

A Toolkit on Disability Supports and Access within Clinical Legal Education

National Disabled Law Students Association



By Marissa Ditkowsky and Andrea Parente

**Special Thanks to Megyn MacMullen, Matthew Sokol, and Professor Emeritus Robert
Dinerstein (American University Washington College of Law)**

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Introduction

This toolkit assists clinical supervisors in supporting law students with disabilities so that students with disabilities can best advocate for their clients and thrive in clinical learning settings. The toolkit provides supervisors with ideas, suggestions, and best practices.

We created this toolkit because many disabled law students have had negative experiences within the clinical setting and are unable to achieve their full potential. Disabled students may have varying access needs that are not currently met. The hope is that this guide will provide clinical professors and supervisors with guidance about what those needs might be, prevent any possible breakdowns in communication, establish expectations and guidelines as to helpful processes, and help clinical professors and supervisors understand why it is so important to incorporate a goal of universal design and access in clinical pedagogy.

For questions about toolkit content or how to apply it, please contact info@ndlsa.org.

For Students

While this toolkit was primarily designed for clinical faculty and law schools, we hope this toolkit will also provide you with context for best practices. If your universities are not following best practices, we encourage you to engage in advocacy and training at your own universities. If you have questions or need any guidance, please feel free to reach out to us at info@ndlsa.org.

Terms Defined

Access

NDLSA uses the term “access” broadly to indicate our goals for greater, and more general, universal access beyond mere accommodations. NDLSA views universal access as the goal. Accommodations, on the other hand, place the burden on disabled individuals to place a specific request; accommodations imply an exception to the norm. NDLSA believes access must be the norm—the expectation—for true equity and inclusion to be achieved for disabled people in the legal profession and academia.

Accommodations

In this guide, accommodations are formal supports and adjustments approved by the university. They may be administered by the law school or the university accommodations office. To receive accommodations, students must disclose information about their disability or related condition to this office and follow the designated procedures to obtain their accommodations. Students will then engage in an interactive process, where they work with the relevant office to figure out together what accommodations can be implemented to help them succeed.

Clinical Education

This guide pertains to clinical education. For the purposes of this guide, clinical education refers only to in-house clinics, as opposed to externship placements, skills-based simulation courses, and other forms of experiential education. We want to ensure that our guidance is as specific and applicable as possible. We hope to create additional guides that address other forms of experiential education, including externship placements and other skills-based courses.

Clinical Supervisors

This term shall include all clinical professors, practitioners, and supervisors.

Process-Neutral Terms

This guide uses process-neutral terms, such as “modifications,” “adjustments,” “interventions,” “assistance,” and “supports.” Process-neutral terms reference forms of support regardless of whether the support is secured through a formal process. For example, the term “modification” can be used to describe changes made to a student’s clinical program through the formal accommodation process and can also be used to describe changes instituted informally without this formal process.

About the National Disabled Law Students Association

The National Disabled Law Students Association (“NDLSA”) is an organization run by law students, recent graduates, and prospective law students to support disabled legal professionals before, during, and after their legal education. NDLSA’s goal is to increase the number of attorneys with disabilities and other historically excluded identities within the profession. NDLSA facilitates peer networks across the country, coordinates advocacy alongside disabled law students, and provides resources to combat pervasive ableism within the legal field. NDLSA follows the principles of disability justice in all its efforts.

NDLSA leadership is composed of current students, recent graduates, and attorneys with ample experience with academic, workplace, and other types of accommodations. In addition to professional experience in these fields, these individuals have lived experience advocating to secure access in these settings. These experiences make NDLSA leaders particularly trustworthy, passionate, and knowledgeable authorities on these issues. The creators of this toolkit are, or have been, clinic participants, members of NDLSA’s accommodations team, attorneys, and workplace accommodation professionals.

Why Clinics Should Adopt These Recommendations

Clinics provide training and experience for law students preparing to enter the workforce. Clinic allows for critical lessons, thorough reflection, direct experience, and close supervision that one does not typically receive in early career positions. Key to that training and experience for a disabled person is gaining an understanding of how that individual's workplace accommodations might function, including how to participate in collaborative accommodations processes with a supervisor and what accommodations the individual will need in the workplace to best serve their clients. Workplace accommodations differ greatly from typical academic accommodations.

Clinics do disabled students a disservice when they do not engage in an interactive and open process to help disabled law students understand their access needs within a professional context. Disabled students must also have equal opportunities to participate in clinics to receive experiential training prior to entering the field, should they so choose. However, everyone benefits from clinic accessibility. These recommendations provide students with the ability to provide the best advocacy possible for their clients and give professors confidence that their lesson plans and teaching methods will be successful for all students.

If law schools require students to participate in clinical education as a part of their program, it is even more vital that they appropriately accommodate students. American Bar Association accreditation standards now require law schools to ensure that students earn six (6) experiential education credits prior to graduation.¹ At many schools, participating in a clinic is one way students may be able to meet these credit requirements. Schools must adequately accommodate their students so that they can participate in experiential educational opportunities during law school.

Law schools may be legally required to provide accommodations to clinic participants. The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 are the two major sources of these requirements. Section 504 states, "No otherwise qualified individual with a disability in the United States . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."² For public universities, Section 504 of the Rehabilitation Act of 1973 typically applies due to receipt of federal funds. Title II of the ADA, which applies to public entities, applies to public universities, as well.³ For many private universities, Section 504 will also apply due to receipt of federal funds. Title III of the ADA, which applies to public accommodations operated by private entities, also generally applies to private universities.⁴

Although schools are required to provide reasonable modifications through Title II and Title III of the ADA, as well as Section 504 of the Rehabilitation Act of 1973,⁵ clinical education sits at the

¹ See Am. Bar Ass'n Standard 303(a)(3), 304, *available at* https://www.americanbar.org/content/dam/aba/administrative/legal_education_and_admissions_to_the_bar/standards/20-2021/2020-21-aba-standards-and-rules-chapter3.pdf.

² 29 U.S.C. § 794.

³ 42 U.S.C. § 12132.

⁴ 42 U.S.C. § 12182(a).

