthermore, a 2020 U.S. Census Bureau (2021) survey indicated there were 44,061,818 individuals with disabilities in the country, or 13.4% of the U.S. population, unequivocally reflecting the substantially sized disabled population. Despite the wide breadth of the population, disabled individuals are disproportionately affected by rates of unemployment, poverty, and in their degree of obtained education (Paul et al., 2021). Attempts to alleviate these disparities have varied in tactic, and recent decades of disability activism have challenged traditional approaches to accessibility.

Initially, the dominant approach for addressing disability utilized a “medical model,” which positioned disability in terms of individual, physiochemical cases viewed by medical professionals as a problem to be solved (Hogan, 2019). Critics of this model argue that medical fields were representing disability solely through personal tragedy, and with an end goal of professional cure (Danforth, 2010). In the early 1980’s, the development of disability studies in academia gave rise to a “social model” that repositioned disability as both a political category and the product of an unaccommodating society (Danforth, 2010; Hogan, 2019). According to the social model, disability is not overwhelmingly determined by the impairment itself, but rather the degree in which the surrounding system accommodates the disability. Social model proponents contend that the medical model deviates attention to the individual’s body, perceiving disability solely as a consequence of the impairment, and therefore ignoring psychosocial elements that shape disability as a social category (James & Wu, 2006). To capture this concept, imagine an



institution that predominately consists of stairs, rendering it largely inaccessible to wheelchair users; the building was created with ambulatory individuals in mind and subsequently enforced the category of disability onto those who could not easily navigate the terrain. If all individuals of the institution were, instead, wheelchair users, then the infrastructure would only possess ramps and elevators, and wheelchair users would no longer be disabled by the terrain (Siebers, 2001). In these scenarios, disability as a label was dependent on whether the environment enabled or inhibited the individual. If the infrastructure is tailored towards accessibility, individuals—no longer rendered disabled by their environment—can succeed regardless of their impairments.

### **Disability History**

Historically, societal interactions with disabled populations either attempted to make them disappear or to maximize their visibility as a source of entertainment (James & Wu, 2006). Irmo Marini (2017) expands on disability history and the ways in which disability was treated over time, highlighting the differences in treatment across disabilities. During the 17<sup>th</sup> and 18<sup>th</sup> centuries, disability was either perceived as God's punishment or a reflection of the individual's poor morality. Following the industrial revolution, specialized institutions made to teach blind and deaf populations grew in abundance; however, mentally ill populations were institutionalized and subjugated to inhumane living conditions absent of psychological treatment (Marini, 2017). The eugenics movement from the mid-1800's to mid-1900's proposed the notion of genetic superiority and inferiority—particularly, proponents suggested that humans could utilize selective breeding to ensure humanities best hereditary outcomes. According to these beliefs, society degrades in quality when it allows those that are not “genetically superior” to reproduce, as these individuals did not possess the genetic predisposition for success. Those deemed genetically inferior typically involved non-white, poor, and disabled populations (Marini, 2017). Two dozen states passed

sterilization and marriage regulation laws to minimize the reproduction of unwanted populations, primarily targeting disabled populations. The eugenics movement perpetuated ideas that people with disabilities were a burden on society, incurable by nature, and were primarily responsible for criminal misconduct (Marini, 2017). These beliefs set the foundation for how students with disabilities would be treated in education throughout the 20<sup>th</sup> century—either removed from education altogether to be placed in abusive institutions, or outright ignored and unaccommodated within schools (Dray, 2008). The perspective that disabled individuals were inherently broken, inferior, or a burden to society would have minimized attempts to teach or assist students with disabilities in education.

### **Accessibility in Education**

Accessibility in post-secondary education is largely reflected through K-12 disability law and history. Until the mid-1900's, people with disabilities were largely prohibited from receiving an education, often institutionalized or otherwise isolated with no access to school (Dray, 2008). In 1893, *Watson v. City of Cambridge* resulted in a child's expulsion from Cambridge Public School for possessing an intellectual disability, and in 1919, the Supreme Court of Wisconsin ruled that a public school could deny education to a child with cerebral palsy solely due to remarked discomfort in being around the disability (*Beattie v. Board of Edn. of the City of Antigo*, 1919). The civil rights movement of the 1960's had a tremendous impact on the development of disability rights, especially with the legal disqualification of "separate but equal" notions (Esteves & Rao, 2008). As a result of *Brown v. Topeka Board of Education* in 1954, two pivotal 1972 cases, *PARC v. Commonwealth of Pennsylvania* and *Mills v. Board of Education of the District of Columbia*, successfully challenged educational systems that had been denying children with disabilities equal access to education (*PARC v. Commonwealth of Pennsylvania*, 1972; *Mills v. Board of Edn. of the*

*District of Columbia*, 1972). However, changes in education were not immediate. The following year, introduction of Section 504 of the Rehabilitation Act prevented individuals with disabilities from being excluded from federally financed programs and activities (Dray, 2008; Esteves & Rao, 2008). In 1975, the U.S. passed what is now referred to as the Individuals with Disabilities Education Act (IDEA), ensuring free and appropriate public education to students with disabilities in a period where only about 20% of children with disabilities were obtaining a public education (Ross, 2022). IDEA sought to improve disability identification efforts, ameliorate the quality of their education, ensure due process protections for both families and children with disabilities, and proposed financial incentives to increase state compliancy with the changes (OSERS, 2007). Furthermore, IDEA propelled Individualized Education Programs (IEP), a developed plan personalized for students with disabilities, typically those in special education. Recent amendments to IDEA have expanded its parameters, often encouraging family participation in the student's progress or implementing culturally competent practices (OSERS, 2007).

