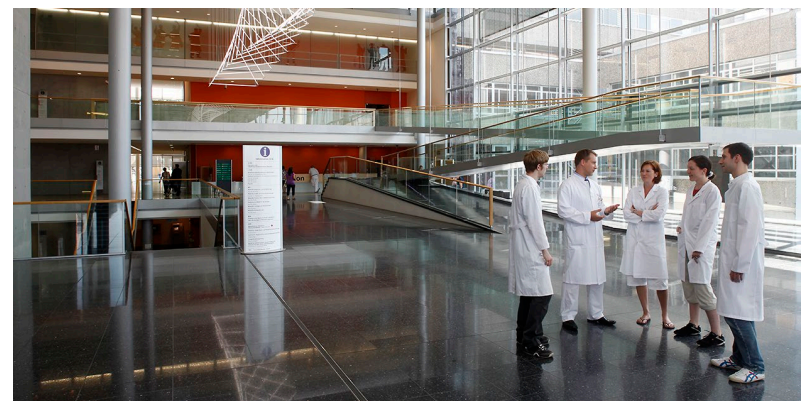
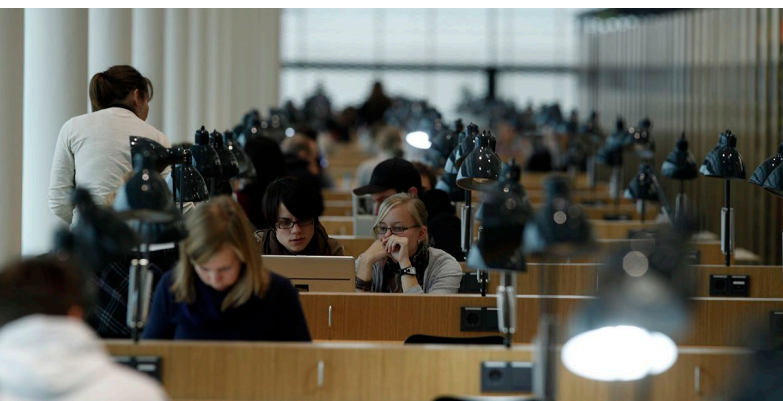


FINDING STUDY PATHS – OVERCOMING BARRIERS

Understanding the implications of health impairments
in the university context







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Studying with Impaired Health – Why (We) Care?!

Studying with a health impairment or disability are significant and relevant issues for a university and a part of its usual routines. According to a recent survey by the German National Association for Student Affairs (Deutsches Studentenwerk – DSW), **about 11%** of students in each year group are affected by a health impairment that has an impact on their course of study. In some cases, this even amounts to a significant obstacle or burden.

The impression that this observation must be exaggerated is mistaken: 90% of impairments initially go unrecognised by external observers, or their visible effects are misinterpreted. Furthermore, only a small fraction of impairments is hereditary or congenital in origin: most disabilities are acquired over the course of a lifetime, as the result of diseases or accidents.

Considering this issue carefully is rewarding for a number of reasons:

- Enabling talented individuals with health impairments to study is a demand of justice. The **Hessische Hochschulrahmengesetz** (i.e. the legal framework for Hessian Universities) requires universities to provide students with equal and independent access to the academic programs on offer, in accordance with the pertinent standards of (“barrier-free”) accessibility. **The UN Convention on the Rights of Persons with Disabilities** (UN-CRPD), incorporated into German law in 2009, emphasises the important role of participation in higher education for disabled persons. Furthermore, Goethe University affirms its commitment to the goals of accessibility and equal participation, for people with and without impairments alike, in its activities centered around the university's **Action Plan on Inclusion**.
- Society as a whole benefits when a wide range of diverse people is allowed to unfold their talents and ideas to the greatest possible extent. In view of an incipient shortage of qualified personnel and the challenges of demographic change, we are called upon to turn our attention to a wide range of intellectual potentials, discover options and put them to good use.
- Moreover, all students benefit from a way of teaching that considers the principles of accessibility: legible and easy-to-read presentations, clear articulation and manner of speech, and a well-ordered climate of academic discussion in courses, for example, help learners generally to grasp complicated subject matters. A climate of learning in which it is acceptable to voice one's needs, weaknesses and deficits, if need arises, supports everyone in dealing with upcoming problems – even those pertaining to the “mainstream”.

To help you address such issues of disability and impairments, we have prepared this Lecturer's Guide (Lehrendenleitfaden), which is to provide you with a cursory introduction to a range of health impairments and disabilities and an idea of how to deal with them in an academic context. This overview focuses on general guidelines that may help you to deal with the impact of impairments in a well-informed, sensitive and understanding way, and provides information on common forms of **impairments**.

Furthermore, you will find in these pages some advice on accessible teaching, which will enable you to conduct your courses in a way that makes it generally easier to join the discussion and acquire the intended knowledge and understanding.



For further questions and advice, we cordially invite you to turn to the colleagues and institutions named below.

Explanatory note

This is an English version of the lecturer's guide „Studienwege finden – Barrieren überwinden“ on matters of inclusion and disability, published by Goethe University. It is intended to help our (international) staff, students and guests who primarily communicate in languages other than German to reach an adequate understanding of disability issues, adjunct topics and policies, so as to understand current practices and problems, join the discourse, and be in a position to complete their respective tasks in a sensitive, fair and effective way.

However, this English version must be read as a convenience translation. It is not meant to be a strict translation, but designed as a helpful working document. It is legally non-binding. Although we certainly tried to the best of our ability, as editors, we cannot guarantee that we managed to find the perfect English equivalents for the many technical terms relating to impairment/ disability/ chronic diseases and the (esp. legal) branches of the welfare state dealing with these matters.

This English version may, for various reasons, not contain exactly the same amount of information or details as the German original. Also, it may differ from the most current version available in German. We apologise for any inconvenience. When in doubt, please refer to the original publication or seek information with the person in charge at Goethe University. For comments and questions, please contact the editors.

► Caution:

This guide is not intended to give legal or medical advice. If you are in need of such advice, please refer your problem to a member of the relevant professions.



1. Accessible Teaching – Advice

The following chapter provides some primary advice on how to teach your courses in an accessible way, according to the principles of accessible teaching (“Barrierefreie Didaktik”). If you would like more detailed information and expertise on this matter, you may consult the courses for lecturers provided by IKH at Goethe University or consult the Inklusionsbeauftragten for further advice.

Time budget

Many students with health impairments find themselves needing more time to accomplish certain tasks. This affects, among countless other things, also their course of studies. Additional time may be required to cope with the impairment as such or due to the additional efforts many activities of daily life demand in such circumstances, or it may be a consequence of the medical and other assistance needed. This requirement needs to be taken into account. As far as examinations are concerned, modifying the conditions of an examination by way of an accommodation called “Nachteilsausgleich” may be the appropriate and legally sound way to do so.

Sight and Sound

Ensure that you are easily seen and heard in the classroom. Don't turn away (avert your face) from the audience too often. Use microphones, even with smaller groups of people. This enhances students' comprehension and spares persons with impairments the trouble of asking for it to be done. Remember to use easily readable fonts and writing styles in an adequate size (for more information, please refer to: www.leserlich.info, in German) in an adequate size. Good visual and acoustic arrangements help all students, but are particularly important to those with a visual or hearing impairment. Please support the use of visual and hearing aids or the work of specialised interpreters when you are asked to do so.

Making Room

Before starting their course, lecturers can ask students to reserve several seats in the front rows for their fellow students with impairments. These seats may be left unoccupied until it is clear that they are not required, and then taken by any student afterwards.

Two-Way Principle

Try to present your subject in a way that regularly addresses more than one mode of perception or “channel”, i.e.: address more than one of the five senses. In many cases, it is a good idea to supplement auditory/ verbal presentations with visualisations, or to supplement speech by writing.

Occasionally, abstract concepts may be easier to grasp with the help of tactile, textured objects as illustrative/ demonstrative material (e.g. models). This principle opens an additional avenue to the scholarly and scientific topics at hand and furthermore supports those whose perception is impaired in one way or another. In addition, the verbalisation of visual representations trains and enhances the students' verbal skills, often in a subject-specific manner, and challenges learners to reconsider the content they have been looking at. The opposite, i.e. visualisation of abstract content, may be similarly fruitful.



