Binghamton University Students with Disabilities'

Needs and Perceptions of Disability Services

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Human Rights Capstone

May 11, 2023

Contents

Overview

In this study, we reviewed national and campus policies and laws centered on supporting students with disabilities, collected students' perception of these services, and explored what disabled students felt they need to succeed at Binghamton University. We interviewed individual students with disabilities, two student advocacy and social groups centered on disability (the Neurodivergent Club and the Disabled Student Union), the director of the Services for Students with Disabilities (SSD) office (Dr. Christen Szymanski), and a Student Affairs Administration faculty (Dr. John Zilvinskis) who identifies as a disabled scholar and researches students with disabilities. We also attended Binghamton University's Disability Research Symposium— a campus event where faculty, staff, and students discussed research on the disability community. We identified four related themes across these interviews and experiences:

1. Students are aware of laws, but have mixed reviews and engagement with the SSD office and typically avoid the SSD office due to stigma, concerns about accommodations, and issues with documentation;

2. Students recognize there is some privilege in having a diagnosis, and that a student's intersecting identities can impact their access to a diagnosis. As a result, students want self-diagnosis to have more validity;

3. Students feel a lack of social support and specifically seek social support from other disabled people;

4. Interviewees emphasized the importance of the tenet "nothing about us without us" for the disability community and research on the disability community.

Researchers' Positionality

The researchers are students at Binghamton University. Meegs Longacre is a white, disabled student who does not use disability services from Binghamton University. They are a graduate student in the double degree Master of Social Work and Master of Science in Student Affairs Administration programs. They are researching this report as a graduate intern with the Human Rights Institute working under Professor Moore. Elaina Bonora is a senior majoring in English and minoring in Human Rights. She is currently working under Professor Moore in a Human Rights reflective capstone course. She receives academic and housing accommodations through the SSD.

A Note on Language

There is discussion around how to refer to the disabled community, and the language used on this topic is important. Some argue person-first language—for example saying "people with disabilities" or "students with disabilities"— is the more appropriate way to refer to people, while others, typically from the disabled community, argue that this separates them from their disability. Instead, they prefer to use "identity-first language," such as "disabled students/people." This is similar to the conversation around referring to someone as an "autistic person" as opposed to "someone who has autism." Throughout this paper we will alternate between the different ways to talk on this topic, and we will reflect the language that the individuals and groups being interviewed used. We [1]   ad   ntity

According to the US Department of Education, some of the laws that protect students with disabilities are Section 504 and Title II of the American with Disabilities Act (ADA) (2023). Section 504 prohibits an entity that receives federal financial assistance from discriminating against persons with disabilities. Title II of the ADA prohibits state and local governments from discriminating against persons with disabilities, and this includes public colleges and universities. When these policies refer to persons with disabilities, they mean any person with a physical or mental impairment that impacts their life on a substantial level (2023). According to Dr. Szymanski, Director of Binghamton University's Services for Students with Disabilities office, accommodations do have limits though, they must be deemed "reasonable" and not "fundamentally alter" the education or program (2023). If they are unreasonable or if they do fundamentally alter the program, accommodations can be denied without it violating any rights. An example of an accommodation that would fundamentally alter a program would be a Social Work student wanting an accommodation that allowed them to be exempt from the social work field placement due to their disability. The field placement is a fundamental part of the social work education and cannot be skipped without fundamentally altering the education experience so this could be declined. Instead, the office, department, and student might work together to determine was accommodations could be implemented at the field placement so the student can still engage with the education but also have support for their disability. Binghamton University as a public university and part of the SUNY system is required to uphold these policies so students with disabilities have an equal opportunity to get an education. Binghamton University's main resource for students with disabilities is the Services for Students with Disabilities (SSD) office.

According to the SSD website, the mission of SSD is to promote and facilitate: the educational and personal development of Binghamton University students with disabilities; the enhancement of the University's architectural and program accessibility; and the promotion of a

campus culture characterized by attitudes of caring, respect and inclusion (2023). Accordingly, the

office states they serve a multidimensional role as service provider, educator, and advocate. Their

Finally, as mentioned before, services do need to be reasonable and not fundamentally alter the educational program, so the office does need to consider this before approving or declining any accommodation. The office is the only one who can determine this; for instance, a faculty member can not deem something unreasonable or state something fundamentally alters their class. The faculty would need to refer to the office with their concern.