Although a handful of disability legislature has passed since the 70's, the Americans with Disabilities Act (ADA) was a notable development that followed advocacy efforts by people with disabilities. ADA is a civil rights act that prohibits any discrimination on the basis of disability (Woitara, 2023). In 1988, deaf students protesting at Gallaudet University fundamentally changed Americans perspective of disability by replacing their association of disability with tragedy to an association with equality (Shapiro, 1993). Two months after this protest, the ADA was proposed by congress but not immediately approved. In 1990, 475 individuals, particularly wheelchair users, protested in front of the White House when the ADA stalled in the House Committee on Transportation and Infrastructure (Collins, 2015). Most notably, protestors disregarded their ambulatory devices and physically crawled or dragged themselves up dozens of stairs at the

Capitol, ultimately fastening the adoption of ADA (Collins, 2015). In post-secondary education, Title II and III of the ADA and Section 504 are the primary legal scriptures preventing discrimination on the basis of disability (Duncan & Ali, 2002). Beyond these two entities, minimal legal support dictates university disability accessibility. While systematic support has vastly improved accessibility for individuals with disabilities, particularly in k-12 education, equity is far from achieved.

### **Barriers in Education**

Universities tend to utilize the medical model in their approach to accessibility by providing personalized accommodations tailored to the individual (Fleet & Kondrashov, 2019). Accommodations provide students with disabilities an equitable opportunity to succeed—without, many would be at a substantial disadvantage within our current education system (Pingry, 2007). Once a student is registered with their university’s disability services, they are ascribed various aid depending on the recognized needs stated in their evaluation. This approach allows for customization that is further attuned to their needs and the choice of whether to utilize their accommodations. The top five accommodations employed by students with disabilities involve: extended test time, reduced distraction environments for test-taking, additional technologies, flexible due dates, and note-taking services (Pingry, 2007). Accommodation usage is highly predictive of student graduation, with alternative test and assignment formats increasing rates by 1.8, and reduced distraction environments increasing graduation odds 4.2 times those of students without that accommodation (Pingry, 2007).

In education, accommodations are the primary method employed for enacting accessibility; however, most students do not register to receive disability services (National Center for Education Statistics, 2023), and the percentage of those who do register does not separately account for

whether those services are utilized by the student. Recent literature has attempted to pinpoint an explanation for these discrepancies, often citing stigma, documentation requirements, lack of awareness, and advocacy issues as key barriers to accommodation usage in post-secondary education.

### *Stigma*

Stigma, both imagined and palpable, remains a massive barrier for students with disabilities in higher education. The threat of stigmatization from teachers, staff, peers, or family is a pressing reason to avoid registering for accommodations or disclosing the disability (Mamboleo et al., 2020; Hong, 2015; West et al., 1993). Uninformed faculty, instructor pushback, and non-responsive instructors are a common barrier among disabled students (Scott, 2019). Students have reported experiencing refusal from professors to appropriately provide accommodations or professors that a lack of understanding of both the disability and the accommodations themselves (Mamboleo et al., 2020). Those that do disclose their disability have experienced judgement and humiliation from professors, both in private and in the class setting (Hong, 2015). In some cases, disclosure altered the instructors' interactions with disabled students, such as being called on less, receiving random grades, or being outright told that they would not be successful in the class if they utilized their accommodations (Hong, 2015). Students have reported instances of professors not believing they were disabled or instructors refusing to believe their disability was the cause of a class absence (Marshak et al., 2010).

For students with learning disabilities, utilizing accommodations is perceived by both themselves and others as an attempt to cheat or obtain an unfair advantage (Denhart, 2018; Marshak et al., 2010). In an effort to appear "normal," some students avoid registration (Banks, 2014; Mamboleo et al., 2020), while others attempt to self-accommodate (Dong & Lucas, 2016).

A reoccurring pattern for students with disabilities is to avoid disclosing the disability with the professor for as long as possible, often pushing it until disclosure is necessary, such as following a failed assignment or lowered grade (Hong, 2015). Worth acknowledging is that the fear of encountering stigma does not represent an improbable reality—one study found that 33% of educators believe that sometimes, a learning or attention issue is simply laziness, and 43% of parents admitted they would not want others to know if their child had a learning disability (Horowitz et al., 2017). Many students recount being humiliated by peers in high school and choose to not disclose their disability in college in order to avoid an analogous experience or because they want university to be a chance to “start over” (Marshak et al., 2010). Additionally, segregation is heavily applied to disability in the education setting; accommodations often take place outside of the classroom, and students recall feeling embarrassed when they had to go to separate rooms in high school (Marshak et al., 2010).

Stigma also reproduces misinformation about the nature of disabilities, like in an instance where 69% of students did not disclose their disability in college out of the belief they had “grown out” of their learning disability (Horowitz et al., 2017). U.S. culture heavily promotes the idea of independence, and for many people with disabilities, utilizing accommodations is seen as depending on help to succeed (Banks, 2014; Hong, 2015; Horowitz et al., 2017; Marshak et al., 2010) and subsequently defies a cultural value. The consequence of this mindset means that students denying themselves accommodation often have to work harder to get by (Denhart, 2008; Marshak et al., 2010).

A campus that fosters a welcoming environment for students with disabilities has a tremendous impact on the student’s rate of success for finishing their degree (Astin, 1998). Instructors who adopted proactive approaches and caring attitudes were some of the most

prominent facilitators for accommodation request and disclosure (Mamboleo et al., 2020). Moriña and colleagues (2020) conducted interviews with high quality professors that were referred by students with disabilities, and found that, collectively, each professor shared a motivation for caring about their students, with or without disabilities. These professors regarded their students with disabilities as equal to other students, and routinely attempted to naturalize their presence, foster social inclusion, and provide support where needed (Moriña et al., 2020). Worth noting is that professors also identified in their students with disabilities a desire to excel, remarking praise for their resilience and strong will.