⁵ Schools do have a defense when a reasonable accommodation would impose an undue hardship or if it would be a fundamental alteration to the program. Schools also have a defense when an accommodation is not reasonable. These

intersection of employment and education. In this sense, clinic would more effectively operate by applying more of an interactive process, much like the process required in Title I of the ADA, which covers employment. The predominant question that must be asked is whether a student may meet the essential functions of the student attorney position with or without reasonable accommodations. Typically, so long as an individual can “comprehend, analyze and apply legal concepts of cases,”⁶ “present... understandable material to the court,”⁷ and “determine and establish the facts necessary to optimize clients’ interests within the bounds of the law”⁸—or, in general, problem-solve, apply legal analysis and reasoning, conduct legal research, investigate facts, communicate effectively, counsel, negotiate, apply litigation and alternative dispute resolution procedures skills, organize and manage legal work, and recognize and resolve ethical dilemmas—⁹ with or without reasonable accommodations, an individual should be able to meet the essential functions of most legal positions, and thus most types of clinical legal work. Openness to reflect and collaboration may also be essential functions of a clinical environment. These types of functions may vary depending upon the clinic.¹⁰ Of course, students must also be able to fulfill ethical obligations.¹¹

The purpose of going to law school for many is to practice law. Attorneys handle cases like a student attorney in a clinic might, although student attorneys have more guidance and lower caseloads. Law schools presumably accept candidates whom they believe can handle, at the minimum, these essential functions and tasks. If a student is absolutely unable to fulfill the essential functions of a traditional legal or litigation-focused position even with accommodations, it is still incumbent upon the law school to assist the student in exploring alternative career paths for which having a law degree may be an advantage.¹² Those types of positions might include policy positions, transactional legal positions, legal research positions, legal librarian positions, and other positions. Such assistance could be accomplished through faculty and staff advising and exploration of experiential education other than work in litigation-focused clinics. Otherwise, the pursuit of law school would be in vain. Clinics should make every effort to find creative solutions to reasonably accommodate a student so they can participate in a clinic of their choice. We encourage clinical supervisors to enter these conversations asking, “What supports does this student need to ensure they can participate, and how can we work together and think outside the box to make sure we provide them?” rather than focusing on barriers to student participation and limitations to what accommodations can be provided.

Additionally, students who attend law school may wind up in a number of different fields when they graduate that require and build upon different skills. A student might choose a job that involves a more transactional role, a litigation-focused role, a policy-focused role, and more. There are a wide array of clinics that provide students with hands-on experience in these areas of law. Students may

defenses are often over-asserted and should only be used when appropriate.

⁶ Sande L. Buhai, *Practice Makes Perfect: Reasonable Accommodation of Law Students with Disabilities in Clinical Placements*, 36 SAN DIEGO L. REV. 137, 179 (1999) (quoting Thurgood Marshall Sch. of Law, 1 NAT’L DISABILITY L. REP. (LRP) 305 (Feb. 1, 1991)).

⁷ *Id.* (quoting *Forest Travel Agency, Inc. v. Duvall*, No. 87 C 6195, 1989 WL 55336, at *1 (N.D. Ill. May 17, 1989) (unreported memorandum opinion)).

⁸ *Id.* (quoting Robert Ashford, *Socio-Economics: What is its Place in the Law?*, 1997 WIS. L. REV. 611, 620 (1997)).

⁹ *The Statement of Fundamental Lawyering Skills and Professional Values*, 18 B. LEADER 26 (1993).

¹⁰ Alexis Anderson & Norah Wylie, *Beyond the ADA: How Clinics Can Assist Law Students with “Non-Visible” Disabilities to Bridge the Accommodations Gap Between Classroom and Practice*, 15 CLINICAL L. REV. 1, 26-7 (2008).

¹¹ *Id.* at 28.

¹² *See id.* at 37.

learn about themselves and their strengths in clinic. Clinic is a great opportunity to discuss career goals and prospects with students.

The numbers of disabled law students continue to grow. Disabled law students are organizing on campuses across the country; we are claiming our power. It was only within the last 10 years that the Law School Admissions Council (LSAC) entered into a consent decree after facing litigation in *DFEH v. LSAC, Inc.*¹³ This consent decree obligated LSAC to cease its practice of flagging the scores of LSAT test takers who received accommodations on the exam.¹⁴ This ban on flagging only helps to increase the numbers of prospective disabled law students. Many individuals currently in law school were born after the ADA was passed in 1990. Some may be a part of the ADA generation—that is, the generation that was in kindergarten through 12th grade when the ADA was signed. A large majority of law students grew up with these expansive rights either prior to their birth or from a young age. They are prepared to advocate for their rights in education and employment. Given this landscape, law schools must be prepared to address these students' needs and prepare them to enter the legal workforce.

¹³ *Consent Decree in DFEH v. LSAC*, CAL. DEP'T OF FAIR EMP'T AND HOUSING, <https://www.dfeh.ca.gov/legalrecords/consent-decree-in-dfeh-v-lsac/> (last visited Jan. 5, 2022).

¹⁴ *Id.*

Best Practices for Working with Disabled Students

This list is not exhaustive, but it provides some general best practices for supporting disabled law students and ensuring that they can access their education.

- Listen to disabled students and their perspectives. This is one of the most important things you can do.
- Do not make assumptions about students' capabilities.
- Understand that different methods can achieve the same goal. Communication may be different for a disabled student from that for a non-disabled student. The order in which goals are achieved may be different for a disabled student. These differences do not hinder the learning experience; if anything, they enhance it. Accommodating disabled students' learning styles will enable them to better fulfill their educational needs and provide better legal representation to clinic clients.
- An access-centered approach to a clinical education should be your aim. This approach benefits all students—not simply disabled students.
- The goal should be access and approval of accommodations rather than denial of access and accommodations.
- Do not group disabled students together simply because they are disabled. This practice can be extremely ostracizing. Additionally, it contradicts the goals set out in the 1999 Supreme Court decision *Olmstead v. L.C.* that people with disabilities have the right to be supported in the most integrated setting. Unnecessarily segregating disabled students amounts to discrimination.
- Do not make assumptions about a student's career goals based on their disability. Many disabled students are pigeonholed to engage in certain career paths or interests, particularly disability rights and similar areas. However, disabled students may be interested in a large variety of practice areas and should be encouraged to pursue those interests.
- Help disabled students learn what they need to operate at their best in clinics. You can read about providing this help in later sections of this toolkit, including Identifying the Need (page 12), the PAPED Acronym (page 15), Collaborative Dialogue (page 17), and Clinic Adjustment Ideas (page 23).
- Consider prompts for peer-to-peer feedback that avoid peers providing feedback based in ableist tropes or expectations (i.e. certain topics related to organization, client communication and interactions, "intelligence," etc.).