Accessible documents/ files

If you intend to hand out any course material in digital form, please provide accessible digital files. Information on digital accessibility and on how to prepare accessible files may be obtained either through courses taught by studiumdigitale at Goethe University or found in numerous manuals online.

Providing files in accessible formats enhances the use of modern (media) technologies. Likewise, this supports students who use unusual devices to read, such as those with visual impairments (using e.g. screen readers), or students that need to adapt the material to their individual reading requirements for some other reason, e.g. a mobility impairment.

Well-ordered discussion in a supportive climate

Try to establish a climate of discussion that encourages everyone to voice their (academic) views and concerns – and where participants interact and speak one after the other, but not at the same time. Avoid private side conversations. A good discussion environment generally enhances the likelihood of notable learning achievements; it especially supports people struggling to cope with social life and interactions, as well as those with visual or hearing impairments.

Atmosphere: open and accessible

Try to create a social atmosphere of openness and awareness in your courses, in which all participants feel welcome with their individual concerns. In such an environment, it should be normal and acceptable to address personal (academic) problems and limitations among other things, so that they will not be allowed to impede academic progress.



2. Types of impairment and their consequences

2.1. Mobility Impairments – Impacts and Coping Strategies in an Academic Context

2.1.1. Basic information in brief

Characteristics of motor disabilities

- Limitations in physical mobility/ ambulation and concerning complex movements or the positioning of one's body, mostly due to orthopedic (bones, muscles, tendons etc.) or neurological (nervous system) impairments.
- Frequently need permanent therapeutic attention; use of wheelchairs, walkers, crutches, splints, and other medical equipment.
- In many cases additionally troubled by pain, severe exhaustion and the need to complete additional disability-related tasks.

Impact in academic contexts

- Additional time requirements and disability-related tasks to organise, compared to non-disabled students.
- Need additional support with arrangements for internships, field trips, or a stay abroad.
- Difficulties navigating the campus and with access to special locations like laboratories.

Support options

- Accommodations ("Nachteilsausgleiche"): additional time budgets and modified attendance requirements; use of computers and other technical aids, including during examinations; modified arrangements concerning internships and stays abroad.
- For courses, examinations and appointments: accessible location required. Consider limited time-frames and/ or restricted availability (e.g. due to care needs, etc.).

2.1.2. Your mental horizon is the limit – studying with limited mobility

A motor disability (more commonly: "mobility impairment", Ger.: Mobilitätsbehinderung) results from **orthopedic** or **neurological** conditions, i.e. impairments to the skeleton/ bones, muscles, joints, tendons or to parts of the nervous system; a combination of these two factors is also possible. In addition, further concomitant health impairments may influence the overall situation. Intellectual abilities generally remain unimpaired, however.

Mobility impairments may result from accidents or diseases or be congenital and present from a very early age. They are characterised by limitations in movement or ambulation and physical flexibility: difficulties regulating one's own position/ posture, but also with more complex movements as required when grabbing and holding objects, writing or drawing, or for manual work. In some cases, functional limitations of certain organs or a speech impairment (but not impaired linguistic abilities as such) may occur.

Frequently, mobility impairments require continuous medical/ therapeutic attention; persons with motor disabilities often need care and personal assistance to cope with many activities of daily life.



Apart from adequate **accommodations** in exams (“Nachteilsausgleiche”) and an adapted schedule providing for the **additional time budget** these students may require in their daily (and academic) lives, the accessibility of the university’s campus and its facilities is of the utmost importance for mobility impaired students.

In terms of **field trips, internships and stays abroad, accessibility issues** need to be considered well ahead of time and in close cooperation with the students concerned. It is crucial to start researching and organising accessible options very early in the process. However, usually some difficulties remain; if no suitable arrangements can be made, an adequate equivalent should be substituted for the academic event/ requirement.

Complex manual tasks need to be adapted; the level of academic achievement must not be altered, however.

Many students with mobility impairments use **medical aids** like wheelchairs, crutches, or splints. Some are accompanied by **personal assistants on a daily basis**.

As a rule, these personal assistants (study assistants, “Studienassistenten”) are allowed to accompany students everywhere; by special arrangement also in the context of examinations, where they may function as “silent attendants” or amanuenses.

As mobility impairments may take **many forms** and have a variety of different effects, we recommend discussing the concrete, individual situation with the student concerned, in order to agree on the most suitable form of support. In addition to the more obvious aspects of the impairment, less salient but important aspects like fatigue, pain and the challenge of organising disability-related tasks need to be considered as well.

2.1.3. Further information

- Transnational map with places accessible to wheelchairs: www.wheelmap.org
- Information about tools: www.myhandicap.de/hilfsmittel-behinderung/



2.2. Visual impairment and blindness

2.2.1. Basic information in brief

Characteristics of the impairment

- Disorder affecting the system of visual perception: the eye (with its parts), the optical nerve(s), the areas of the brain concerned with the processing of visual stimuli, resulting in a considerable limitation of visual perception.
- Fundamentally changed world of visual perception: visually impaired persons typically do not see “blurry images” or “nothing”. Instead, their mode of perception is altered. What may be visually discerned varies considerably (person/ impairment/ situation) – this may seem paradox to bystanders.
- Tactile, auditive and spatial perception become crucial; they commonly allow for independent lives with relatively little assistance.
- Major challenges: local orientation; access to academic literature, including images (alternatives to “reading with one’s eyes”); replacements for visually challenging tasks.

Impact in Academic Context

- Access to (academic) literature and images: reading is done either with “screen readers” (software) or human readers as assistants.
- Writing down texts: computers and assistive devices are used.
- Examinations: materials and ways to formulate responses need to be adapted (accommodations, “Nachteilsausgleich”).
- Visual material: thematically relevant images/ graphs need to be translated; visually challenging or manual tasks need to be adapted; verbalise visual content!
- Finding one’s way: getting to know unfamiliar places usually requires lots of skill and patience for visually impaired/ blind people. Kindly make arrangements whenever problems occur.
- Dogs: guide/ assistant dogs may be brought along to university.
- Organising discussions: visually impaired persons may not easily notice who is present at a meeting. They may not notice who raised their hands to contribute, or when they have been called upon to speak (by gesture only).

Support Options

- The use of screen readers requires documents to be in accessible formats. Support conversion.
- Reading documents usually takes considerably more time. Consider this.
- Verbalise the content of pictures and tables.



- Computer assistance is required in courses and examinations. Advise students to apply for a “Nachteilsausgleich” in examinations.
- Call on participants by name and ask them to introduce themselves in the beginning.
- Possible forms of accommodations (modified conditions in examinations): use of assistive devices including the services of human reading assistants, substituting a written examination for an oral exam.

2.2.2. Studying with visual impairments – A range of perspectives ahead

Visual impairments result from a disorder affecting the system of visual perception, along the entire visual pathway: the eye (and its parts), the optical nerve and, ultimately, the areas of the brain that process visual stimuli. Visual impairments occur in a wide variety of shapes and degrees, with blindness – the (near) total insensitivity to visual stimuli – being an extreme on one side of the spectrum.

Even severely visually impaired and blind persons usually retain a certain degree of residual vision, which may not always make a considerable difference concerning activities of daily life, however.

As a variety of factors coalesce to form ordinary visual perception, the changes that an impairment may bring vary **widely**. What may be discerned and under which specific circumstances is extremely different from case to case, and from person to person. To external observers, the resulting situation may even appear paradoxical, as they cannot understand why something was visually discernible in one instance, while another, apparently similar item is (now) not. Typically, visually impaired persons neither have “blurry vision” nor do they not see “anything at all”: they have their own fundamentally altered (and limited) world of visual perception. Please respect statements by visually impaired persons concerning their perception(s), in some cases supplemented by appropriate medical evidence.