### ***Documentation***

For a student to receive accommodations, they must provide adequate documentation of their disability to the university (Duncan & Ali, 2002), which may also serve as a significant barrier. Criteria for documentation varies depending on the disability, and this body of work will be focusing on the requirements imposed on students with learning, mental or emotional, and neurodevelopmental disabilities. Typically, documentation must be “current,” or within three to five years from conduction. While many universities encourage students to provide any prior documentation, such as high school IEP or 504 plans, this documentation is considered insufficient on its own (Duncan & Ali, 2002). Although IEP documentation requirements entail a professional diagnosis, acquiring a 504 plan can arise from a variety of sources, including teacher recommendations, physical conditions, adaptive behaviors, aptitude and achievement tests, or social and cultural background (Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal, 1980). This means that a student could obtain a 504 plan without providing the level of documentation required for post-secondary institutions, therefore prompting them to acquire a new evaluation for university (Denhart, 2008; Harrison et

al., 2008; Scott, 2019). Furthermore, students may need to be reevaluated if their diagnosis is not current by university standards. A Canadian study evaluating documentation provided by students with learning disabilities found that the average assessment was over 4 years old (Harrison et al., 2008).

In accordance with ADA, the standards for appropriate documentation remain largely in the hands of individual universities, with these institutions instructed to set up “reasonable standards” for documentation (Duncan & Ali, 2002). Required documentation may involve one or more of the following: a current diagnosis for the disability, alongside a report for how the evaluation was conducted and by whom; the impact of the disability on major life activities; and how the disability impedes the students’ academic abilities (Duncan & Ali, 2002). Mental health documentation must be issued by a licensed mental health professional; ADHD diagnoses can involve the same type of practitioners, or other professionals qualified to assess ADHD. Appropriate evaluators of autism spectrum disorder are unspecified, and there is no mention for a current assessment in contrast to the other categories mentioned. However, university criteria defines ASD as typically originating in childhood, and subsequently states that applicants should provide proof of impairment beginning in childhood. Expecting an ASD diagnosis from early childhood might be difficult or impossible for some populations who are more likely to receive a late diagnosis, such as women and individuals from BIPOC communities, who are prone to being underdiagnosed with ASD by professionals (Green et al., 2019; Mandell et al., 2009). Documentation for each disability often entails: professional and current diagnosis; an extensive report by the professional which conveys how the disability impacts the individual in academic and potential assisting measures; and a detailed history of the individual’s impairment.



Documentation for learning disorders can be the most complex, especially given there is no universal consensus on the definition of a learning disability (Gyenes & Siegel, 2014; Siegel, 1999), nor designated measures proposed by state and federal agencies (Miciak et al., 2014). Appropriate evaluators include clinical, school, neuro- or educational psychologists, and certified educational diagnosticians with learning disability assessment experience. The written report usually involves a diagnostic interview, an assessment of aptitude (some form of comprehensive IQ and processing tests), and a measurement of academic achievement from at least two achievement score tests. A diagnostic interview entails an expansive overview of the history of the learning disorder in the child's education and a summary of previous testing. Students are advised to include self-reports, interviews with others, and past school transcripts or standardized testing scores. Additionally, the practitioner must indicate that the primary disabling condition does not arise from: a mental deficiency, a hearing, visual, or physical impairment, an emotional disorder, or cultural adjustments, such as when English is a second. This may complicate the ability for non-native English speakers or individuals from lower socioeconomic standings from being recognized as having a learning disability, despite their high prevalence in diagnosis (Horowitz et al., 2017). IQ tests are focal to assessments of LD, but the nature of IQ tests is paradox to the reality of learning disabilities; many components of IQ tests involve areas an individual with learning disabilities would struggle with due to their disability, therefore producing IQ test scores that underestimate the persons competency (Siegel, 1999). IQ tests evaluate what an individual has learned, not the capacity of an individual's critical and problem-solving skills, and score differences have been found to be significantly correlated with socioeconomic status and available resources (Siegel, 1999). Achievement tests are issued in reading, math, and writing language, and some institutions may require raw scores, standard scores, and percentile scores.

The Concordance/Discordance Model of learning disabilities, proposed by Hale and colleagues (2004), states that individuals with learning disabilities will display a pattern of cognitive processing strengths and weaknesses—they will excel in some areas and flounder in others. This line of logic believes a learning disability will present through a discrepancy between IQ and achievement (Siegel, 1999). Hale and colleagues (2010) recommended that identification of learning disabilities should be conducted through achievement tests with the expectation that an individual with a LD would underperform in at least one area of the achievement test. Although standards for adequate documentation consistently require this method of diagnosis, minimal empirical evidence supports the usage of these tests (Gyenes & Siegel, 2014). Providing adequate documentation to universities as a person with a LD is challenging under these evaluative circumstances.

Not only can the assessment process be inconclusive, as detailed above, but the assessment process can be multiple hours long, with some reports of individuals feeling emotional and physical pain as a result; however, receiving a diagnosis can be a source of comfort when it validates the unlabeled challenges experienced in their lives (Denhart, 2008). Moreover, testing required for documentation is expensive, estimated to be the equivalent of about two months pay from a fulltime job at minimum wage sixteen years ago (Denhart, 2008). Some reports have indicated that retesting to meet the current criteria standard would cost over \$1,000, and if students wanted to pursue graduate school, it is likely they will have to retest again (Scott, 2019). With nearly 30% of people with disabilities living in poverty (Paul et al., 2021), requiring students to obtain costly evaluations with methods either disproven or highly questioned in research could substantially limit disabled students from acquiring accommodations. Finally, it is important to note that assessment transcends beyond the needs of the individual as it prioritizes the diagnosis,

leaving many individuals to grapple with a life-altering label but minimal information regarding the disability (Denhart, 2008). These documentation and assessment standards reduce general accessibility to diagnosis and accommodation services, and ultimately provide little to the individual with the disability.