Clinical supervisors might make harmful or inaccurate assumptions about the capacity or ability of disabled students. They might assume that they are unable to do certain activities. It is important to recognize those potential biases and actively combat them. Disabled students, like any other students, may be highly skilled and exceptional at certain activities but may require reasonable accommodations or modifications to complete them. Here are some examples of common, inaccurate and harmful assumptions that should be rejected:

- Autistic students are less skilled at or unable to work with clients.
 - This is false. Autistic students may be extremely skilled at interacting with clients. In fact, many autistic students may be more observant about client reactions and emotions.
- A Deaf or Hard of Hearing student is not able to effectively communicate with clients.
 - This is false. Deaf or Hard of Hearing students simply use different means of communication and may be highly skilled communicators.
- A student who uses a wheelchair cannot drive, walk, or independently travel to clients.
 - This is false. Many people are ambulatory wheelchair users, meaning they do not always use wheelchairs. Additionally, there are many adaptive cars and methods of transportation that allow for full independence.
- A Blind or low vision student is unable to thoroughly review files.
 - This is false. Blind and low vision students can thoroughly review files if they are provided those files in ways they can access.
- A disabled student will often be absent and is likely to fail or do poorly.
 - This is false. Not every disability lends itself to absences. Additionally, disabled students, like any other student, are interested in succeeding. That may require alternative formats, remote learning or recordings on occasion, and other access needs. Disabled students, when provided with everything they require, can excel just as other students can.
- You will be able to tell if someone is disabled.
 - This is false. Not every disability is visible. The following examples are not exhaustive:
 - i. Many wheelchair users can walk, but wheelchairs enhance their mobility. Additionally, not everyone who experiences issues with mobility uses an assistive device.
 - ii. Many disabled people experience chronic pain, which cannot be seen.
 - iii. Many disabled people have mental health conditions.
 - iv. There are also disabilities that cause problems with gastrointestinal, endocrine, and other bodily functions that are not visible.
 - v. Law students may have learning disabilities about which others may not be aware. A learning disability often reflects little on an individual's "intelligence."

- Students with learning disabilities are not able to excel in research or analytic skills.
 - This is false. There are many people with learning disabilities who have tremendous skills in these areas when they are tested for learning disabilities and provided with the correct support.
- Disabled students often need additional assistance or help where other students would not.
 - This is false. Disabled students do not always require additional assistance. Some disabled students do not even require accommodations. Accommodations are also specific to the disability and the needs of the student. Accommodations will not necessarily be required for every aspect of the student's education. Accommodations may simply require a few adjustments or considerations. Regardless, the goal in education should be universal design and access for all.
- A disabled student who cannot use verbal communication cannot understand what you are saying.
 - This is false. Many people with disabilities that prevent them from speaking and use devices to communicate in alternative ways can still hear. Additionally, people who are Deaf or Hard of Hearing can still understand communication. People who are Deaf or Hard of Hearing may have access to an interpreter to engage in class. They also may be able to lip-read or have access to technologies like cochlear implants or hearing aids to assist. The preferences of disabled people will differ.
- A student with ADHD will make careless errors.
 - This is false. Many students may take medications for their ADHD that may assist with some of the effects of ADHD. Additionally, providing extra time and providing accommodations and support can assist people with ADHD to ensure equity. Finally, some students with ADHD may also have moments of hyperfocus that allow them to put extra care and attention into clinical work because of their ADHD.
- Disabled students will not succeed in a “real world” workplace.
 - This is false. Disabled lawyers join the likes of Washington Supreme Court Judge Grace Helen Whitener, Obama administration alumna Claudia Gordon, Senior United States Circuit Judge of the United States Court of Appeals for the District of Columbia Circuit David Tatel, the first Deafblind Harvard Law School graduate Haben Girma, former EEOC Commissioner and AbilityOne Commissioner Chai Feldblum and others.

Recruitment of Disabled Law Students

Ensuring that disabled students are included in clinical opportunities involves several steps. It involves ensuring disabled students are aware of and can access information about the opportunity, creating an accessible application, and ensuring clinic is inclusive and has a strong and cohesive policy on disability and accessibility. It involves more than simply keeping up with best practices. Keeping up is the bare minimum; staying ahead of the curve and communicating with disabled students about their needs is imperative. It requires continuous adaptation of programming and active dialogue to ensure that the clinics provide the education and assistance that will allow disabled students to achieve their potential. Having disabled clinical faculty members with lived experience is also highly valuable. They bring a unique perspective to pedagogy that can help to make legal academia and clinical education more accessible to all—not only to disabled students.

Accessibility of Information and Application

Be sure that all information about the clinic and application requirements are released in an accessible format.¹⁵ Additionally, be sure that your application process is accessible. If disabled students cannot apply, they cannot participate. Having multiple pathways for applying is one way to ensure that the application process is accessible for all.

Reiterate your Commitment

In all materials about clinic applications, noting your commitment to accessibility and inclusivity may help disabled students get a sense of the environment. That might include a non-discrimination statement, information about modification and accommodation procedures, and other statements. Taking action on issues of accessibility, inclusivity, and equity is equally important. That includes adopting policies and acting on this stated commitment. Advertising commitment to equal access also promotes useful dialogue about what students require to be successful. For more information about what to look for, jump to “Identifying the Need” on page 12.

Clarification of Essential Functions

Some clinics might choose to identify functions essential to participation. Clearly identifying the essential functions of clinical student positions helps students understand what is required to participate in the clinic and what accommodations they might need to participate. It is extremely important, therefore, to list only functions that are actually essential to the clinic and are not simply customary or aspirational. As a reminder, these essential functions should not go beyond the scope of the actual, core functions required to fulfill the role. For example, hearing, seeing, or carrying heavy boxes are likely not essential. Be wary of any essential function listed that would categorically exclude a student based on their disability. Including essential functions beyond what is truly

¹⁵ For more information about accessible documents, you may visit resources such as <https://www.section508.gov/create/documents/>. For information on ensuring that your website is accessible, please visit resources such as <https://www.w3.org/WAI/standards-guidelines/wcag/>. For more information about ensuring your social media posts are accessible, you may visit resources such as <https://www.accessliving.org/newsroom/guide-basic-accessibility-on-social-media/>. These resources are not exhaustive lists about access. Always be sure to consult with disabled community members and consultants to ensure your outreach is accessible.

essential could work to discourage disabled students from applying for the clinic. If your clinic already lists these essential functions, you may wish to revisit them to ensure they are truly essential functions.

As a reminder, transparency about the essential functions of a clinic does not relieve the clinic of the responsibility to be accessible. Any student with a disability is a qualified candidate if they can meet essential functions with or without accommodations. Therefore, clinics must still be able to provide requested reasonable accommodations to assist students who can meet essential functions with accommodations.