Despite these policies and offices, according to the National Center for Education Statistic, only a third of students with disabilities reported their disability to their universities, and sixty-one percent of students who did report a disability received university services (2022). Despite these supports, students sometimes avoid these services and avoid reporting their disability due to common issues and concerns. These include believing or experiencing instructors having lower expectations of them, being treated differently than their non-disabled peers, mental health struggles, advisors' lack of knowledge on supporting students with disabilities, lack of quality support services, and social stigmas (Hong 2015). Considering these common concerns, students from institutions across the country have expressed lack of access to accessibility services, lack of interest in services, and lack of community as key barriers to support. In response to these common issues, students across college campuses are developing Disabled Student Unions to meet their needs (Carrasco 2023).

At Binghamton University, a Disabled Student Union was established this past year by disabled students (Wilner 2022). The goal is to bring awareness about disabilities and provide support to students. The DSU informs members of services, discusses accessibility on campus, and works with the university on ways it can improve support for disabled students. They explained that students on campus have expressed struggles with the SSD office and Binghamton University policies, so they founded this group as a place to discuss experiences and possible solutions.

Binghamton University has been enhanced due to the office's support. Part of the reason he is

involved in student disability clubs is to help students navigate the SSD office because he feels it

accommodations and find what accommodations would work for them

The second theme that emerged throughout the interviews was the importance of noticing how different students' identities impact and overlap with their disability, and how that relates to the privilege in getting a diagnosis. In some cases, and for some students, a diagnosis might feel like getting a target, but for other students they see it as the only way they can access services. In general, students talked about how identity and privilege play a huge role in accessing disability services. One student noted that in his club, it is typically only the straight, white, cisgender members of the group that have accommodations, including himself (Appendix C). He said that he recognizes having accommodations in high school is a privilege, and that he had a parent who advocated for him which made this whole process easier. He states that these privileged identities have helped this process and said that it is important to consider how different identities intersect with each other and disabilities.

Another student, who identifies as a woman of color, mentioned that she was raised in poverty by a single mom who did not have the knowledge or time to advocate for her diagnosis. She feels she is struggling in school and in life, but because she learned how to "function enough" she now can't even get a proper diagnosis. She feels her GPA would be much better if she had just a few accommodations to support her neurodivergence.

One student expressed she is unable to receive a diagnosis because of cultural reasons. In her family and culture having a disability is considered a failure. She wants to get services but is unable to because of how it interacts with her culture and other identities. She explained that her provider told her an assessment could show up on her insurance, and that she needs to stay on her parents' insurance. These intersecting identities are a primary reason the students felt self-diagnosis should be more commonly accepted in some cases.

Dr. Zilvinskis mentioned the intersecting identities of age and disabilities, specifically for students who are diagnosed later in life, or diagnosed during graduate school (Appendix E). They are processing what new services and accommodations they might need, but also processing this new aspect of their identity and how it has related to other parts of their life. He mentioned how intersecting identities of disability and location where one is raised might also impact their ability to get diagnosed early on. For example, some rural schools simply don't have the resources themselves to support disabled students during K-12 education.

Dr. Szymanski also noted the importance of intersecting identities and privileges (Appendix A). She explained that the way low-income, transgender, and disabled people of color are impacted by their combining identities in ways that disabled individuals who also hold privileged identities such as being cisgendered, White, and financially stable are not. For example, middle class families might have an easier time navigating the SSD and college systems than a low-income or first-generation student because their experience with disability services prior to college. Dr. Szymanski explained that students receive their initial diagnoses in college have a harder time finding out what accommodations work, or simply don't seek the office out because they've already found ways to work with their disabilities even if supports could have made it easier. These barriers to diagnosis is a major

Theme three:

Dr. Zilvinskis also experiences positive outcomes when he self-discloses his disability to his classes (Appendix E). He said that students typically disclose directly to him more often than they do through the SSD office once he has self-disclosed. He also gives opportunities for students

Theme four: The importance of the tenet of "nothing about us without us" within the disability community.

Both Dr. Zilvinskis and Dr. Szymanski discussed the importance of the "nothing about us without us" principle (Appendix A, Appendix E). This is the concept that disabled individuals need to be involved in everything related to disability life— including disability activism, research on disability individuals, and law and policies created around the disabled community. Dr. Zilvinskis mentioned the importance of community participatory action research.