### ***Lack of awareness or self-advocacy issues***

Barriers cited in current literature indicate that lack of awareness of disability services and personal self-advocacy issues hinder the disability disclosure process (Scott, 2019). Students frequently report not knowing the services their university provides, where these services are located, or how to access them (Marshak et al., 2010). In one semi-structured interview, a student indicated that they knew accessible books existed but were not informed as to how to obtain the aforementioned books (Scott, 2019). Self-advocacy can be challenging for students who are unaware of what questions to ask or of the accommodations they need (Scott, 2019). Disability assessments tend to provide little more than the conclusive diagnosis, leaving clients unknowledgeable about what their disability is and how it impacts their life (Denhart, 2008; Marshak et al., 2010). Missing information about the nature of their disability can ultimately make advocacy more difficult if students lack training in properly conveying their disability (Marshak et al., 2010). Often, students are required to disclose their disability to instructors to access their accommodations; however, for some, this can feel invasive and awkward (Scott, 2019).

## CHAPTER 2: THESIS STATEMENT

While current literature has identified a multitude of barriers that arise when registering with disability services, the collected data frequently involves populations that ultimately registered their disability with their post-secondary institution, imposing a shortage of research in the experiences of students with disabilities that are unregistered with their campus (Banks, 2014; Marshak et al., 2010; Hong, 2015; Mamboleo et al., 2020). Rather than investigate barriers solely in the registered population, this study seeks to understand barriers preventing any registration with disability services. Despite the limited scale of a preliminary study, this research considers how intersectional identities manufacture variations in experience in an effort to address an overlooked component in current research (Banks, 2014).

The purpose of this study is to assess the barriers students with learning, neurodevelopmental, and mental or emotional disabilities encounter when seeking accommodations in post-secondary education. Utilizing quantitative and qualitative data collected through a survey distributed across campus, students with and without campus disability services have the opportunity to anonymously share their choices around disclosure and potential barriers they encountered. The following research questions were addressed: What are the perceived barriers preventing students from registering with disability services? How do other components of identity, such as age, income, or gender, emphasize some barriers for others? This study hopes to further investigate accessibility in post-secondary education to address gaps identified in current literature. Additionally, I aim to critically assess the meaning of accessibility in university to inspire a discussion in post-secondary institutions.

## CHAPTER 3: METHODS AND APPROACH

### 3.1 Participants

The final sample consisted of 44 students ( $M_{age} = 19.67$  years,  $SD = 3.65$  years) attending the University of Texas at San Antonio who self-identified as having at least one disability and had never been registered with Student Disability Services (SDS). Of those participating, 61% identified as cisgender women, 21% as cisgender men, and 5% as non-binary or genderqueer. Inclusion criteria involved self-reported diagnosis of a neurodevelopmental, mental or emotional, and/or learning disability. Based on the responses, 73% indicated they had a neurodevelopmental disability, 59% had a psychological disability, 18% possessed a learning disability, and 5% with autism spectrum disorder.

### 3.2 Procedures

Students with neurodevelopmental, mental or emotional, or learning disabilities were recruited from the UTSA's SONA Studies Research Participation System which was made available solely to those who indicated having some form of disability during the initial screening. In addition, to recruit a larger sample size, recruitment extended through local advertisement at UTSA. Specifically, non-SONA recruitment was achieved through flyers posted around campus or via an email distributed by cooperating university organizations which held a link to the Qualtrics survey. SONA participants could access the survey link through the platform. All participants were notified of the potential risks and benefits of participating, and students were only permitted access to the survey after reading and acknowledging a notification statement of consent. To maintain participants' anonymity, there were no questions prompting identifiable information within the primary survey. For SONA participants, the participants' unique ID was automatically captured by the Qualtrics Survey and, upon completing the survey,

they were redirected back to SONA to receive their credit. For non-SONA participants, upon completing the survey, they were directed to a separate survey, where they asked for their email address to participate in a \$50 gift card.

### 3.3 Measures

**Demographics.** Demographics included age, race and ethnicity, gender identity, sexual orientation, and annual household income. Participants were prompted with an open-ended question, “*What is your age?*”. For race and ethnicity, participants could select multiple options from the following categories: “Hispanic/Latino; Native American/Alaska Native; Asian; Black/African American; Native Hawaiian/Pacific Islander; White/Caucasian; Other (please specify)”. Gender identity was assessed by asking, “*Which term best describes your gender identity?*” (*Cisgender woman, Cisgender man, Transgender woman, Transgender man, Non-binary or genderqueer, Intersex, Self-Identify, and Prefer not to specify*). When prompted with “*Which of the following best describes your sexual orientation?*”, response options included: “Heterosexual/straight; Gay, lesbian, or homosexual; Bisexual; Pansexual; Queer/unlabeled; Questioning; Asexual; Self Identify; Prefer not to specify”. Estimated household income was inquired with a dropdown response that began with “*Less than \$10,000*” and increased by 9,999 up to “*More than \$150,000*”.

**Non-Registered SDS.** In terms of assessing barriers to registering with SDS, several measures were created for the study. The first measure utilized a 3-point Likert scale (*yes, maybe, and no*) to ask participants “*Are you familiar with Student Disability Services (SDS)?*” Next, participants used the previous 3-point Likert scale to answer, “*Have you ever researched how to register with SDS?*” The third measure consisted of a 13-item question, rated on a 2-point Likert scale (*yes and no*), that prompted participants to consider a series of items and whether

*“Any of the following concerns posed as a barrier to registering with SDS”*. Sample items include: “financial components; not enough time; lack of energy; shame or guilt; previous negative experiences; lack of pay-out (the potential outcomes not seeming worth the input); fear of backlash from family/peers/professors; fear of dismissal; anxiety or nervousness; confusion regarding process; exhaustion or frustration regarding process; lack of necessary documentation difficulties with self-advocacy.” Two questions, *“Do you believe your experience as a student would be different if you were registered with SDS?”* and *“Do you believe your academic success would positively change with access to accommodations”* incorporated the same 5-point Likert scale (*definitely yes, probably yes, not sure, probably not, and definitely not*). The final measure involved an open-ended question asking participants *‘What are some of the barriers that have prevented you from registering with SDS?’*. The aforementioned items were selected based on barriers mentioned in past research.