The perception of visually impaired and blind persons is usually oriented towards **tactile, auditory and spatio-temporal** aspects, and reaches extraordinary degrees of sophistication in these respects: in addition to tactile information successively felt, auditory information, and the way the objects in a room reflect sound – with all its subtle nuances – or the time it takes to reach a certain place in a room, contribute to the mental image. Their specific mode of perception usually enables persons with visual impairments to lead (comparatively) independent lives. However, there may be significant barriers, specific needs and features with regard to the academic world.

Visually impaired/ blind persons usually face additional difficulties navigating **places** with which they are unfamiliar. They commonly need a great deal of assistance, and special mobility trainings, to familiarise themselves with new surroundings. Please consider this requirement concerning the mobility on campus generally, as well as off-campus appointments, changes of location, work placements/ practice periods and practical tasks, or field trips. Discuss their needs with the visually impaired persons concerned.

In communication, visually impaired/ blind persons frequently miss out on **non-verbal cues**, gestures and facial expressions or may not recognise when the lecturer asks them to speak merely by pointing/ gesturing. Please make sure to provide a clear communicative situation for everyone by using names and asking participants to introduce



themselves at the beginning of courses or meetings. Make sure that a lack of visual/ eye contact does not turn into a barrier for social participation.

Visually impaired/ blind persons access (**academic**) literature with their ears, as auditory texts, not their eyes. To facilitate this, documents need to be available in accessible formats; otherwise it may be necessary to use the services of a human reader (as a study assistant). Moreover, this implies that preparing texts before and after class usually requires considerably more time. Please support students in arranging their individual courses of study, also by providing accessible course material – well ahead of time whenever possible.

Blind (or visually impaired) people typically do not handwrite texts, they use computers or other assistive devices. This needs to be accommodated for in examinations (“Nachteilsausgleich”) as well.

Pictorial representations and subjects of visual observation need to be made accessible in appropriate alternative ways. Verbalising visual representations enhances the understanding and provides additional learning opportunities concerning the craft of description and the use of appropriate language. In some cases, special tactile photocopies (“Schwellkopien”) or tactile 3D models may be of assistance in making the subject at hand accessible.

The advisors for students with health impairments may put you into contact with suitable experts on assistive devices for visually impaired persons.

Some courses of study may require a certain degree of craftsmanship and manual skill. Suitable replacements for practical and technical tasks will have to be arranged for, if need arises. This may be difficult to achieve with some subjects. However, the search for adequate solutions should be a priority: a change of subject or intended course of study should only be considered as a last resort.

2.2.3. Further Information

- Web presence of the German Association of the Blind and Visually Impaired in Study and Work (Deutscher Verein der Blinden und Sehbehinderten in Studium und Beruf, DVBS): <https://www.dvbs-online.de/>
- Web presence of the German Association for the Blind and Visually Impaired (Deutscher Blinden und Sehbehindertenverband): <https://www.dbsv.org/>
- Website of the Association for the Blind and Visually Impaired (Blinden und Sehbehinderten-bund, BSBH): <https://www.bsbh.org/>



2.3. Hearing impairment and deafness

2.3.1. Basic information in brief

Characteristics of the impairment

- Significant impairment to the system of auditory perception, affecting the ear (and its parts) or the components of the nervous system, including the areas of the brain that process acoustic signals. This impairment may range from hearing loss (in varying degrees) to (total) deafness.
- Often, a certain degree of residual hearing remains. This need not be of considerable use in practical life, however.
- Difficulties using oral (and sometimes written) language prevail. Depending on the mode of education and personal circumstances, ordinary speech – facilitated by assistive technologies – (oral communication) or sign languages (manual communication, or German Sign Language) are used – relying on communicative assistance by interpreters.
- Participating in conversations frequently poses additional barrier(s); some hearing-impaired persons are accustomed to different conventions of communication.

Implications in Academic Context

- Communicative Assistance: use of assistive devices (e.g. hearing aids), speech-to-text-services (“captioning”) or sign language (assisted by interpreters) is common among hearing-impaired students.
- Communicative Setting: adhering to a hearing-impaired person's advice about communicative needs is important. Support the use of assistive devices (e.g. microphones, amplification systems) and interpreting services. Make sure the communicative situation is adequate for everyone.

Support Options

- Language Services: mediation between (ordinary) oral and sign languages requires the service of interpreters (applies to courses and examinations). Lecturers may be required to cooperate in arrangements with interpreters; organising interpreting services is usually not their responsibility.
- Acoustics and discussion environment: make sure speakers are easy to understand (acoustics!) and maintain rules and structure in classroom discussion (e.g. no side conversations etc.).
- Ensuring Access to Scientific/ Scholarly Language: support students in acquiring the language and terminology of your discipline, as well as foreign languages where appropriate. Hearing impairments frequently restrict the relevant linguistic abilities. For persons educated in German Sign Language, written German is their first foreign language.
- Timely Access to Course Materials: try to provide material well ahead of time, so that disability-related preparation time requirements may be met, and interpreters have the time they need to prepare for their work.



2.3.2. Studying with hearing impairments – Opening up communicative highways

Hearing impairments result from a significant or total loss of the faculties of acoustic perception, which is commonly due to a disorder of some component(s) of the **system of auditory perception**, along the auditory pathway.

This includes the ear and its parts, the auditory nerves, as well as the areas of the brain that process auditory stimuli. There are various degrees of hearing impairment, ranging from different degrees of hearing loss to (complete) deafness. Generally, persons with hearing impairments do not simply perceive the world (of sound) more “softly/ quietly”, as if “the volume had been turned down”: they experience an entirely different way of perceiving auditory signals. Whether and in how far speech is still understood may vary enormously among hearing-impaired people, and this ability may even significantly differ for an individual, depending on numerous details of each concrete situation. Accordingly, please discuss their communicative needs with the persons concerned and take their proposals seriously – supplemented by medical evidence, if need arises.

A preeminent issue with hearing-impairments and deafness is the **acquisition and development of language**, its command and pragmatic usage. This is also of key importance in the academic context, because the sophisticated use of scientific and scholarly language, specific terminology and, in many cases, foreign languages is crucial. For many persons with hearing impairments (including deafness), the road of language acquisition has been long and winding indeed.

Distinctions between the terms “hard of hearing” (Ger.: “schwerhörig”), “hearing impaired” (Ger.: “hörbehindert”) or “d/Deaf”¹ (Ger.: “gehörlos”/ “taub”) may be of great significance to a **person’s identity** and **his*her sense of self**. Thus, such terms may carry additional meaning beyond their function as mere indicators denoting the severity of the impairment as such. Please consider your interlocutor’s choices and self-descriptions in this context.

With regard to verbal communication, there are basically two options available to persons with hearing impairments: the use of **spoken language (speech)**, where possible, following in the footsteps of the (better) hearing mainstream society – or the use of a **sign language** (i.e. “**manual communication**”). An initial decision on the communicative road to be taken is usually made rather early in a hearing-impaired person’s education and enculturation.

To facilitate communication in spoken language, a variety of assistive devices may be used (e.g. hearing-aids, cochlea implants (CI), FM [“microport”] units to amplify sound); in other constellations, **speech-to-text** and captioning/ translation services may be used.

Sign languages constitute a family of natural languages on a visual basis. Accordingly, they each comprise their own system of lexicon (vocabulary), grammar, semantics, etc. As with spoken languages, the individual language varies from country to country and from culture to culture. In Germany, “Deutsche Gebärdensprache” (DGS, German Sign Language) is used.

¹ The spelling with a capital “D” is used by persons describing themselves as members of a cultural minority.



Being users of sign languages, some deaf – i.e.(culturally) Deaf – people, do not see themselves as disabled people, but rather as members of a linguistic minority; matters of language thus mirror important aspects of identity once more.

The services of sign language interpreters are required to mediate between sign languages and spoken language. Because there are currently too few qualified professionals in this specific domain of mediation, it may be quite difficult to arrange for the required linguistic services. However, such communicative assistance has to be provided, if need arises even by agreeing on alternative arrangements with the persons, or by offering a qualified substitute for the event or examination in question. As a lecturer, you may be asked to cooperate in arranging for this kind of necessary assistance; it is usually not your task to organise it.