Examples of functions that are likely not essential:

- Physical exertion, such as walking, squatting, or lifting
- Seeing or visualizing, whether in the context of documents or a presentation
- Hearing or listening to individuals
- Excellent oral communication (for example, Deaf folks may communicate using American Sign Language, while people with other types of disabilities may use assistive technology to communicate, etc. These are all valid and effective forms of communication)
- The ability to communicate without interpreters
- The ability to learn independently, without extra hands-on assistance with the mechanics of clinical tasks
- Physical presence when remote technology is available or adequate
- Consistent availability during evenings or non-classroom hours for internal communications and meetings

Examples of functions that are potentially essential:

- Communication with clients, colleagues, opponents, and judges in some form
- Legal research and legal writing
- Advising and representing clients in court and in legal matters
- Interpreting laws, rulings, and regulations
- Drafting legal documents and memoranda
- Filing legal documents and memoranda

Identifying the Need

It is not always obvious when a student requires supports, adjustments, or accommodations within a clinic. Students who need these kinds of supports may not ask for them. They may feel ashamed of asking, particularly given the stigma and competition in the legal field. Students may also not know that adjustments are an option. They may not be aware that they have a disability or may not think that adjustments are possible in their case. Students might not even know that they will have any issues when they first begin legal clinics, particularly if they have little workplace experience. Further, if clinical students work in teams, supervisors may not be able to observe when a student is struggling. To maximize the possibility of learning when a student needs some form of intervention, clinics should employ multiple methods of encouraging students to ask for help. Methods of encouragement are most effective when they destigmatize accommodations and modifications. Students should know that such adjustments are standard within clinical settings, and will not affect their grades, reviews, or any letters of recommendation.

Internal Support Contacts

Your clinic may benefit from designating someone as the internal contact that students talk to if they are interested in pursuing disability-related assistance or might need changes within a clinic. This contact can help explain to interested students how such supports and changes might work and can help students decide whether to ask for help. Students are encouraged to inquire about disability-related support if they know that someone has been given the job specifically to address such inquiries.

The contact role may work most effectively if it is assigned to an individual who is not responsible for grading the student's work or writing letters of recommendations for students. Students may feel safer in asking for help if they are speaking with someone who will not be grading them. The role may be filled by someone who already works within the clinic, a clinical director, or someone deeply familiar with clinical pedagogy and processes.

If it is not possible to establish an internal support contact, clinical professors might encourage students to speak with the Dean of Students, an office responsible for access needs, or some other neutral designated school official outside of the legal clinic. However, we do encourage clinics to ensure that it is someone specifically familiar with clinical, as opposed to doctrinal, access needs.

Multiple Internal Communications

Students may feel more inclined to inquire about disability related assistance if supervisors or clinical programs initiate multiple internal conversations with all students related to disability accommodations and supports.

Syllabi Announcements

In addition to a boilerplate statement about contacting the university accommodation office for formal disability accommodations, students may benefit from a statement about the willingness of clinic supervisors to make adjustments to support students in their professional development. It might

also include a recommendation that students speak with a designated internal support contact. (See the Appendix for language to include in a clinical syllabus.)

Clinical supervisors can make a point of communicating these sections of the syllabus out loud with all students. To help students get a sense of what such adjustments or supports might look like, supervisors can make use of the packet on Clinic Adjustment Ideas (page 23 of this toolkit) when presenting this section of the syllabus.

Norms Conversations

During seminars or meetings, supervisors may take time to discuss self-care, work norms, team norms, or pedagogical norms. During this conversation, supervisors may find it useful to state that not all norms are set in stone and may be adjusted for students who would benefit from such adjustments, with the exception for those requirements that are essential functions or would constitute a fundamental alteration. For sample language to use when discussing modifications to clinical norms, see the Appendix. When discussing such modifications, supervisors can hand out the packet on Clinic Adjustments Ideas (page 23 of this toolkit) to help students get an understanding of what modifications might look like.

Individual Check-Ins

In some clinics, supervisors schedule individualized check-ins with students, for example during the beginning of the semester, and once again at the end of the semester. During such check-ins, supervisors can ask students whether the current set up of the clinic is effective for the student, or whether they are interested in receiving modifications to their clinical education. Supervisors might explicitly communicate to students that these conversations are standard procedure, so they have an opportunity to discuss modifications without feeling singled out. Although these processes are, of course, important for disabled students, they are also helpful for the learning and growth of all students.

Many check-ins may happen with partners as opposed to as individuals, so making space for individual check-ins is crucial. Even though some clinics may be set up such that individuals have partners, individual students may not want to disclose information about their disabilities to their partners. You may not disclose information about the student's disability to the student's partner without the student's consent. It is possible that not disclosing to a partner may lead to certain challenges; however, it is your role as a professor to guide the student through those challenges. It is not your role to make decisions about disclosure on behalf of disabled students.

What Language Should I Use?

Clinical supervisors need to think about the language they use regarding disability and disabled people or people with disabilities. In general, on an individual level, it is always important to use the language your students prefer to refer to themselves. Some people prefer identity-first language (i.e., disabled person), some people prefer person-first language (i.e., "person with a disability"), and others use other terms to identify themselves (i.e., chronically ill, Deaf, Hard of Hearing, etc.). Other students who are disabled, as previously discussed, may also not identify as such. Always defer to the person's preferred language. NDLSA, as an organization, defaults to identity-first language when unknown. It is important to us that disability be viewed as an inextricable and important part of our identities in which

we take pride.

Disabled students who identify as such may gain a sense of pride from their disability identity. Avoiding the terms “disabled” or “disability” perpetuates stigma and may be interpreted as rejecting an aspect of their identity. “Disability” is also the language of the law. Using this language can also help to normalize disability in the legal community and academia.

Do note that while “disabled” may be an appropriate term for many who have a disability, referring to disabled folks as “the disabled” is not a generally accepted term to refer to disabled people.

The terms “special needs” and “differently abled” are euphemisms that most people in the disability community disfavor and may regard as offensive or paternalistic. However, as noted, do always use the language a person prefers for themselves.

In addition to a syllabus section related to disability accommodations, supervisors may also find it effective for syllabi to use language that is unrelated to accommodations or disability when encouraging students to seek help. A student may believe that they need a change but may not identify as disabled or consider their need to be related to disability accommodations. By using non-disability language as well, the student may be more likely to understand that your encouragement relates to them and their general needs. Disability-neutral terms that may encourage students to seek help include reference to modifications, adjustments, assistance, and supports.