This is also why the TAAG, Technical Accessibility Group, committee was formed on campus so faculty and staff can look at all the electronic materials and consider If they are accessibly, and do outreach to other faculty about accessibility (Appendix E). Along with Dr. Zilvinskis, the committee contains staff from Division of Diversity and Equity, Division of Student Affairs, the SSD office.

The Neurodivergent Club was created in part because the only autism group on campus catered to families and allies speaking for neurodivergent students and children, instead of providing support for self-advocacy and activism (Appendix C). Students were upset to find that this group supported the nonprofit "Autism Speaks" — a group that the Autistic community in general finds problematic due to the organizations goal of finding a "cure" for autism, promotion of Applied Behavior analysis (ABA), and its history of non-autistic people speaking about the needs of autistic people. The Neurodivergent Club members explained that they wanted a group "for them" rather then "about them." Disabl ⁄   Aite"   em

explained that if his classes had some more consistency it would help. For example, one of his classes releases all the material weekly. He feels with an extra week he would be much more successful, but one week to complete it without advanced noticed is just too hard. Students said that it would help if syllabi were more structured and consistent between classes, and if instructors would not change the syllabi so often.

Students also agreed that more mental health support was needed. This is difficult because the SSD office has no control over students' access to the UCC or CARES team. The office can refer out, but these are separate offices. Students seem to know this, but still expressed frustration about the system in general.

Students understood that it would be a challenge to have self-diagnosis disabilities accepted, but they do wish they were able to find more support for their disability and had access to services. A solution to this could be training more faculty on universal design classroom tips, although there is no way to ensure faculty use these methods. Overall students felt the University should put more funding into the SSD office and this would truly show that the University cares about this student population.

The Disability Research Symposium had a large theme of the importance of relationships. Having a space dedicated for students with disabilities would help them build community. We also recommend continuing to do research with disabled student input and highlighting disabled faculty, staff, and students so students can see that representation is important.

Limitations

Some limitations we experienced were only having a few months to work on the project. With more time we would have been able to interview more individuals and departments. Another

related limitation is that we only have qualitative data. With more time and resources, we could have done a blind survey to have a better understanding of how many students on campus have disabilities, the percentage who use SSD, barriers to access, and kinds of support students have and need.

Future goals and research

In the future we suggest a survey is done on campus to gather more information on how students with disabilities feel supported on campus. Some of the important questions to consider include if they feel supported academically by the school and/or socially by peers. Focus groups might also be a helpful component to add if they would give further insight into what students are specifi

status. Dr. Szymanski explained that recent

Appendix A: Interview with Dr. Christen Szymanski, SSD office Director.

Meegs interviewed Dr. Christen Szymanski the director of the SSD office on Friday, March 10 2023 from 1:30 pm – 2 pm over zoom.

When asked "what services are most used by students?" Dr. Szymanski explained that there are not specific services most students are using, because the office works specifically with students to decide which services they need. Access to all services so depends on what they need. If they don't need help with study skills, they don't get success coaching. Services are individualized, depending on what students need. She explained that sometimes there are gaps between what the office and students consider a service (e.g., academic advising).

"What are the biggest challenges that students face with services?" The biggest challenge depends on what the students need. The office gives them supported help to find those needs, but students do need to have some idea of what would help and sometimes students aren't yet aware of what that is. The SSD's job is to provide accommodations that grant equal access to education, essentially to helps level the playing field. So for someone with dyslexia that might look like needing extended time on a test, while someone with mental health would need a Counseling referral. There are 1600 students, and the plans the office makes with each of those students will look different. The challenge is supporting them all in the way they need, as they are still learning what they need.

Dr. Szymanski mentioned that some of the specific challenges students face are that they are sometimes disconnected from what they need. College is a time of change and transition for young adults so they are learning new limits and new aspects of themselves that can include new disabilities whether they are learning,

disabilities, illness, and injury. This is especially notable in the year 2023 as students are still adjusting to being back in-person after years of quarantine. In general, there is a disconnect between what students need and students' knowing how to get it or recognize what their needs are. Students who know what they need to succeed academically can engage in what they need; if they don't know, the challenge is to help them recognize how to use support to discover what helps and circle back to the SSD office. When concerns are stress related, it gets more complicated and a referral to the counseling center is a typical starting point to get that initial support. Another common challenge is getting a diagnosis and the follow up with the medical office and SSD. The office can help get initial referrals and once a diagnosis is received they can work with the professors. For students with mental health needs sometimes the support will look like the office reaching out and explaining that the student had a panic attack. She also mentioned that often students think they need more documentation than they need. All they need is a note from a PCP saying what they have and the office will support with the rest. The last challenge was the stigma. A lot of students don't want to reach out because they don't want an official diagnosis. Some students who do have documented disabilities don't want to come into the office because of stigma. Also, the fact that mental health concerns often appear at this age complicates these issues more.