2.3.3. Further Information

- Information portal on hearing disabilities and deafness, designed by self-affected authors: <https://www.taubenschlag.de/>
- Website of the federal working group (Bundesarbeitsgemeinschaft) of hearing-impaired students and graduates: <http://www.bhsa.de/>
- Website of the German Society of the Hearing Impaired – Self-help and professional associations (Deutsche Gesellschaft der Hörbehinderten – Selbsthilfe und Fachverbände): <https://www.deutsche-gesellschaft.de/>
- Interpreter database of the professional association of sign language interpreters Hessen: <https://www.bvghessen.de/deutsch/dolmetscher-in-suchen-1/>

2.3.4. Excursus: speech impairment

Speech and the activity of speaking may also be impaired: either in conjunction with e.g. a hearing impairment (q.v.) or motor impairment (q.v.), or independent of other health issues.

In this context, it is important to distinguish between speech impairments (disorders), Ger.: „Sprechbehinderung“ – affecting articulation, the precise production of sounds for communication – and language disorder, Ger.: „Sprachbehinderung“, disrupting the linguistic system as such, so that the command of language, the usage of vocabulary, grammar etc. is severely impaired.

Language disorders are comparatively rare in the academe and at university. On dealing with inhibitions and the fear of public speaking, however, please also refer to the chapter on mental health.

If a student with a language disorder chooses to embark on a course of study, the impact of the impairment on studying and practicing the academic discipline in question needs to be thoroughly considered, to find out whether the projected course of studies may realistically and adequately be pursued under the conditions the disorder imposes. Information and counselling at a very early stage is decisive here.



With speech impairments, it is important to realise that an individual's intellectual power and capacity as such – even his*her linguistic ability! – remain unimpaired, even though the manner of speaking (slurred or delayed speech, lack of fluency and coherence when speaking) may give a different impression.

Common speech impairments include: stuttering – severely impaired fluency of speech, unintended repetition or prolongation of sounds, adding inadequate sounds, taking long breaks while talking, etc. and cluttering – hastened and irregular speech, poorly intelligible.

With speech impairments, oral examinations may be taken in a written form or the communicative situation adapted – by arrangements between the individual participants – in such a way that all parties to the conversation may articulate themselves clearly and make themselves understood. Such accommodations may, by way of a "Nachteilsausgleich", also apply in examinations. In some constellations, another option may be that candidates with speech impairments write down their answers to questions; they may be allowed to use appropriate assistive devices – and extra time – to do so.

For persons who are (nearly) incapable of speaking, special language computers, so-called "talkers" with a text-to-speech system may be an option. Also, persons with severe speech impairments may be accompanied by assistants, who "translate" their hardly intelligible speech into a more readily accessible form.

With speech impairments, as with other forms of impairment, barriers of language or speech should not be allowed to turn into barriers to social participation. Early counselling, information and advice, and adequate adaptations to the (communicative) settings and surroundings are key.

2.4. Mental disorders and stress

2.4.1. Basic information in brief

Characterisation of the Impairment

- The impairment is defined as significant deviation in a person's thinking, feeling and behaviour (judged against a conception of normalcy), which proves as an impairment in everyday life or poses a major impediment or danger to the person in question or to others.
- Matters of definition and classification are complex and subject to considerable debate in certain respects. For the university's purposes: a diagnosis by a doctor or other psychotherapist is the decisive factor. Systems of diagnosis/ classification WHO's ICD-10 (starting about 2025: ICD-11, chapter 6), or APA's DSM.
- Various forms and causes of mental health conditions; prevalence in the general population (and in the student population) has been increasing in recent years.
- Respect for privacy/ personal space; clarity and consistent adherence to a lecturer's role are crucial. Do not overburden yourself by offering extensive help; respect personal boundaries, do not "interfere".
- In serious constellations: cooperate with professional counsellors/ therapists; inclusion of the required therapy into the academic routine needs to be supported.



Possible Implications for Academic Life

- Following the schedules and routines of student life is frequently difficult (disruptions caused by impairment or therapy, issues of self-management). Counseling, modified conditions in exams (“Nachteilsausgleich”) or student peer-support may help.
- Difficulties with certain forms of academic (social) cooperation are common: teamwork, presentations/ talks, oral or practical examinations (in some cases), especially in front of an audience. Modified conditions (accommodations) may be an option.

2.4.2. Studying with psychological impairment

A mental health impairment may be approximately defined as consisting in a significantly different way of behaving, thinking or feeling that a) causes distress and problems for the person concerned and/ or b) is generally injurious or implies some danger. This conception recurs on a socially (co-)constituted baseline of normalcy, against which the difference is judged.

The new classification system issued by the World Health Organisation (WHO) posits the following elements of a definition:

- a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour
- that reflects a dysfunction in the psychological, biological, or developmental processes that underlie mental/ behavioural functioning
- usually associated with distress or impairment in important areas of functioning (family, professional life, other social contexts).

The exact definition of a “psychological/ mental illness (disease)” or “disorder/ condition” is a matter of considerable debate. The topic of mental health is especially prone to provoking disagreement and debate, since medical issues of definition in this domain are more intimately connected to socio-culturally informed ideas of normalcy and desirable behaviour than other areas of health are usually taken to be.

Generally, the university thus bases any decisions related to mental health issues on qualified statements by **psychotherapists** or other **mental health professionals (neurologists, psychiatrists, etc.)**. Their judgement as to whether a diagnosis applies is usually the key element in the university's subsequent evaluation of the situation and impairment's educational implications.

In Germany, diagnoses are usually based on the International Classification of Diseases and related Health Problems – ICD-10/ ICD-11 (as of c. 2025) –, published by the WHO, in its currently applicable version.

The heated debate surrounding the concept of “(impaired) mental health” with its various philosophical implications must not obscure the fact that, in most cases, one is dealing with serious health issues, which may injure, challenge and impair people living with any such condition to a very significant degree. Accordingly, psychological disorders and other mental impairments, are to be considered as serious (mental) health issues and taken into account



accordingly – just as any other medical condition would be. They need to be accommodated within an inclusive university setting.

How to lead his * her personal life and how to deal with any occurring psychological difficulties is a matter of a person's autonomous, individual decision. In your role as a lecturer, you should avoid getting too deep into the personal challenges that face individual students, so as not to overstep the boundaries of your own strength and competency, and avoid conflicts with your duties as an examiner. However, you may point out – respectfully and with care – potentially problematic behaviors or attitudes that you noticed during class. You should also refer students to the appropriate counseling or information services when need arises.

Whenever orderly proceedings in class are inappropriately challenged to a significant degree, or students pose a danger to themselves or others, call in external help. Relevant contact information and guidelines may be found at: <http://www.uni-frankfurt.de/70241045/Verhaltensbeispiele> (in German, available on campus).

While the phenomena addressed as mental health issues are quite diverse in nature and do not allow for broad generalisations, some general hints and advice may nevertheless be given:

Frequently, students with mental health issues have trouble **organising their individual course of studies** or their daily (academic) routine. This may be because either the impairment itself or prescribed medication and other forms of treatment regularly derange daily routine. In other constellations, it may be extraordinarily difficult to establish a routine and adhere to it at all.

This issue is a consequence of the impairment and not merely a common personal problem. Additional counseling and peer support services may be helpful here. Please make students aware of these options. Further-more, there is the possibility of rescheduling examinations so as to reduce their density (and provide more space between the individual examination dates). This may be done by measures of accommodation called "Nachteilsausgleich" in Germany. Also, attendance requirements may be modified and in extreme cases, students may even pause their studies for some semesters ("Urlaubssemester") to facilitate their recovery.

In many instances, mental health issues entail problems with certain forms of **(academic) social cooperation**, such as teamwork, group presentations, talks or in oral examinations and colloquia. In such situations, contributing to or presenting in front of a group of people may be exceedingly difficult. Employing a "Nachteilsausgleich", such issues may be accommodated by selecting different forms of equal value for the student to contribute or take an examination. Another option may be to give a one-on-one presentation for the lecturer (and an additional examiner, if needed).

If requested to do so, please cooperate constructively to enable such solutions.