The PAPERD Acronym

Clinical supervisors may find it challenging to discuss interventions with a student who is struggling but is not asking for help. The PAPERD Acronym provides a framework for starting this conversation. Supervisors may have other approaches to starting the conversation, and so the acronym serves only as a tool for those who would like to use it.

P: Problem Statement

Communicate that X norm in your clinic provides Y problem(s) for some people. Elaborate.¹⁶

Example: Part of the supervision setup in this clinic is X, which is helpful in a lot of ways, but can sometimes trip up students when... If this becomes an issue, let's work together to figure out a solution.

A: Application

Communicate your concern that X norm may be causing Y problem(s) for the student. (X and Y being the same as the X and Y from the problem statement). Alternatively, the student may come to you with a concern, especially if you have been clear about being open to working together toward solutions. You may be able to provide your observations, too.

Example: I'm wondering whether this setup is causing problems for you, since I've noticed that you seem to be struggling with X.

P: Proposal

Propose to the student that the two of you work together to figure out modifications to clinical norms that may benefit the student. Provide examples of modifications that a student might benefit from. To find examples of such modifications, you can refer to the packet on Clinic Adjustment Ideas (page 23 of this toolkit).

Example: I am wondering if you want to talk through how we can change this setup so it works better for you. If you want, we can talk about what those changes might look like. For example, supervision can involve more hands-on assistance or an accountability system. Let me explain why the clinic has established some of the norms/policies/procedures it has that may be causing issues so that we can still achieve the essential goals with modifications and adjustments.

¹⁶ Note two important features of the Problem Statement. First, something about the clinic is causing the problem, not the student. The Problem Statement focuses on the clinic so that the student does not feel blamed, at fault, or as though something is wrong with them. Second, the problem affects many people. The Problem Statement mentions many people to normalize whatever difficulty the student is facing. It clarifies that the student is not alone in facing this problem.

E: Encouragement

Communicate to the student that the clinic would not have accepted the student for the clinic unless the faculty thought the student could thrive in the clinic, and that what the student is going through happens as part of the learning process. A conversation about possible adaptations that would be needed is perfectly appropriate. Communicate positive or encouraging statements about the student's performance.

Example: I want to make sure you know that I'm not worried here. This is a normal part of the learning process, and I think [something positive about the student].

D: Dialogue

Let the student know that this is just a starting point, and greater dialogue and collaboration will likely be required. The process may involve working together over a period of time to pinpoint problems, as well as trial and error to find a solution that effectively addresses these problems. Collaboration is key. For more information on an evolving and collaborative dialogue on disability supports, see "Collaborative Dialogue" (page 17 of this toolkit).

Example Sentence: We don't have to figure this out after a single meeting. We can work together over time to nail down exactly what isn't working for you in this clinic, and test out what types of solutions are going to help you out.

Collaborative Dialogue

Brainstorming Conversations

Because students may have little experience outside of the classroom, they may not understand why they are struggling in a legal clinic or know what they need in a clinical setting to operate at their best. Here are some questions clinical supervisors can ask, so that supervisors and the student can work together to pinpoint a student's issues and needs. We recommend asking these questions of all students as a part of the supervision process to ensure that all students are getting the most out of their clinical experience. Additionally, it avoids potentially singling out disabled students:

- Is there anything that is causing problems or that you think might cause problems for you, whether that has to do with class, supervision, or your cases right now? If so, what? How can we work through that to make you more comfortable?
- Did anything happen recently in class, in supervision, or with your cases that was difficult for you? What might have helped in that situation?
- Have you noticed anything that has helped to make the issues you are experiencing easier?
- When did you begin to experience the issues we have discussed? If you don't remember, when did you begin to notice them?
- Have you ever received accommodations or modifications in the past, or for other classes? What were they? Were they helpful? Do you think they could help here?
- If the student has a clinic partner or group: Has your partner or group noticed these issues? What has your partner or group said, if anything? Have you tried making any adjustments with them?

Once you have a better understanding of the student's needs and issues, you may be able to recommend some potential adjustments, which are listed in more detail on page 22 of this toolkit.

Ongoing Dialogue

A student may require ongoing review and working through trial and error before you and the student best understand the source of a student's difficulty and pinpoint modifications or modes of assistance that work best for the student. Furthermore, a student may find that their needs evolve over time, as their responsibilities evolve. Make sure the student knows that nothing is set in stone. Modifications can be amended or completely revamped. You and the student will likely need to engage in a process of observation and collaborative dialogue over time to fully understand problems, figure out effective solutions, and revise modifications and assistance as the need arises.

Initiating Review

For a variety of reasons, the modifications provided to a student may not be helping. When this happens, the conclusion should not be that the student is at fault but rather that another discussion about a potential change in adjustments should take place. While some students may proactively review their clinical modifications and ask to make changes, many students will not. For supports to be effective, you may need to take responsibility for initiating this review.

Example of Ongoing and Collaborative Dialogue

Student A tends to get lost in rabbit holes. Sometimes, Student A will end up on Westlaw for hours at a time, without having learned anything about their original research topic. Other times, Student A will write a comprehensive memorandum that turns out not to be relevant.

As a response to this concern, Student A receives support in the form of an open-door policy, so that Student D is free to contact their supervisor whenever Student A is struggling. Unfortunately, this assistance is not solving the problem. Although the supervisor was available to talk with Student A, Student A never contacted the supervisor and still ended up in rabbit holes.

Student A's supervisor, after not hearing from Student A, checks in with Student A, who explains their recent set of challenges. As Student A talked with their supervisor and reflected on the previous two weeks, Student A determined that they had not asked for help in avoiding rabbit holes because they struggled to recognize when they were entering them. They also had difficulty regulating themselves. Once they were in a rabbit hole, they struggled to pull themselves out and to take steps necessary to get help.

After Student A and their supervisor discuss these challenges and brainstorm possible solutions, the student and supervisor develop a new plan, with the understanding that this plan may still need to be revised with time.

In this case, an accountability system might be established. In such a system, Student A would let the supervisor know when they begin their clinical work, and the supervisor would check in with Student A after an hour or two to make sure that Student A is on track. They coordinate their schedules to ensure that this accountability system is doable. If or when it is not possible, they may agree to arrange for a clinic partner to check in, for example, assuming the student is comfortable with that arrangement and without disclosing any details about modifications or a disability to the other student. These arrangements may be difficult for privacy reasons, even without active disclosure, but some students may be more open to that possibility.

Student Disclosure Processes

The Role of the Professor and Clinical Supervisor

Clinical supervisors are often a student's first and most frequent point of contact. Therefore, professors and clinical supervisors have a very important role in ensuring students obtain access to their education.