Dr. Szymanski mentioned that her office is thankful they can even do outreach and support

cannot do outreach. Dr. Szymanski stated, "Accessibility isn't a debated right and yet, it all of a sudden is again." So she feels her office has privilege to still reach out and support students.

We asked if there was support from campus, state, or local agencies for the SSD office and students with disabilities. Dr. Szymanski explained that there are local agencies that support individuals with disabilities like BOCES Southern Tier Independence Center county office (state and fed), On-Track NY (servers mental health), and job training SSDI. But the challenge is knowing where to look for these resources and the fact that funding is always being cut. We asked if there is pushback from campus, state, and local agencies, and Dr. Szymanski referred back to those funding cuts. It's hard to support systems with few resources. She also mentioned the stigma again. Dr. Szymanski explained that a lot of people don't want to talk about disability or accessibility needs. She explained that, especially with physical disabilities, there is a lot of push back along the lines of: "Do you really want to be inclusive?" Or make spaces inclusive? Dr. Szymanski provided the example that if you request an interpreter, accessible entrance, or need specific lighting there will be pushback. She explained that people will not overtly say "you're not welcome" but often they just won't make it accessible which ultimately means you're not welcome.

Appendix B: Interviews with Individual Students

While speaking to a student who is not registered with the SSD, they shared, "I tried to register with the SSD and during the interview I was honest about my psychiatric history and the struggles that I currently deal with…it was like the SSD used that as ammunition, there was like this indirect threat that if I am having that many problems then maybe I shouldn't be attending Binghamton or living on campus." Another student who also is not registered with the SSD shared a similar sentiment, noting that they "cannot financially afford to see the specialists and have the tests/assessments done to get all of the SSD's required documentation…because of this, I am not eligible to receive accommodations or support of any kind." Other students who were interviewed noted feelings of intimidation, stress, and it being 'emotionally taxing' as reasons for not registering with the SSD.

The students interviewed who *are* registered with the SSD echoed a sense of disappointment and frustration regarding the accommodations that they do receive. One student recounted her experience with the SSD, saying, "While I do receive some academic accommodations through the SSD, it is not nearly enough nor does it really ease any of the struggle. For example, I have an accommodation that is due to my anxiety/ADHD/OCD where I can have extra time on assignments. The thing is, this only applies to assignments that you have less than 24 hours to complete normally. Meaning, if there is an assignment that is listed on the syllabus in the beginning of the semester that has a due date midway through the semester then there is *technically* over 24 hours to complete the assignment so I won't be allowed an extension of any kind through the SSD. Professors often try to find loopholes in the SSD's rhetoric, and sadly, they are successful in the endeavor." Another student said that "when I had initially met with the SSD about registering with them, after I basically laid out all of my struggles and illnesses, they

told me what accommodations they could offer me. The problem with that is that it isn't that I get to see a list of possible accommodations and be like 'yeah this would actually really help me because abc'; rather the person who interviewed me thought about what they assume would take care of my needs and that was all I was offered. I found out about an accommodation offered through the SSD from a friend and having that in place would have *really helped me*, but I was never even given the option." While the students who were interviewed recounted very different circumstances and experiences, their tone remained consistent: the support that they are receiving through disability services is not sufficient.

Appendix C:

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3. What are the main goals?

5. Do you or anyone you know NOT use services but need them and why aren't they being used?

One member said she needs services but doesn't have them because she can't get them. She didn't have a diagnosis in high school because she had a single mom who was working a lot and they come from a lower-income background where the school support services were also not great. Her mom's first language was not English, and her culture and community had a lot of stigma against disabilities including mental health. She has since tried to get support for being neurodivergent but has been masking her whole life and has been declined an official diagnosis because she is "functioning" enough. "I feel like I'm struggling," she stated "If I had more time on tests maybe i wouldn't have had to change my major. I felt I had to shift my major to something more writing focused." I followed up with "what were the struggles you were experiencing" and she explained, "Turning assignments in on time. Just some buffer with that would have made my GPA so much better. I would be doing a lot better if I had some of these services."