The learning atmosphere and discussion environment are generally enhanced, if you try to foster an **academic climate** in which every participant has a voice, and all contributions are received in a constructive, sober and calm manner.



In case a **change of place** or working in unfamiliar surroundings pose a special impairment-related challenge, this should be taken into consideration as far as internships, excursions, stays abroad etc. are concerned.

To deal with this complex topic professionally and empathetically in an academic context, three factors should be brought to bear: an open **climate of discussion** (allowing for impairments to be discussed), professional **assistance** (called in when needed) and the **individual adaption** of working conditions (to accommodate the needs of students, staff and faculty alike).

2.4.3. Further information

- Portal about mental health and therapy possibilities of the association ProPsychotherapie:
<https://www.therapie.de/>
- Specialist medical information from neurology and psychiatry:
<https://www.neurologen-und-psychiater-im-netz.org/>
- Psychosocial Counselling Office of the Studentenwerk Frankfurt:
<https://www.studentenwerkfrankfurt.de/beratung-service/psychozialberatung/>
- Psychotherapeutic Counselling Centre at the SSC of the Goethe University Frankfurt:
https://www.uni-frankfurt.de/35793221/%C3%9Cber_die_PBS

2.4.4. Excursus: autism

Autism is a special kind of personality structure. From a medical point of view, it is usually categorised as a mental (or [neuro-]developmental) disorder. Some persons with autism, however, reject this notion, as they would like to see autism recognised as a cultural characteristic or as a personality trait.

Autism can take various forms and allows for many degrees of severity. At university, you will generally meet autistic persons whose intellectual capacities have developed to an often remarkably (!) high level, using diverse means of communication, even if they tend to communicate in a different and often unusual way. They are in a position to lead independent lives.

Autistic personalities are characterised by a fundamentally different way of perception, different forms of communication and types of behaviour and a different way of organising their daily routines. Characteristic behaviours include rigid, unchanging and repetitive patterns of behaviour.

The autistic "world view" is structured in a fundamentally different way, as individual details are not classified and adjudicated as effortlessly as usual, so that they do not mold into a single, sensible over-all impression seamlessly. As a consequence, important details easily tend to be crowded out by relatively unimportant ones. The danger of sensory overload (over-stimulation) is acute. Conversely, persons with autism can develop a keen eye for specific details and frequently are more adapt at recognising recurrent patterns than others.



Human and social interaction with autistic persons is characterised by their difficulty recognising implicit social signals, understanding gestures, non-verbal cues and interpreting inflections of voice, and comprehending implied or metaphorical meanings of verbal expressions.

Autistic persons have a substantially reduced ability to emphatically understand others directly and effortlessly, and to express their own emotions. This implies a significant loss of opportunities for contact and communication; however, this shortage may be alleviated to some degree, if their partners and peers respond adequately to their needs.

Persons with autism usually organise their everyday lives according to rigid patterns and procedures; the strict adherence to rules often is of enormous importance to them. It is significantly more difficult for autistic persons to cope with novel situations and to make themselves at home in new social surroundings.

Some autistic persons develop extraordinary talents and skills in one specific area of expertise. In their individual field, they may thus be capable of unique and enormous contributions.

Frequently, especially those persons with autism qualified for university studies succeed in turning particularly autistic modes of thought and perception to excellent use in their professional careers.

Accommodation in the academe – What can be done to help?

- As far as academic life is concerned, guidelines on accommodating autism are not substantially different from those concerning mental health issues in general. Nevertheless, some specific points may be highlighted.
- Some forms of social cooperation among students that are part and parcel of their normal course of studies, such as working groups, work in laboratory settings involving a large number of people, presentations in front of an audience, as well as oral examinations, may cause autistic students additional difficulties. In this case, these activities/ examinations may be substituted by other equivalent forms of academic work, applying a “Nachteilsausgleich” (accommodations concerning examinations), e.g. written contributions or types of work requiring less (intense) social interaction. This applies to all subjects of study and to examinations as well as other elements of a study program, provided that an equivalent level of academic qualification can be established.
- A highly regular and calm organisation of course proceedings and other activities of daily life, as well as an environment with few sources of external stimulation generally is of great importance to autistic persons. Whenever possible, this should be taken into consideration at (and by the) university.
- As both scholarly and ordinary communication tends to be impaired, it is advisable to ensure that mutual understanding has in fact been reached: through additional sensitivity and consideration, feedback and other meta-communication, additional questions or clarifications, etc.
- Metaphors and proverbs (figurative speech, verbal imagery) frequently present additional difficulties to autistic persons and should be avoided, if need arises.



2.5. Chronic diseases

► Note:

Generally, many health impairments may be conceptualized as “chronic(al) diseases”. However, this title is used in many German publications (as in this one) to subsume those impairments not classified elsewhere.

2.5.1. Basic information in brief

Characterisation of the impairment(s)

- Severe disease of long duration, causing significant impairment, of a somatic or psychological nature. They usually require intense medical attention and are difficult to treat, but need not pose a danger to life itself. Details of definitions vary.
- Chronic diseases common among university students (in our experience) include: Inflammatory Bowel Diseases, diabetes, severe allergy, Multiple Sclerosis (MS) and headache syndromes.
- Implications and support options vary with the chronic disease that causes the impairment.

Implications in Academic Context and General Support Options

- Additional time budget needed to cope with the disease or for medical treatment, to compensate for challenges in everyday life or fatigue. Please take this into consideration upon request.
- Inclusion of medical treatment into academic routines: support students in their need to reorganize their individual course of study and to find solutions responsive to their needs.
- Create opportunities for breaks – inform students that there are special rooms where they can go to rest (“Ruheräume”). Establish an individualised schedule in cooperation with the university’s disability (counseling) service, extend timeframes and deadlines.
- Allow for discussion of the chronic health issue upon request (or if necessary). Discuss their situation, the concrete problem and possible (partial) solutions concerning participation at university with the respective student(s) in a proper way.
- Common accommodation measures taken in examinations (“Nachteilsausgleiche”) include: additional time budgets, reducing density of examinations (scheduling!), use of required medical equipment in examinations (including medication), additional breaks, taking the examination in a separate room. This is a non-exhaustive list.



2.5.2. Chronic diseases

Chronic diseases – hard to spot, not easy to cope with and no reason to abandon academic ambitions.

The umbrella term “chronic diseases” encompasses various **severe diseases of long duration** that significantly impair activities of daily life and curtail a person’s well-being, in some cases even threatening the patient’s life. These diseases are generally amenable to treatment but require continued and intense medical attention; there often is no prospect of a full recovery or cure. Chronic conditions can be somatic or psychic (mental). Beyond these essential elements, details of definitions vary considerably (also according to the purpose of the specific definition ²).

Strictly speaking, chronic diseases do not form a **separate class** of health impairments/ disabilities in themselves. On the contrary, medically speaking, most disabilities originate in a chronic disease. However, not all chronic diseases cause a disability, and not all of these diseases may be seamlessly included into the typology of disabilities presented so far. Many of those affected by a chronic disease do not regard themselves to be “of impaired health” (Ger.: “gesundheitlich eingeschränkt”) or “disabled” (“behindert”). whereas in disability rights discourse – and to some disabled people – , the distinction between “chronic illness” and “disability” is of considerable importance.

Such details do not need to concern us in the present context. For pragmatic reasons, we nevertheless include a separate chapter on chronic diseases in this guide. On chronic conditions of mental health (disorders), please refer to the chapter on mental health issues (Chapter 4).

As various subsystems of the organism – and parts of the body – may be affected in a variety of ways, any general statement about the causes of chronic diseases would be misleading and broad generalizations about their impact on academic life are problematic. Nevertheless, some tentative **guidelines** and **advice** are suggested here.