A professor or clinical supervisor may learn about student needs directly from the student, observation of the student and initiating a conversation about the student's needs, or following a process with the internal support contact at the clinic. A professor may initiate a conversation about possible clinical adjustments using the PAPED method above.

Professors may be able to implement more informal modifications on their own. Many students, whether they are disabled or non-disabled, may require informal modifications within the clinical settings or within supervision that do not require any formalized process through a disability services office. Modifications like these simply recognize the ways in which all individuals learn and process information in different ways. These modifications could include providing an email summary following a supervision meeting/discussion, scheduling more frequent check-ins for a student, and asking questions or repeating statements in a specific way that might help a student who processes information differently, among others.

In many cases, it could make little sense for a student to go through a formal process for these forms of modifications that are simple to implement, particularly when they are helpful for all student learning or do not require additional resources.

A professor should also provide students with information about resources on campus for accessing and requesting formal accommodations when necessary. Unlike with concerns under Title IX and instances of sexual assault or sexual harassment, professors are not mandatory reporters under the Americans with Disabilities Act. You should be sure to treat disclosure or discussion of disability as confidential. However, discussing these processes with students, making sure they have all resources, providing encouragement, and discussing possible solutions are all extremely important parts of the process. Making sure that you are fully familiar with the formal process at your university is also important.

The Role of the Clinical Internal Support Contact

The clinical Internal Support Contact does not process formal accommodations requests. Ideally, all communications with the internal support contact would be confidential unless a student consents to further disclosure. The role of the contact would be to guide students who have disabilities or are experiencing difficulties in clinic. This contact could help students come up with possible solutions, whether those solutions are informal modifications that a professor can make for any student or more formal accommodations that require the assistance of disability services. The contact can also advise students on how to navigate these processes.

Collaboration with Disability Services

Your university likely has an accommodations office that administers formal disability accommodations. Students choose whether or not to seek assistance from this office. As a clinical supervisor, you can help a student make an informed decision about whether, when, or how to engage with the university accommodations office. Share the below information with students to help them make this decision.

University Disability Accommodation Offices

Typically, disabled students request formal accommodations through the university accommodations office. These processes can be quite extensive and may require doctor's notes, release of medical records, and/or testing. If the student's request is approved, the accommodation is implemented and documentation is maintained. Many law schools have their own offices that are responsible for implementing accommodations once accommodations are approved through a central accommodations office. Whichever office is responsible for implementing the accommodation may also assist students in ensuring professors implement approved accommodations. In general, professors are not made aware about accommodations unless it is necessary. However, given the nature of clinical accommodations, many approved accommodations are likely ones that would be more necessary to convey as they directly affect the classroom, the field, and interactions with the professor.

Accommodation office policies and practice will vary from university to university. Clinical supervisors should seek further information about such policies and practices specific to their university.

Clinical Assistance and the Disability Accommodations Office

The following list presents considerations and questions that may help a clinical student figure out whether, when, or how to seek help from the office of accommodations.

- The type of accommodations required might affect whether the involvement of the disability accommodations office is required. For modifications that clinics cannot provide without outside assistance, such an office may be able to assist due to their resources or any required approval. For example, if a student must take a leave of absence from a clinical course due to the specific demands of the clinic, or there are questions about adjusting credit or grading requirements, it is likely that the offices outside the scope of the clinic will need to make certain determinations about what is possible and reasonable under the circumstances.
- Formal accommodations provide documentation that students can later use to support bar exam and Multistate Professional Responsibility Exam accommodation applications.
- The office of accommodations may not have experience with disability accommodations in legal clinics or in the workplace. Students considering assistance from this office should ask office staff members whether and how their accommodations office might be able to assist.
- The accommodations office may generally recommend that students already know what types

of accommodations they need prior to placing an accommodations request. That is compounded when a doctor's note with a specific request is required. Further, the disability accommodations office may not be well positioned to help students determine what support they need in clinics, as individuals with close knowledge of the clinic may be necessary to help the student pinpoint their needs in this setting.

- If students require accommodations in multiple classes, seeking formal accommodations from the university may be more efficient than requesting informal accommodations from professors.

Transparency, Confidentiality, and University Policy

Confidentiality Policies

Be sure to identify clear policies and procedures about how supervisors and internal support contacts handle confidential information.¹⁷ These policies should include information about whether and under what circumstances supervisors must or may share information with disability services or other offices. We recommend a policy that favors student confidentiality and largely requires student permission to share such information. Clinical supervisors and any internal support contacts should communicate this confidentiality policy to students, to make sure students trust that any information they share related to disability will not be shared without the student's consent, barring any applicable exceptions.

Honor Code Policies

We note that certain universities have honor codes or other policies that might discourage or prevent students from disclosing their disabilities to professors. NDLSA believes these policies are overly restrictive; they may prevent students from having important discussions about their needs and discussing the types of accommodations that might be appropriate. These policies make little sense. The rationale provided behind these policies is generally to keep grading fair and to prevent any discrimination in grading. However, tests are already graded anonymously, meaning a professor should theoretically be unaware that they are grading the exam of an accommodated test-taker. These types of policies simply further stigma about disability in legal academia and stifle the free speech of students. Finally, these policies also infringe upon academic freedom, as they dictate the types of conversations faculty may have with their students. If a university adopts this type of policy, we encourage faculty, administrators, and students to advocate for its elimination so that students can elect whether they would like to have these important conversations of their own volition. Students should be able to openly discuss their access needs without fear of punishment. Open communication is critical for implementing many of the suggestions provided in this guide.

¹⁷ See Alexis Anderson & Norah Wylie, *Beyond the ADA: How Clinics Can Assist Law Students with "Non-Visible" Disabilities to Bridge the Accommodations Gap Between Classroom and Practice*, 15 CLINICAL L. REV. 1, 42-4 (2008).