### **3.4 Positionality Statement**

For the sake of transparency, I would like to establish my positionality as a person with multiple disabilities. My experiences with disability facilitated the creation of this paper and provided me with an authentic perspective of the challenges people with disabilities encounter in our society. Although I am disabled, I do not speak for the entirety of the disability community, and given the expansive nature of the disability spectrum, there exists a multifariness of experiences I cannot claim to know. My socioeconomic background and white lineage engender societal privileges that have shaped my access to assessment, diagnosis, and treatment. Lastly, I will employ both people-first and identity-first language in this document. Ample debate revolves around the usage of either identifier, but ultimately, selection is dependent on the

preferences of the disabled individual. My attitude and decision to utilize both identifiers do not speak for the preferences of all people with disabilities.



## CHAPTER 4: RESULTS

### 4.1 Analytic Approach

Analysis of the data occurred in two separate stages. First, I estimated descriptive statistics of the participant's familiarity with, and perceived importance of, SDS. I utilized the same approach for the pre-identified barriers—informed by prior research—to determine their prevalence. Additionally, I examined whether there were key differences in degree of endorsement for each item on the basis of age, income, and gender identity with independent *t*-tests and Chi-Square tests. Third, and lastly, I examined the open-ended responses for key themes and identified 10 emerging categories that encompassed the broad range of responses.

### 4.2 Quantitative Findings

**4.2.1 Familiarity with and Perceived Importance of SDS.** Of the 44 participants, 48% were unfamiliar with Student Disability Services, 34% were familiar, and 18% reported that they might be familiar with SDS. When asked if the participants had ever researched how to register with SDS, 82% responded they had not. When participants were asked if they believe their experience as a student would be different if they were registered with SDS, 45.5% responded with “definitely” or “probably” yes, 43.2% responded that they were not sure, and 11.36% selected “definitely” or “probably” not. If the participants had access to accommodations, 43.2% believe their experience as a student would “definitely” or “probably” have positive change; 40.9% were unsure if their experiences would positively change, while 15.9% argued their experiences “definitely” or “probably” would not positively change.

**4.2.2 Prevalence of Perceived Barriers to SDS.** As shown in Table 1, anxiety and nervousness posed as a barrier for 52.3% of respondents, including 65.4% of cisgender women participants. Confusion regarding the registration process acted as barrier for 55.6% of cisgender

women and 47.7% of all participants. Lack of energy served as a barrier for 45.5% of participants; 59.3% of cisgender women attributed this as a barrier to registration. Feelings of shame or guilt did pose as a barrier for 40.9% of respondents. Having enough time to register with SDS, fear of backlash from family, peers, or professors, and fear of dismissal each individually posed as an obstacle for 38.6% of participants. Lack of pay-out behaved as a barrier for 34.1% of respondents. For 27.3% of participants, difficulties with self-advocacy imposed challenges on their registration process. Exhaustion or frustration with the process was an obstacle for 25% of respondents, and 18.2% stated that documentation posed as a barrier to SDS registration. Financial components posed as a barrier for 13.6% of participants. Only 4.5% of respondents regarded previous negative experiences as a challenge to registration.

**4.2.3 Differences in Perceived Barriers.** As indicated before, I utilized independent sample *t*-tests to examine if there were differences in age and income between those who endorsed and those who did not endorse each barrier. Described in Table 2, findings were largely non-significant; however, there were several findings that approached significance or had a medium ( $d = .5-.8$ ) or large ( $d > .8$ ) effect size based on Cohen's *d*. For example, individuals who felt financial components were a barrier to SDS ( $n = 5$ ), reported a lower annual household income relative to those who did not endorse the item ( $n = 34$ ); although, this effect did not reach significance [ $t(40) = 1.725, p = .092, \text{Cohen's } d = .822$ ]. Similarly, individuals who indicated a previous negative experience as a significant barrier ( $n = 2$ ), relative to those who did not endorse the item ( $n = 39$ ), reported a lower annual household income [ $t(41) = 1.889, p = .066, \text{Cohen's } d = 1.369$ ]. Relative to those who did not endorse shame or guilt as a barrier ( $n = 25$ ), higher income among those who felt shame or guilt ( $n = 17$ ) was a significant barrier [ $t(42) = -.940, p = .353, \text{Cohen's } d = -.295$ ]. Similarly, participants ( $n = 16$ ) who indicated fear of backlash

[ $t(42) = -1.013, p = .317, \text{Cohen's } d = -.322$ ] reported a higher average income than their counterparts ( $n = 26$ ). Surprisingly, participants ( $n = 7$ ) who identified a lack of necessary documentation as a barrier [ $t(42) = -1.080, p = .286, \text{Cohen's } d = -.447$ ] reported a higher average income than their counterparts ( $n = 35$ ).

In addition, some analysis indicated small-to-medium effect sizes ( $d = .2-.5$ ) that may be worthy of note. Although not significant, there was a small-to-medium difference between those who indicated financial components were a barrier ( $n = 34$ ) and those who did not ( $n = 5$ ); such that, those who indicated this was a barrier to SDS were older than their counterparts [ $t(39) = -.607, p = .548, \text{Cohen's } d = -.291$ ]. In contrast, those who indicated lack of pay-out ( $n = 14$ ), relative to those who did not endorse the item ( $n = 25$ ), tended to be younger [ $t(39) = 1.132, p = .265, \text{Cohen's } d = .378$ ]. Similarly, participants ( $n = 17$ ) who indicated fear of backlash [ $t(39) = .882, p = .374, \text{Cohen's } d = .265$ ] and participants ( $n = 10$ ) who indicated difficulties with self-advocacy [ $t(39) = .868, p = .391, \text{Cohen's } d = .318$ ] to be barriers tended to be younger than their counterparts.