- Generally, how to lead their lives, including how to cope with any disturbances of health that may occur, is a highly personal matter for (individual) students. As for anyone, it is generally subject to their discretion and autonomous decision.
- Allow for possibilities to address the chronic health issue in question and to find solutions with regard to the academic context. On the other hand, be sure to discuss the requirements and necessities inherent in the university setting, so that the solutions you arrive at are indeed feasible.
- Frequently, chronic health issues are either not immediately or only partially visible so that misapprehensions are common. Do not allow yourself to be misled by (first) appearances; rely on the student's testimony and medical evidence from doctors or therapists instead. Mere common knowledge often fails to provide an adequate understanding of the situation.
- A crucial factor for a successful course of studies is the cooperation and interaction between health care providers/ medical measures (therapies, provision of care, taking medication) and academic life with its multiple

² German health insurance e.g. uses a more specific definition that is not pertinent here.



components/ agents. Students need their university's support to arrange for adequate solutions and accommodations. Please consider relevant needs and help them make arrangements to cope.

- Discuss the possibilities of modified conditions (accommodations) in examinations (“Nachteilsausgleiche”) with students. Such accommodations may be granted upon application and need to be tailored to the individual situation in the case of chronic diseases as with any other impairment. Typical options include modifying the timeframe (time budget and deadlines; adaptations of examination schedule to avoid overcrowding; splitting complex examinations into two sessions where possible), assigning a separate examination room and proctor (to facilitate concentration and allow for small acts of medical care during the exam), permission to take medication and use medically necessary devices in/ during the exam or take extra-breaks (outside of the ordinarily allotted time budget). However, these are only examples. The concrete accommodations depend on the student's individual situation and the academic subject matter concerned.
- Many students with chronic diseases find it hard to cope with changes of location due to their specific health care needs. This may be an issue whenever internships, excursions or even a stay abroad are concerned. Please consider this if need arises.

All steps, measures, tools, accommodations and support options must be adapted to suit the student's individual situation. Chronic diseases are not uncommon at university – the university should join forces with its students to avoid academic impediments they may imply.

2.5.3. Further information

- Patient information of the German Medical Association (Kassenärztliche Vereinigung): <https://www.patienten-information.de/kurzinformationen/>
- Website of the Alliance of Chronic Rare Diseases (ACHSE): <https://www.achse-online.de/>
- Recommendable publications on chronic diseases in the context of school can be found at bildungsserver.berlin-brandenburg.de and at schulsport-nrw.de



2.6. Partial performance disorders – dyslexia and dyscalculia

2.6.1. Basic information in brief

Characteristics of the impairments

- Specific developmental disorder (Ger.: “Teilleistungsstörung”): Diminished or missing intellectual capacity in one specific, clearly delineated domain with an otherwise intellectually sophisticated person, where the deficiencies are not due to a lack of education or educational support/ assistance.
- Dyslexia (Ger.: “Legasthenie”): severe, lasting difficulties in acquisition and command of written language (reading and/ or writing), while other intellectual capacities remain unimpaired and may even reach a high level of sophistication. Discernible from other difficulties in reading/ writing by severity and causal history; medical evidence is decisive.
- Dyscalculia (Ger.: “Dyscalculie”, “Rechenschwäche”): disorder widely analogous to dyslexia in the mathematical domain. Severe, lasting difficulties in the acquisition and use of mathematical concepts, in the understanding of mathematical entities and operations, e.g. numbers, types of calculation, geometric laws etc.

Support for dyslexic students

- Accessing literature: establishing coping strategies for accessing academic texts and the amount of reading required with the university's support; support by software systems or personal assistance; in some cases adapting the design of texts is helpful (fonts, colours, layout etc.).
- With some subjects (especially MINT subjects): selecting different texts that are shorter or easier to read (if feasible).
- Use of assistive technologies (support systems) and additional aids; in principle: also in exams (“Nachteilsausgleich”).
- Text composition: developing strategies for academic writing with the university's support.
- Additional time budgets: since processing texts requires more time, extending deadlines and other time frames is an option (“Nachteilsausgleich”), often combined with the use of assistive technologies.

Support for dyscalculic students

- Attempt to access mathematical elements of a course of studies in an alternative way: may mathematical (course) requirements be fulfilled in a different way?
- Use of additional aids (e.g. calculator, formulary) as a form of accommodation (“Nachteilsausgleich”).
- Especially in the case of dyscalculia, the decisive question “Is this mathematical content a key component of the exam (which must not be substituted)?” may be extraordinarily difficult to answer. It may be a better plan to choose a subject with less mathematical implications in the first place than to depend on an accommodation in examinations later on, where the nature and scope of permissible modifications is controversial indeed.



2.6.2. A full range of intellectual possibilities – with a “specific disorder”

A “specific developmental disorder (of scholastic skills)”, German: “Teilleistungsstörung”, consists in the impairment of one clearly delineated cognitive function, which may be considerably impaired or completely absent, whereas the person in question demonstrates sophisticated intellectual skills in other respects, and has received adequate education, tutoring and assistance before. In a university context, the term specifically refers mostly to **dyslexia** (German: Legasthenie, Lese-/ Rechtschreibstörung³) and **dyscalculia** (Dyskalkulie), the mathematical equivalent to dyslexia.

Currently, the issue of specific developmental disorders is wrought with taboos in academia. However, this need not be the case: general intellectual abilities are left unimpaired by the disorder. A suitable course of studies may be successfully completed nevertheless: there are various examples of proficient scholars with a disorder of this kind.

Dyslexia implies significant difficulties in dealing with or acquiring **written language**. The abilities to read or write properly may be affected to varying degrees; in some cases, only one of these is impaired. There is a neurophysiological **basis** to this disorder: commonly, deficiencies in the analysis of speech sounds, and the processing of speech in the brain, are the primary causes of the problem. There is likely a genetic aspect among the causal influences, while sociocultural surroundings strongly impact the severity of the disorder. As a consequence, the disorder is an impairment of health; as such, it needs to be accommodated by an inclusive university.

The description of dyslexia is met whenever exclusively the ability to read and write is impaired, the impairment is sufficiently severe and persists over a significant amount of time, and certain additional criteria are met. This corresponds to the criteria established by the WHO, which has added some differentiations with its new version of the ICD-11 index of disorders and related health problems.

The university's decisions on dyslexia-related issues have to be based on a **qualified statement by a specialist doctor (specialisations: neurology, psychiatry)**, by a **psychotherapist** or an **educational therapist**. This statement must be recent, because the problem may evolve and ameliorate over the course of a person's (learning) biography, especially as adolescence comes to a close (“after puberty”).

Diagnostic procedures are based on standardised tests and thresholds regarding reading and writing (spelling) abilities. In Germany, a host of terms surrounding dyslexia or 'reading/ writing disorders' are in use and subject to scientific and public debate. For university proceedings, the timely statement of a qualified expert is decisive.

Dyscalculia is a specific developmental disorder analogous to dyslexia referring to mathematical entities and operations.

³ In Germany, a variety of terms for the disorder (and its cognates) are in use and under discussion. We do not take a stand on this issue here and consistently use “dyslexia”.



2.6.2.1. Studying with dyslexia

Since dyslexia affects both the reception and production of written language, two domains of considerable importance in any academic subject, measures need to be taken lest these impairments impair the course of studies.

For text composition, dyslexic students may use a computer with a speech-to-text system or software specifically adapted to the needs of authors with dyslexia: such applications give dyslexics additional support and feedback to facilitate their reading and writing processes, beyond what a common spell-checker would provide. In some cases, recorded oral statements may replace written texts.

For the preparation of study notes in courses, the help of fellow students (in some cases: paid assistants, q.v. study assistance) may be requested. If lecturers agree, audio recordings of a course (for the individual student's personal use only!) are an additional option.

In some cases, specific adaptations of design – concerning font, font size and text colour – are helpful. Such adaptations may be ordered as a special service with a provider called "Literaturumsetzungsdienst" (Ger.: "literature adaptation service"), when available.

Due to their difficulties with processing texts, people with dyslexia usually need additional preparation time with each course. Please take this into consideration. Also, dyslexia may aggravate concentration difficulties. Affected students therefore benefit even more than others– from a calm working environment.