Another member said she does have a diagnosis and had since high school, "but I never really was able to use accommodations I was given in high school because they didn't follow through with their policies, so now I don't really know what works for me or what I need. The regular services don't help me. I need support with time and focus, I need some extra support with understanding and staying on track. I have a hard time with math and understanding but I don't think they can help that." She also mentioned she feels migraines deserve more support along with other physical health concerns. "I've been told they can't do anything for me about that. That's something I'd hope they'd work on in the future, and it'd be nice if they offered more for mental health."

blindness is part of his disability, and they don't work with that and essentially tell him he needs to work on that. He feels it's counterproductive because that is a component of his disability.

8. What is stopping students from accessing services?

They said "fear," "feeling like it's not like its not going to work," lack of resources that other students have like insurance, documentation, parents' support, and stigma from professors and other students. They also mentioned that there is this new concept of neurodivergence as a trend, which is feeding into the stigma. They explained they think it's a positive attempt to normalize neurodivergence, but it's "washing it down." They said this has caused other students/people to call them fake and saying they are doing this for attention. "In the past people would just say I'm weird but now they are saying I'm faking or they say I can't have it because they have it."

9. In a perfect world (resources and finances aside) what would disability services on campus look like to you?

The biggest help the group collectively agreed on was having more time to get assignments in or at least some curve time on assignments. Next, they felt accommodations should be easier to access. One member said "the consequences of forcing us to prove these documents outweighs the pros of making it easier for students to get help. Students who don't have access to getting a diagnosis and students who want to avoid medical stigma should still have access to educational services." When it comes to specific support for students with ADD, one student mentioned again the importance of working with students who have executive functioning issues like time blindness. He explained, if assignments were standardized and published early on, if there were more uniformity with courses, and teachers front loaded the assignments in advance he felt he

and some where I have a lot of time. I'd want to plan better if I could, so having some uniformity would help." He explained that a lot of his classes randomly assign new assignments. He stated, "I once asked explicitly if I could submit a week late, but they declined it. My GPA would have been much higher. They declined it because I have to 'learn' time management but my ADD makes it so I can't develop that skill in the way they want. This shows a general lack of understanding about how ADD and neurodivergence works." Another student said, "I would just need someone to help map out the schedule and I don't have that type of support."

Appendix D: Disabled Student Union

1. Why did you decide to start this group?

We mostly wanted to create a social support system for disabled students and help students pool together resources. Another group started around the same time that is similar and I wish we could be more connected. It feels like they want to separate themselves from the idea of being

A lot of friends need services but don't get them, mostly because of the documentation and because dealing with the office is just bad. They take a while to get back to you, and then the professors don't even listen to the accommodations. It feels pointless sometimes. It's already fighting an uphill battle just to be in school, a lot of people just don't have the time and energy to fight for this extra stuff.

4. What was the process of getting services like for you?

The process wasn't awful, but it wasn't very effective. I had a lot of previous documentation from high school which helped, but they still questioned somethings abo00030045005800my

They seem understaffed. They seem like they want to help, but there is only so much they can even do when the office is so small. Also documentation—students who don't have proper documentation just get turned away, but that's not always easy to get. Also the mental health services aren't great. Also stigma, no one wants to have a disability or admit it because professors and other students aren't always supportive. Some people who have invisible disabilities want to keep them invisible.

Appendix E: Interview with Dr. John Zilvinskis

Meegs interviewed Dr. John Zilvinskis about best practices on 3/27/23 from 4:30-5 pm.

1. Biggest take aways from working with students with disabilities.

Some of the small stuff is most effective. "I have a note about my own disability in the syllabus, and a note about mental health supports as disability supports." A student specifically said the mental health piece was helpful because she never saw her mental health as a disability, so she was able to process that as part of her identity. "Students disclose with me quit often and talk about disability even above their accommodations letter. In a lot of ways this is helpful because accommodations are based on the undergraduate experience, so like exo   Ò   nt   d on   e   ntse

inclusive. It was an inventive genuine way to talk about disability, and they seemed to be the authority over their needs. This was really impressive.