Additionally, I estimated chi-square tests to examine if there were gender differences between those who endorsed and those who did not endorse each barrier. Given limited representation, I solely compared endorsement between cisgender men and women. As indicated in Table 2, cisgender women endorse Lack of Energy (94.1%) as a barrier to SDS at a level higher than their representation in the sample (75.0%) whereas cisgender men endorsed (5.9%) at a level much lower than their representation in the sample (25.0%) [ $\chi^2(1) = 6.279, p = .012, \text{Cramer's } V = .418$ ]. A similar pattern emerged regarding Fear of Backlash [ $\chi^2(1) = 5.400, p = .020, \text{Cramer's } V = .387$ ], Anxiety or Nervousness [ $\chi^2(1) = 5.019, p = .025, \text{Cramer's } V = .379$ ], and Difficulties with Self-Advocacy [ $\chi^2(1) = 4.000, p = .046, \text{Cramer's } V = .333$ ].

### 4.3 Qualitative Findings

Ten categories emerged in 31 participants' responses to the open-ended question prompting them to list any barriers they have experienced in acquiring accommodations. Following an interpretive case study design, categories were established by individually sifting through the responses and amassing any overlapping response content into designated groups. As indicated in Table 3, the most frequently cited barrier was a lack of awareness of SDS ( $n = 7$ ), including uncertainty in the process of registration or the nature of accommodations. Following unawareness of services was the desire for independence, or to complete school without aid ( $n = 5$ ). The third largest cited barrier involved those who do not want, or feel the need, for accommodations ( $n = 4$ ), also tied with those who stated no barriers had impacted their registration ( $n = 4$ ). Five categories individually pooled participants at 6.5%: a fear of the process or of disrupting their graduation plan; feeling as though other students deserved the accommodations more than them; an explicit distaste of identifying as disabled; complications arising from the registration process, such as retesting; and external barriers, like stigma. The final category, internal barriers, encompasses one participant who stated procrastination as a barrier ( $n = 1$ ).

## CHAPTER 5: DISCUSSION

### 5.1 General Discussion

The current work investigated the obstacles that deter students with disabilities from registering with disability services in post-secondary institutions. The proposed barriers were amassed from past literature and evaluated against participant's perceptions of those barriers as relevant inhibitors to disability registration. This study investigated whether different components of identity appeared in variation of experience. Results indicated that confusion regarding the process of registration, and worry or fear stemming from this uncertainty, may be one of the more prominent barriers preventing students from acquiring accommodations with SDS. Additionally, aspects of identity, such as gender, age, and income, could influence the extent and magnitude of certain barriers.

Qualitative and quantitative data collected from the study indicated that students with disabilities are largely unfamiliar with SDS, this including an unawareness of the existence of the service, the registration process, and the scope of accommodation it provides. Nearly half of all participants reported that they were unfamiliar with SDS. Some students expressed an assumption that accommodations were finite and limited, and therefore, believed other students with disabilities deserved accommodations more than they did. General misconceptions about SDS are concurrent with past research which finds that many students with disabilities are often not familiar with the accessibility services offered at their universities (Horowitz et al., 2017; Mamboleo et al., 2020; West et al., 1993). This may indicate a need for high schools and post-secondary institutions to increase concentrated efforts in raising awareness about disability services for incoming and existing students. Furthermore, educational institutions must normalize the process of registering and utilizing accommodations. Although students were

largely unfamiliar with SDS, nearly half of respondents stated that their experience in university would be different with registration, and a similar, but slightly smaller, portion believed accommodations would have a positive impact on their education. While students may not be aware of disability services at their campuses, there seems to be a notable consensus that disability aid does produce different—perhaps better—outcomes.

Differences in perceived barriers across age and income were largely non-significant in this study; while these findings had been unexpected, this result may be due to limitations rooted in the small sample size. That said, there were some potentially meaningful differences that emerged. Specifically, individuals with higher annual household income were less likely to endorse financial components or previous negative experiences as significant barriers, but were more likely to view shame or guilt, fear of backlash, and lack of documentation as barriers. When financial barriers are minimized, aspects of stigma become a prominent barrier to acquiring accommodations. Moreover, whereas older participants were more likely to endorse financial components as a barrier, younger participants tended to endorse lack of payout, fear of backlash, and difficulties with self-advocacy. These differences could reflect how many older students in higher education are primarily responsible for funding their degree, potentially, therefore, limiting their financial availability to acquire necessary documentation. Furthermore, emerging adults receiving financial support from their families might result in the low reports of financial obstacles as a significant barrier. Emerging adults, who might have an underdeveloped understanding of disability services, could lack the experience for developed self-advocacy skills. However, caution is necessary prior to interpreting these findings given their lack of statistical significance and the small sample.

Despite the small sample, findings did indicate some significant and/or meaningful differences in perceived barriers within gender identity. Cisgender women were significantly more likely to endorse lack of energy, anxiety or nervousness, and difficulties with self-advocacy as barriers to registration, and this could be the result of a variety of factors. Mental distress is more common in women (Cree et al., 2018) and women are more likely than men to report mental and physical health problems (Pingry, 2017). Additionally, cisgender women with disabilities experience a “double discrimination” due to their gender and disability (Hershey, 2003), potentially reducing cisgender women’s capacity to engage in a reportedly exhausting (Denhart, 2008) process. Similarly, cross comparisons of age and income allude to possible differences in experiences with barriers to registration. Intersectional experiences indicate a need for personalized approaches that target the specific issues arising in distinct populations. Future reproductions of the study may encounter greater statistical support for this topic.