Modifying exam conditions (accommodations, "Nachteilsausgleich") presents special difficulties in the case of dyslexia. In principal, (diagnosed) dyslexia is a form of impairment. Accordingly, its negative impacts on the exam situation need to be compensated for. Meanwhile, the level of academic expertise and requirements must remain unchanged in the case of dyslexia, as in all other cases. In disciplines where the correct and nuanced command of written language is a key element of academic work, no modifications to facilitate that very task can thus be granted. The complex and crucial issue, however, is to judge for which disciplines – and which exams – the command of written language has this crucial importance, and for which it is only a minor factor.

Legally, this decision is left to the examination board ("Prüfungsausschuss"); valid decisions are to be applied and put into practice. Students affected by a relevant disorder and those who have decide upon their applications for accommodations in exams alike, should seek pertinent consultation/ counselling and enter into a fair discussion well ahead of scheduled examinations.

2.6.2.2. Studying with dyscalculia

Similar to dyslexia, dyscalculia is a specific developmental disorder concerning the domain of mathematics: mathematical entities, concepts and operations. It may affect simple arithmetic operations, understanding of numbers, or of spatial and geometrical concepts, appreciation of mathematical laws and procedures, etc. A diagnosed dyscalculic disorder needs to be accommodated in a university setting just like various other health impairments.

In subjects relying heavily on mathematics and its approaches, it may be very hard indeed to adequately compensate for the impairment-related deficiencies or to "work around" them, however. In subjects where mathe-



matical problems play only a minor role and occur on specific occasions, the use of additional aids and technologies such as a calculator or a formulary may be helpful and permissible – both in the course of studies and during examinations. In the case of dyscalculia timely counselling and an open dialogue with the decision makers in charge of a course of studies is key as well, whenever possible even before a specific course of studies is chosen at all.

2.6.3. Further information

- Medical Information at „Neurologen und Psychiater im Netz“:
<https://www.neurologen-und-psychiater-im-netz.org/kinder-jugend-psychiatrie/erkrankungen/lese-recht-schreibstoerung-legasthenie/>
- [Web presence of the German Association for Dyslexia and Discalculia: https://www.bvl-legasthenie.de/](https://www.bvl-legasthenie.de/)



3. Glossary

3.1. Graduates' Perspectives [Absolvent*innen-Perspektive]

With the increased participation of people with disabilities in secondary and higher education comes their increased social participation as academics, as professionals and citizens. Generally, disabled people holding a university (graduate) degree have significantly higher chances of finding adequate employment opportunities than disabled people without such a qualification. A university education opens up new horizons intellectually, professionally and personally, and enables disabled talents to capitalize on their strengths. It serves as an entrance into such areas of professional life where certain activities restricted by the impairment carry less weight than personal intellectual potential.

However, the road to a suitable occupation may be difficult to navigate, especially with more severe disabilities. Meanwhile, specific counseling or coaching opportunities are rare. We advise students to contact the university's Career Service well ahead of time; additional support is offered with the "Arbeitgeberservice für schwerbehinderte Akademiker" (Employer's Service concerning Severely Disabled Academics) at the Bundesagentur für Arbeit (Federal Employment Agency). To provide mutual support, the self-advocacy group "Chronically Academic" connects academics with chronic health issues or disabilities.

Inspirations concerning professional careers with a disability may also be found with projects such as "Die Andersmacher" (Ger.: "Doing it Differently", project in German) or "DisAbility Talents".

3.2. Assistance [Assistenz]

On personal assistance and care needs/ work, see Personal Care/ Assistance below. On q.v. assistance dogs/guide dogs, see below.

3.3. Accessible Documents [Barrierefreie Dokumente]

Accessible documents are designed in such a way that they provide easy access to their content for all readers, regardless of the device they use or of their abilities/ impairments (of perception). In a university setting, accessible documents are primarily important for blind or visually impaired students.

In accessible documents, headlines, for example, are not only visually highlighted (e.g. with font or font size), but are marked up in such a way that the computer may recognise them as elements of the document's structure. This facilitates quick and easy navigation, especially if the document is read using a screenreader or other text-to-speech system. The document's content is thus kept separate from a) the visual layout and b) the (technical) logical structure, with regard to information technologies (consisting of headlines, sections, additional media elements etc.). For visual elements (such as images and videos), and for audio elements, alternative text is provided to inform the recipient about the respective content, if the element itself cannot be accessed.

At Goethe University, studiumdigitale provides advice and training on digital accessibility and accessible documents. A wide range of helpful information and tools may also be found online. When teaching courses, it is most helpful to discuss their concrete needs with the participants (most) concerned in a respectful way. Advice on funding



for individual measures to increase digital accessibility and provide accessible documents may be found with the Counseling for Students with Disabilities or Chronic Diseases.

3.4. “Disability”-Concept [Behinderungsbegriff]

The concept of “disability” is notoriously hard to define, partly due to the wealth of phenomena (i.e. different health issues, life situations/living conditions etc.) and partly because of the strong value judgments implied. A uniform definition to be applied across disciplines and contexts has not been established so far.

Decisions and proceedings at university are primarily based on the definition in German Social Security Law (“Sozialrecht”), which in turn reflects the approach of the UN Convention on the Rights of People with Disabilities (UN-CRPD, q.v.). Sozialgesetzbuch IX §2 Abs.1 (Social Security Code IX) states:

Menschen mit Behinderungen sind Menschen, die körperliche, seelische, geistige oder Sinnesbeeinträchtigungen haben, die sie in Wechselwirkung mit einstellungs- und umweltbedingten Barrieren an der gleichberechtigten Teilhabe an der Gesellschaft mit hoher Wahrscheinlichkeit länger als sechs Monate hindern können.

Persons with disabilities are persons who have long-term physical, psychological mental, intellectual or sensory impairments which in interaction with various attitudinal and environmental barriers may hinder their participation in society on an equal basis with others, for a period of time that is very likely to exceed six months.

(Non-binding provisional translation for the purposes of this glossary)

In this definition, disability is defined as a multi-dimensional phenomenon, comprising both external, social as well as individual, health-related factors. Generally, it is important to distinguish between “Beeinträchtigung”, “Einschränkung” (i.e. “impairment”), indicating the health-related aspect only and “Behinderung” (“disability”), a complex concept, referring to a wider range of individual and social circumstances of life, including sociocultural aspects.

Moreover, there is long-standing animated academic and political controversy where models of disability based on “medical” aspects of disability compete against models focusing on “social” aspects. Introductory comments on that debate may be found on the website of the Inklusionsbeauftragte: http://www.uni-frankfurt.de/44296658/beauftragte_behinderte

3.5. Disability Rights Movement [Behindertenbewegung]

In the 1970s, a disability rights movement began to form in many European Countries. The movement seeks to end the social exclusion of and discrimination against disabled people, strengthen their autonomy (grounded in fundamental and human rights), and secure a chance to live as equals at the center of general society, out-side of “special areas”, for disabled people. This has implied the removal of concrete barriers, as well as raising awareness for the realities of life as experienced by people with disabilities, campaigning for support regarding their material needs and interests, for social esteem and the recognition of disabilities and disabled people. This recognition is to extend to disability as a (partially) positive feature of a personality or situation in life.



The current policies fostering equality, accessibility and Inclusive Universities are rooted in this context.

Significant achievements of the German Disability Rights Movement were, among others, the introduction of an anti-discrimination clause concerning disability into German Basic Law ("Grundgesetz"), the ratification of the UN Convention on the Rights of Persons with Disabilities (UN CRPD q.v.), as well as other legislation and regulations to enable participation and counteract discrimination.

Disability Rights Movements remain active across the globe and have evolved with time. These spotlights may serve as examples of the many issues of concern/ areas of activity. The Disability Pride Movement seeks to establish disability as a positive (personal) trait, likewise, there are currents that seek to regard being "disabled" as a matter of "being a member of a minority culture" or using the paradigm of "culture" to restructure public disability discourse. In the academe, Disability Studies, a discipline closely connected to the Disability Rights Movement, is committed to a Social Science and Humanities perspective on disability, wherein the views of disabled people themselves bear special weight.