Clinic Adjustment Ideas

The following describes clinical adjustments that may help a student thrive in a clinical setting and best meet the needs of their clients. A student may benefit from such adjustments for a variety of reasons, including but not limited to a disability, and such adjustments may be adopted through either a formal or informal accommodation process.¹⁸

General Adjustments

- Changes to workspaces: For example, an assigned desk containing dividers or partitions, allowing the use of headphones, or moving or adjusting filing cabinets
- Adjustments to filing: Changing the case management software, or allowing a student to log hours, or collect and maintain documents and case information in a way that accommodates a student's disability
- Avoiding allergens: Not permitting an allergen to be eaten or brought into the clinic workspace if a student experiences severe allergies
- Providing interpreters: Ensuring American Sign Language interpreters are available for Deaf or Hard of Hearing students who may need to communicate or meet with clients
- Adjustments to assignments: Providing additional time to complete assignments, fewer assignments or cases as requested, or assignments that are not typically pressing (or providing ample notice about assignments whenever possible)
- Adjustments to organization and time management: Implementing "to-do" lists and tickler systems

Supervision Adjustments

- Hands-on assistance: Supervision to walk student through tasks, such as legal research and writing, completing court and administrative forms, maintaining case files, navigating online programs, or writing emails
- Accountability assistance: Agreed-upon interactions to help a student stick to a plan or remain on track

¹⁸ The EEOC recognizes "physical changes to the workplace or equipment," "adjusting supervisory methods," "modify[ing] a workplace policy," "time off," and "part-time scheduling" as reasonable accommodations. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION, EEOC ENFORCEMENT GUIDANCE: THE AMERICANS WITH DISABILITIES ACT AND PSYCHIATRIC DISABILITIES, 8 FEP MANUAL (BNA) 405:7461, 7472-73 (1997). The Hybrid Accommodations are derived from this EEOC guidance and have been expanded upon and tailored to the clinical context.

- Open door policy: Availability to address questions or concerns as they arise, no matter how minute the issue may be
- Additional planning or review sessions: Meetings or conversations to strategize, plan, prepare and/or review. Meetings may be related to skills such as planning tasks, troubleshooting, managing time, organizing, presenting orally, interacting socially, research, or writing
- Communication modifications: Changes to the ways in which the professor provides feedback so the student better understands, so that there is more clarity, or so the student experiences less anxiety; may include adjustments such as providing written summaries and specific tasks and action items after supervision meetings, etc.
- Adjustments to individualized preparation for practice: Providing additional simulation or practice for those who require it, or for those that would feel most comfortable with that additional simulation; having less compulsory oral presentation for those with higher anxiety or for whom oral presentation is less accessible

Work Norm Adjustments

- Adjustments to the clinic's internal work norms (for example, exemption from performing clinical responsibilities after a certain hour of the day, exemption from performing note taking responsibilities at clinical meetings, or permission to attend meetings remotely. Students might also require accommodations for communication with, traveling to, or meeting with clients).

Adjusted time commitment

- The option to take time off or to reduce time commitment for some period of time, without being excluded from a case or project. Students might also need or want to adjust their caseload. Just like lawyers might need to adjust their caseload to ensure competence according to the Rules of Professional Conduct, these are choices that students must learn how to make as student attorneys. These experiences prepare them for practice. However, accommodations and modifications for full participation should be the first step.

Situations and Solutions

The following situations and solutions provide examples of difficulties that may arise for a student, and clinical adjustments from which a student may benefit. The situations and solutions remain neutral as to whether this adjustment would take the form of a formal accommodation or a modification within a clinic, or what procedure would trigger such adjustments.

Situation A

Student A is struggling with legal work but is having a difficult time using supervision sessions to get help. Student A is unable to concisely talk about challenges they faced or anticipate the challenges that they will face following supervision meetings. Furthermore, Student A has a difficult time making use of instructions they receive during supervision meetings. Student A struggles to

stay focused when someone is giving them instructions, and even when Student A can remain focused, they struggle to translate these generalized instructions into action items.

Student A receives an open-door policy from their supervisor. When Student A hits a bump in the road, rather than attempting to talk about their challenges during a supervision meeting, they will simply ask their supervisor for help while they are working on clinical tasks throughout the week. The supervisor is typically familiar with whatever is challenging the student and can help the student within a matter of minutes. The supervisor can also provide certain instructions and action items in writing to ensure that Student A receives the major points and action items from supervision meetings.

Situation B

A law school clinic takes cases from a local courthouse. The clinic learns that that courthouse is inaccessible. A student with a physical disability is entering your clinic, and you are certain the student will not be able to access that courthouse. How should the clinic proceed?

The school should not exclude the student from the clinic, and in fact, should likely engage in some advocacy with the student to ensure that the courthouse is accessible in compliance with any applicable laws. Additionally, there are alternatives to ensure the student can participate. For example, the court may be able to permit video or teleconferencing participation if they absolutely cannot address the physical inaccessibility of the court in a timely fashion. Creative solutions and advocacy options must be explored.

Situation C

Student C is hoping for help that will allow them to work in the clinic student work room. Student C benefits from working with other clinical students but struggles to work when people around them are talking about content unrelated to Student C's work. Furthermore, Student C is struggling to work because of visual stimuli. Student C is working at a table with other clinical students, and while Student C works, other clinical students walk around them and engage in conversations. Student C does not want to stop students from having fun and from moving around but does want to get work done.

To address this concern, Student C receives a desk inside of the clinic student work room. When Student C sits at the desk, they face away from the rest of the students and use noise canceling headphones. This set up works for Student C because they can cancel out stimuli when they need to but can also speak with other students when they want to do so.

Situation D

Student D is blind. They are currently struggling to meet deadlines and keep up with their caseload as a part of their clinical coursework. The professor begins to wonder whether it might be appropriate to reduce Student D's caseload without consulting with Student D about their needs as a reasonable accommodation.

This step is not an appropriate step. Instead, the professor should talk to Student D about why they are falling behind and how that might be best addressed. The professor might then learn that the

textbook, case files, and other course materials had not actually been provided to them in an accessible format, or had taken a longer time to get to them in an accessible format, making it take longer for the student to read and conduct research for their cases. These issues can be rectified, allowing the student to get back on track with their cases. The supervisor can also work with clinical office staff to ensure that any incoming files for the student's cases that are inaccessible are converted to an accessible format, and in a timely manner.

Universal Design

Professors may implement universal design as a guide in their clinical pedagogy to ensure that they are meeting students' accessibility needs. Universal design is a framework that involves creating an environment that "can be accessed, understood and used to the greatest extent possible by all people regardless of their age, size, ability or disability."¹⁹ Universal design benefits all students.²⁰ There are seven principles of universal design, including equitable use, flexibility in use, simple and intuitive use, perceptible information, tolerance for error, low physical effort, and appropriate size and space for approach and use.²¹ Two additional principles apply to Universal Design for Instruction, including a welcoming and inclusive instructional environment and a community of learners.²²

Any effective method of clinical pedagogy should already be engaging many tenets of universal design; therefore, it should not affect the pedagogy, and only aims to better ensure the material is as accessible as possible to all students. However, professors should still pay special attention to these tenets. Below are some examples of the ways that clinic professors can apply the tenets of universal design to their clinic courses:

- Clinic professors should ensure that there is no one method of accessing information.²³ Using technology and how technology is used should also include considerations of accessibility.
- Clinic professors should use various teaching techniques and in several modalities for those who learn best in different ways, as well as to ensure the information is as accessible as possible to all.²⁴
- Clinics often use videos to provide examples of how interviews and other portions of a client relationship may proceed. Ensuring that all these videos have captions and are accessible, regardless of whether anyone in your course is Deaf or Hard or Hearing, for example, is vital. Captions also assist anyone who might be having a difficult time paying attention and may also be helpful if there is any background noise or if the volume is low. There are many reasons why non-disabled individuals may benefit from captions.
- Clinics often use simulations, PowerPoints, and other course materials that they may hand out to individuals or present within the course. Providing all these documents in advance so that individuals who are blind, low vision, or have other disabilities that may affect processing, for example, can enlarge the text in class, use their screen readers, or ensure they have extra time to process the material before class can be helpful.