## **5.2 Limitations and Future Directions**

Several limitations arise in the preliminary study, such as a narrow sample size or that recruitment was restricted to a single university. The timeline for data collection was rushed, and the lack of opportunity for larger recruitment limited analysis to only the criteria populations without SDS. Future research should ensure a larger timeframe for data collection to guarantee diverse responses. Obtaining a larger sample size, given observed effect sizes, may induce more statistically significant findings and could highlight differences in disability experience across other identities. Issuing a survey rather than conducting interviews has the potential for responses where the participant evidently misunderstands the question, and survey formats, in general, limit the degree of detail in the respondents’ answers. Additionally, an online survey creates the possibility for incomplete or false responses. That said, the online survey format endowed

participants complete anonymity, an element worth incorporating given that some people with disabilities are uncomfortable with explicit identification with their disability. Furthermore, digital access as opposed to in-person congregation promotes greater accessibility, a particularly important component for the researched population. Another limitation involves our assumption that unregistered students with disabilities are aware of barriers that arise while attempting to register; if they have never attempted to register nor researched the process, they may not have an accurate understanding of what obstacles are encountered during this process. That is not to discredit the barriers preventing students from committing to register with SDS, but to indicate that some proposed barriers might be less relevant to those who have never investigated the process. Future research should utilize this study as a foundation for exploring barriers to accessibility while also introducing new measures that expand on key findings.

For future directions, post-secondary institutions should critically evaluate accessibility in universities and the needs of students with disabilities. An overarching theme across research with students with disabilities who choose not to register with their university's disability services is the desire to be "normal" (Banks, 2014; Hong, 2015); however, requiring students to register to receive accommodations creates a distinction, real or imagined, between themselves and other students. The best approach to ensuring these students feel comfortable in university settings is by naturalizing their presence (Moriña et al., 2020)—except, having to register to receive accommodations frequently induces a sense of social isolation (West et al., 1993). Concurrent with ideas emphasized within disability studies, disability is imposed by society itself, not the impairment (Hogan, 2019; James & Wu, 2006). If post-secondary institutions were truly accessible, the needs of disabled and non-disabled students would be inherently incorporated into the structure of the university. As it stands, when students with disabilities



predominately access accessibility measures through a separate, regulated process of evaluation and registration, they are therefore not intrinsically represented in the infrastructure. For instance, students without disabilities do not need to register because they are already represented within the current educational system. Various tactics for allaying inaccessibility beyond the typical accommodation system have been empirically employed and tested— Universal Design (UD) approaches, such as Universal Design Learning (UDL) and Universal Instruction Design (UID), create an environment that is accessible to a diverse array of students (Fleet & Kondrashov, 2019). Universal Design incorporates the principles of equitable and flexible use, perceptible information, tolerance for error, and fosters a learning environment that caters to a diverse array of needs (Scott et al., 2003). Many of the elements of UD, such as extended time on assignments or presenting information in multiple formats (Scott et al., 2003), reflect commonly employed accommodations for students with disabilities (Pingry, 2007). Furthermore, usage of alternative test formats and assignment flexibility are among the accommodations identified as significant predictors of a disabled student graduating (Pingry, 2007). A meta-analysis by Almeqdad and colleagues (2023) found that settings which incorporated UDL were beneficial to all students and produced a statistically significant difference for diverse classroom learners. Additionally, research has indicated that the utilization of all UDL principles induced positive educational gains and increased educational effectiveness (Almeqdad et al., 2023). Even if universities incorporated UD frameworks into the infrastructure, there would still be a portion of students that need additional accommodations. Regardless, reducing the quantity of those within this position would largely benefit students with and without disabilities, while also normalizing accessibility as an inherent component of post-

secondary education. Post-secondary institutions are responsible for curating an accessible university environment and should consider incorporating these frameworks in the future.

## **CHAPTER 6: CONCLUSION**

The aim of this preliminary study was to identify the appearance and prevalence of barriers that students with disabilities encounter in the process of registering for accommodations at post-secondary institutions. Additionally, this study sought to assess whether other aspects of identity were associated with variance in experience. Qualitative and quantitative analysis conveyed that a massive portion of students are unaware of the disability services and accommodations provided at their university or maintain confusion regarding the process of registration. This indicates that, in addition to addressing barriers occurring within the process of registering, we, as a society, must also tackle the barriers preventing students from committing to register. Post-secondary education institutions must address this obstacle to ensure accessibility and equitable opportunity for success for students with disabilities. The intention of this study was to provide a foundation for future research, illuminate obstacles to disability disclosure, and offer educational institutions empirical insight over the needs of students with disabilities so to effectively enact proactive measures.

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## TABLES

**Table 1**

*Barrier Frequency Source Table*

Value	No	Yes
Financial Components	38	6
Not Enough Time	27	17
Lack of Energy	24	20
Shame or Guilt	26	18
Previous Negative Experience	41	2
Lack of Pay-Out	29	15
Fear of Backlash	27	17
Fear of Dismissal	27	17
Anxiety or Nervousness	20	23
Confusion Regarding Process	23	21
Exhaustion or Frustration Regarding Process	33	11
Lack of Necessary Documentation	36	8
Difficulties with Self-Advocacy	32	12