Now that quarantine is over, people are back on campus, and we have a new director. There is a new group the SSD office is working with – the Disabled Student Union. I am unsure the level of activism but I think that is a component.

The final point on this, is the importance of Community Participatory research and the slogan for disabled activism is 'nothing for us without us" the chapter on CPR mentioned this slogan and explained that disabled individuals should be on research teams to authenticate and connect the lived experience of the research to the group.

3.

It might take longer than someone who is temporarily able bodied. This is true for students completing a Phd or dissertation program, but we have fairly strict time lines around this as well.

5. Does this work for/apply to Phd Students?

There are also a lot of people who realize they are disabled later in life and how it impacts them and their identity. In my own experience realizing I had dyslexia, I knew I always struggled with reading and spelling growing up, but not until doing a research project during Phd when realized the extent. I started using a screen reader to get research data done quicker, but then he started using the e-reader to just read and for almost all engagement with literature. One day I was having lunch with my mom, and I said I think I'm dyslexic and she said "oh yeah, you are." It turns out the small rural school he was attending wouldn't pay for the testing, so she attempted to work with specialists on her own and the advice she got was to just keep working with him and reading to him. It did eventually click, but it might have been easier. This happens a lot to phd students. It's partly coping with the disability but also coping with the new identity. PhDs are notorious for "Incompletes" so these new personal developments on identity might be a component of that.

6. Anything to add?

As faculty, one of the things you have to tease out is what is the philosophical bearing of your institution when it comes to disability. The lowest end of that would be a "compliance based organization" that is only engaging to appease the ADA and avoid being sued. This can be hostile for students with disabilities. Disability resource staff can be understaffed, so too much heavy lifting without resources, which ultimately sends a message to students that they are a nuisance, rather than that this is an aspect of identity that needs to be considered. The farthest end of this spectrum is a social justice model, which asks the questions "so how do you create educational spaces so they are accessible to everyone without a request?" This idea of universal design that works for everyone. I'm on the TAAG, technical accessibility systems group, a committee of

Appendix F: Summary of Binghamton University's Disability Research Symposium

On May 5th 2023, Binghamton University's College of Community and Public Affairs' Student Affairs Administration department and the Services for Students with Disabilities office held a "Disability Research Symposium." The goals were "to Connect disabled folx across campus, and to Foster disabled attendees seeing themselves in research." Faculty members presented on the research that they're doing on individuals with disabilities, Dr. Christen Szymanski talked about how this research relates to the office and her general thoughts on the research. After these presentations there was networking where faculty, staff, and students could discuss research interests and listen to poster presentations about researching for students with disabilities.

Dr. Ron Gabel from the Department of Division of Speech and Language Pathology spoke on his lived experience with a stutter and his research on speech therapy and stuttering. Dr. Loretta "Lucky" Mason-Williams, of the Community Research and Action program and Teaching, Learning and Educational Leadership, discussed her work as a special education teacher and supports to make special education teachers stay in the field longer. Dr. Jackie McGinley talked about best practices with working with people with intellectual disabilities, and end of life care. She specially talked about how to support people having the care they want and the dignity they deserve. Dr. John Zilvinskis discussed his experience of receiving diagnosis with dyslex7(m)7(Tr pr)6(ki)7(s)io n

Dr. Christen Szymanski spoke next on the themes she noticed across the faculty's research. She stated that she noticed "an underlining theme of relationships that everyone talked about. It all goes back to relationships." Students having allies and support makes a huge difference in their experience. She explained that people with disabilities experience an internal struggle with engagement. They have to balance the desire to engage, and the fear of being misunderstood. Relationships help people move past this fear of being misunderstood. "We know where people are in moments like this and where we can go." Relationship building also leads to change. She explained that she has been building a relationship with physical facilities, and they recently created QR codes to report if accessible door openers were not working. This will hopefully lead to doors getting fixed quicker. She is also working on having more captioning across campus and working with the Disabled Student Union to get student feedback. She said events like this also help because faculty, staff, and students can see who else cares, so can build relationships and help advocate for each other.

After the speakers, everyone had the chance to view the poster presentations that the Student Affairs Administration Graduate students created for their student affairs elective course on working with students with disabilities. These presentations included research on disabled students involved in Greek life and their sense of belonging, Black disabled students sense of belonging, queer disabled students sense of belonging, and others.

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