¹⁹ *What is Universal Design*, NAT'L DISABILITY AUTHORITY, <http://universaldesign.ie/What-is-Universal-Design/> (last visited Jan. 4, 2020).

²⁰ *Id.*

²¹ *The 7 Principles*, NAT'L DISABILITY AUTHORITY, <http://universaldesign.ie/What-is-Universal-Design/The-7-Principles/> (last visited Jan. 4, 2020).

²² Sally S. Scott et al., *Universal Design for Instruction: A New Paradigm for Adult Instruction in Postsecondary Education*, 24 REMEDIAL & SPECIAL EDUC. 369, 371 (2003).

²³ Jason S. Palmer, "The Millennials are Coming!" *Improving Self-Efficacy in Law Students through Universal Design in Learning*, 63 CLEV ST. L. REV. 675, 701 (2015).

²⁴ *Id.* at 701.

- Many clinics require students to log their hours and/or use a case management software (i.e., LegalServer, Salesforce, etc.) to keep track of documents and communications with clients. Be sure that the case management software you select is intuitive, accessible, and compliant with Web Content Accessibility Guidelines. Many clinics also require students to keep physical records of documents in addition to digital records. That may be difficult for some students who cannot access print copies, so please ensure that your policies are only as expansive as necessary.
- Professors should ensure there are multiple methods of demonstrating competency at various points throughout the semester, whether that includes class discussions; written essays, reflections, or memos; or exercises and simulations.²⁵ Focusing too heavily on one method of demonstrating competency may not play to a student's strength, or may be inaccessible for a student. For example, many students may experience anxiety during oral presentations. Class discussions might even occur in multiple formats. They may take place in class, via email, or over a course website, for example. Professors should also diversify how and whether they use and allow the use of technology in how students demonstrate competency, ensuring maximum accessibility.
- Many clinics may assign partners or groups that typically work together to represent clients; however, students should have a chance to work and check in with supervisors both alone and with peers to account for various levels of comfort and accessibility needs.²⁶ Having opportunities to represent clients with and without partners could be an important opportunity, as well. Perhaps smaller projects could be assigned on an individual level. For example, a clinic may have partners work together on Individualized Education Program and other cases and allow participants to work individually on drafting a power of attorney and/or advance directive for a client as a part of another project.
- Any feedback and methods of assessment the professor provides should be "continuous and on-going," and should be "specific, positive, corrective, and timely."²⁷
- Tolerance of error might not seem to apply in the clinical setting given that students are representing clients and their actions have real-life impacts. However, tolerance of error is vital to the clinical setting. Students test out theories and ideas with each other and their supervisors, and students are under supervision so that they can learn and to prevent harm to the client. Therefore, intolerance of any error or expectation that there is no room for growth is unrealistic and counter to the clinical education process and pedagogy. Mentorship and supportive supervision are vital to student success and positive learning outcomes. This aspect of universal design is already critical to clinical education.

²⁵ *Id.* at 701.

²⁶ *Id.* at 702.

²⁷ *Id.* at 703 (citing Gerald F. Hess, *Value of Variety: An Organizing Principle to Enhance Teaching and Learning*, 3 ELON L. REV. 65, 90 (2011)).

- Realistic and reasonable caseloads that can be balanced with the clinical seminar and other coursework is vital. Additionally, students may be expected to travel to clients' homes or schools, to court, and to other locations as a part of clinic. That travel, in addition to typical commutes for school, can be physically demanding. Bear that in mind when assigning cases to students. Be sure such physical exertion is as evenly spread across groups as possible.

Conclusion

Making clinical education accessible for everyone requires several steps and support from a number of parties. It involves faculty understanding and continued learning, university commitment, and a concerted effort to listen to the needs and perspectives of disabled students without placing the burden solely on them to advocate for their needs. Disabled students are consistently expected to advocate for themselves and fight for their access needs when they are denied. This burden is unnecessary and a large burden to bear. When faculty, clinical education programs, and administration

- 1) provide clinical education in a manner based in universal design pedagogy, and
- 2) listen to, work with students to understand, and provide for their students' access needs,

they better help to prepare disabled and non-disabled students alike for the practice of law—the goal of clinical education programs. They also work toward a more inclusive legal profession and help to make legal education more equitable.

We hope this guide provided some initial steps and guidance for making clinical education programs more inclusive and accessible, and for clinical supervisors to take steps to ensure that their clinics do not exclude disabled students and adequately support disabled students.

If you have any further questions, please feel free to reach out to info@ndlsa.org.

APPENDIX: SAMPLE ANNOUNCEMENTS

Syllabus Announcement:

In conjunction with the [University Accommodations Office], [Clinic name] provides accommodations for students with documented disabilities.

If you are a student with a disability who would like to discuss reasonable accommodations, please contact the [Contact Information for University Accommodations Office]. Conversations with [Accommodations Office] will remain confidential unless you decide to share information with the Clinic. If you would like to discuss disability accommodations with us before contacting the [Accommodations Office], we are available to talk with you and put you in contact with the [Accommodations Office] with your permission.

Norms Announcement:

We hope that this clinic will be supportive and effective for you all in your legal training, but we also take seriously that everyone learns differently for many reasons. Students may have access needs unrelated to disability. We also recognize that formal accommodations can be difficult to obtain for myriad reasons.

If something about this clinic isn't working for you, please let us know. You can follow up with [Name of Internal Support Contact], or please also feel free to come to [Faculty Supervisor]. You are welcome to approach whoever makes you feel most comfortable. We are happy to help you explore whether any adjustments to your clinical experience may be beneficial. We will not share anything you don't want shared. We want to make sure this clinic works for you and gives you the tools to advocate at your best.