**Table 2***Independent T-Tests for Barriers Against Age, Income, & Gender*

Value	Age	Income	Gender
Financial Components	$t(37) = -.607, p = .548, \text{Cohen's } d = -.291$	$t(40) = 1.725, p = .092, \text{Cohen's } d = .822$	$\chi^2(1) = 1.500, p = .221, \text{Cramer's } V = .204$
Not Enough Time	$t(37) = -.089, p = .930, \text{Cohen's } d = -.029$	$t(40) = .171, p = .865, \text{Cohen's } d = .054$	$\chi^2(1) = 1.403, p = .236, \text{Cramer's } V = .197$
Lack of Energy	$t(37) = .174, p = .863, \text{Cohen's } d = .056$	$t(40) = -.586, p = .561, \text{Cohen's } d = -.182$	$\chi^2(1) = 6.279, p = .012, \text{Cramer's } V = .418$
Shame or Guilt	$t(37) = .291, p = .773, \text{Cohen's } d = .094$	$t(40) = -.940, p = .353, \text{Cohen's } d = -.295$	$\chi^2(1) = 1.867, p = .172, \text{Cramer's } V = .228$
Previous Negative Experience	$t(37) = -.131, p = .897, \text{Cohen's } d = -.095$	$t(39) = 1.889, p = .066, \text{Cohen's } d = 1.369$	$\chi^2(1) = .734, p = .392, \text{Cramer's } V = .145$
Lack of Pay-Out	$t(37) = 1.132, p = .265, \text{Cohen's } d = .378$	$t(40) = -.111, p = .912, \text{Cohen's } d = -.036$	$\chi^2(1) = 3.251, p = .071, \text{Cramer's } V = .301$
Fear of Backlash	$t(37) = .822, p = .416, \text{Cohen's } d = .265$	$t(40) = -1.013, p = .317, \text{Cohen's } d = -.322$	$\chi^2(1) = 5.400, p = .020, \text{Cramer's } V = .387$
Fear of Dismissal	$t(36) = .323, p = .748, \text{Cohen's } d = .105$	$t(39) = -.122, p = .904, \text{Cohen's } d = -.039$	$\chi^2(1) = 1.403, p = .236, \text{Cramer's } V = .197$
Anxiety or Nervousness	$t(37) = .479, p = .635, \text{Cohen's } d = .155$	$t(40) = -.079, p = .937, \text{Cohen's } d = .025$	$\chi^2(1) = 5.019, p = .025, \text{Cramer's } V = .379$
Confusion Regarding Process	$t(37) = .204, p = .840, \text{Cohen's } d = .066$	$t(40) = .620, p = .539, \text{Cohen's } d = .191$	$\chi^2(1) = 3.009, p = .083, \text{Cramer's } V = .289$
Exhaustion or Frustration Regarding Process	$t(37) = .103, p = .919, \text{Cohen's } d = .039$	$t(40) = -.067, p = .947, \text{Cohen's } d = -.024$	$\chi^2(1) = 1.662, p = .197, \text{Cramer's } V = .215$
Lack of Necessary Documentation	$t(37) = -.038, p = .970, \text{Cohen's } d = -.016$	$t(40) = -1.080, p = .286, \text{Cohen's } d = -.447$	$\chi^2(1) = 3.429, p = .064, \text{Cramer's } V = .309$
Difficulties with Self-Advocacy	$t(37) = .868, p = .391, \text{Cohen's } d = .318$	$t(40) = .079, p = .938, \text{Cohen's } d = .027$	$\chi^2(1) = 4.000, p = .046, \text{Cramer's } V = .333$

**Table 3***Qualitative Barriers Source Table*

Category	<i>n</i>
Lack of Awareness/Confusion with SDS	7
Desire for Independence/Complete without Aids	5
Don't Want/Need	4
No Perceived Barriers	4
Fear of Process/Complicating Graduation	2
Undeserved	2
Opposition to Disability Label	2
Complications with Registration Process	2
External Backlash	2
Internal Barriers	1

## APPENDIX

Q3 - What is your age?

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Q4 - What is your race/ethnicity? (select all)

- Hispanic/Latino
- Native American/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White/Caucasian
- Other (please specify) \_\_\_\_\_

Q5 - Which term best describes your gender identity?

- Cisgender woman
- Cisgender man
- Transgender woman
- Transgender man
- Non-binary or genderqueer
- Intersex
- Self identify: \_\_\_\_\_
- Prefer not to specify

Q6 - Which of the following best describes your sexual orientation?

- Heterosexual/straight
- Gay, lesbian, or homosexual
- Bisexual
- Pansexual
- Queer/unlabeled
- Questioning
- Asexual
- Self identify: \_\_\_\_\_
- Prefer not to specify

Q9 - What is your estimated annual household income?

Q12- What is your disability type? (select all that apply)

- Blind or visually impaired
- Neurodevelopmental (e.g., ADHD, intellectual disability, Tourette syndrome, etc.)
- \_\_\_\_\_
- Deaf or hard of hearing
- Learning disability (e.g., dyscalculia, dysgraphia, dyslexia, etc.) \_\_\_\_\_
- Mobility impairment (e.g., cerebral palsy, muscular dystrophy, arthritis, etc.)

Psychological (e.g., anxiety, depression, mood disorders, personality disorders, etc.)

Autism spectrum disorder (ASD)

Chronic health/medical disability (e.g., diabetes, migraines, asthma, etc.)

Epilepsy or seizures

Traumatic brain injury or concussions

Other (please specify): \_\_\_\_\_

Q33 - Are you familiar with Student Disability Services (SDS)?

Yes

Maybe

No

Q34 - Have you ever researched how to register with SDS?

Yes

Maybe

No

Q36 - What are some of the barriers that have prevented you from registering with SDS?

\_\_\_\_\_

Q37 - Have any of the following concerns posed as a barrier to registering with SDS?

	No	Yes
Financial components	<input type="checkbox"/>	<input type="checkbox"/>
Not enough time	<input type="checkbox"/>	<input type="checkbox"/>
Lack of energy	<input type="checkbox"/>	<input type="checkbox"/>
Shame or guilt	<input type="checkbox"/>	<input type="checkbox"/>
Previous negative experiences	<input type="checkbox"/>	<input type="checkbox"/>
Lack of pay-out (the potential outcomes not seeming worth the input)	<input type="checkbox"/>	<input type="checkbox"/>
Fear of backlash from family/peers/professors	<input type="checkbox"/>	<input type="checkbox"/>
Fear of dismissal	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety or nervousness	<input type="checkbox"/>	<input type="checkbox"/>
Confusion regarding process	<input type="checkbox"/>	<input type="checkbox"/>

Exhaustion or frustration regarding process	<input type="radio"/>	<input type="radio"/>
Lack of necessary documentation	<input type="radio"/>	<input type="radio"/>
Difficulties with self-advocacy	<input type="radio"/>	<input type="radio"/>

Q38 - Do you believe your experience as a student would be different if you were registered with SDS?

- Definitely yes
- Probably yes
- Not sure
- Probably not
- Definitely not

Q39 - Do you believe your academic success would positively change with access to accommodations?

- Definitely yes
- Probably yes
- Not sure
- Probably not
- Definitely not