3.6. Assistance Dogs/ Guide Dogs [Blindenführ-/ Assistenzhunde]

Trained guide dogs (esp. for visually impaired persons) or trained assistance dogs are legally regarded as "assistive devices" ("Hilfsmittel") that the disabled person in question requires. They may, in principle, therefore be brought into any room, whether public or private, and enter areas that are otherwise out of bounds for dogs. Usually, these extensively trained animals wear a special harness informing others of their role as assistants.

Guide and other assistance dogs may accordingly be brought to university as well; they may enter both the university's rooms and premises.

Meanwhile, the university needs to make sure to distinguish between guide/ assistance dogs and ordinary dogs. Information on the procedure established to this end and on how to bring a dog providing assistance to university may be obtained with the Inklusionsbeauftragte.

3.7. Integration Allowance [Eingliederungshilfe]

Please see Funding and Financial Issues

3.8. Impairment [Einschränkung/ Beeinträchtigung]

As one component within the twin-concept of "impairment/ disability", impairment refers to the health-related aspect of the phenomenon: the problem that results from deficits in a function of body or mind, or the function's entire absence. The concept of disability (q.v.) exceeds and complements this aspect.

In the pertinent publications by Goethe University, we tend to use the term "gesundheitlich beeinträchtigt" or "gesundheitlich eingeschränkt", (Ger. "of impaired health" or "with health impairments") as an umbrella term. This is due to the fact that, as of now, there is no easily understandable, unique term in German, with which the entire range of people can be addressed so that they recognise this is about (or for) them and feel included. Yet, we need



to address the entire group concerned in our publications. In detail, the interests at stake may vary widely – not only in an academic context.

3.9. Funding and Financial Issues [Finanzierung/ Kostenträger]

Many students with chronic diseases or disabilities have increased funding needs due to their circumstances of life. However, these additional financial requirements are not always matched by a suitable funding option, let alone a single organisation to provide for it. To cope with this situation, students are best advised to seek counseling and financial advice early on in their studies. Here are some preliminary options and ideas (please consult the Studienberatung für gesundheitlich beeinträchtigte Studierende – Educational Guidance for Students with Health Impairments – and the Sozialberatung at the Studentenwerk).

In some circumstances, the deadlines regulating BAFöG funding may be extended, if the health impairment has demonstrably slowed down the student's academic progress. The financial thresholds and applicable allowances may also be different. Additional financial requirements are usually not considered or covered by BAFöG (i.e. by funding according to the Federal Law for the Promotion of Training).

Assistive (medical) devices (Ger.: "(medizinische) Hilfsmittel") that are required due to the disability or chronic disease are usually covered by national health insurance ("Krankenkasse"/ "Krankenversicherung"). Such assistive (medical) devices that are specifically required to conduct one's course of studies are usually covered by the relevant cost center of social assistance (Sozialhilfeträger"/ "Kostenträger") as a form of social assistance ("integration allowance", "Eingliederungshilfe"), specifically "Hilfe zum Besuch einer Hochschule" ("Assistance for University Attendance"). This approach frequently implies conflicts and legal issues of demarcation.

On financial aspects of care work, assistance and other support, please see below "3.10. Financial Aspects of Care Needs" below.

There are a number of grants available specifically to disabled students – these indexes (all in German) provide orientation on how to find them:

- Guide by University of Würzburg:
<https://www.uni-wuerzburg.de/fileadmin/32500250/temp/Stipendienfuehrer.pdf>
- Advice by Deutsches Studentenwerk: www.studentenwerke.de/de/content/stipendien-tipps-f%C3%BCr-studierende-mit-beeintr%C3%A4chtigungen

These potential sources and resources aside, there usually are certain kinds of disability and health-related costs that are not covered by any one institution. In these cases, there seems to be no way around a carefully conducted (and patient) search for possible options, aided by good individual counseling and advice wherever possible.



3.10. Personal Care/ Assistance; Financial Aspects of Care Needs

Some students need personal care and assistance due to their health condition. Personal care is usually covered by the nursing care insurance ("Pflegeversicherung"), in many cases supplemented by the pertinent kind of social benefits ("Sozialleistungen"). Personal assistance relating specifically to the student's university education (mobility and support on campus, note-taking, disability-related assistance in the laboratory or library) is usually covered by a kind of social benefit: "integration allowance", "Eingliederungshilfe", specifically "Hilfe zum Besuch einer Hochschule" ("Assistance for University Attendance"). During the application procedure, a so-called "care level" (Ger.: "Pflegegrad") is determined, which approximately reflects the amount of assistance needed in terms of the activities that the impaired person can or cannot accomplish independently. This assessment regulates the amount of financial support available to this individual person; it has no implications or prognostic value regarding their academic qualification or their personal and professional achievements, however.

In some constellations, (informal) assistance provided by fellow students, student projects (such as Call-a-CAB, q.v.) or family members may be a support option. For many students with health concerns, this is not a (long-term) solution, however. Accordingly, externally financed services provided by specialised service providers are usually the option of choice.

In the Frankfurt area, there are several providers for disabled persons ("Behindertenassistenz"), two of which originated from self-advocacy groups. In addition, there are numerous providers of ("ambulatory") home care ("ambulante Pflege"). All of these are potential partners assisting students with care needs.

For further information and counsel, students may consult the Studienberatung für gesundheitlich beeinträchtigte Studierende (Educational Guidance for Students with Health Impairments); the City of Frankfurt and several self-advocacy organizations provide specific information on matters of care.

3.11. German Disability Card: Schwerbehindertenausweis

The Schwerbehindertenausweis (Disability Card, "Certificate of Severe Disability") is an official document certifying that the holder has a disability above a certain threshold of severity. The card also indicates a number of specified other health-related characteristics that are considered relevant with regard to a person's social participation. The certificate adheres to nation-wide standards and is valid throughout Germany.

In Hessen, this Disability Card is issued by the Ämter (Amt) für Versorgung und Soziales upon application. The relevant evaluation of disability status is based on medical evidence, which is evaluated independently by the Amt (Office) in charge.

Many students with a disability or chronic disease do not (yet) hold such a disability card. It is neither required for university proceedings, nor does it usually provide enough information to base a decision on this certificate alone, since it does not specify the implications of a given health issue in an academic context.



Relevant for evaluations and decisions at the university is the presence of a disability or chronic disease (usually with an impact on the course of studies), according to the legal definition, not the (demonstrable) status as a Severely Disabled Person (“Schwerbehinderung”/ “Schwerbehinderte*r”) indicated by the Disability Card.

The Disability Card gives its holder the opportunity to access benefits and compensations, but it may also have a stigmatizing effect and exacerbate social exclusion. Especially, it may be considered an additional burden on the job market, so that some disabled people do not apply for a Disability Card. Clearly, there is no obligation to do so.

3.12. Study Assistants [Studienassistentz]

Study Assistants support students with disabilities or chronic illnesses in all those activities of their daily life at university that they cannot accomplish for themselves due to their impaired health. They provide assistance with such tasks or complete them entirely.

Study assistance is meant to provide support with activities of daily life; in practice, it is not always clearly distinct from more health-related forms of care work. However, this assistance definitely does not relate to the student's academic work as such or comprise support with its subject matter.

As a rule, study assistants may accompany the student they support everywhere during their time at university; even accompanying and supporting them during exams is a feasible way of modifying the conditions of an examination for disability-related reasons (accommodation, “Nachteilsausgleich”). Study assistants must not compromise orderly proceedings in class and during the examination, however. On financial aspects of study assistance, please refer to “3.10. Personal Care/ Assistance”.

3.13. UN CRPD – Convention on the Rights of Persons with Disabilities [UN-Behindertenrechtskonvention, UN-BRK]

The United Nations “Convention on the Rights of Persons with Disabilities” (UN CRPD) is a human rights document pertaining to international law, which specifies universal human rights with regard to the situation of people with disabilities (in German customarily: UN-Behindertenrechtskonvention, UN-BRK).

Its central principles are: “Inclusion”, “Non-Discrimination” and “Effective full and equal Participation”

The UN CRPD, which forms part of the United Nations human rights system, came into effect in Germany in 2009 and is valid, applicable law in this country.

For university affairs, the Articles 24 (Education), Art. 27 (Work and Employment), Art. 29 (Political and Public Life), and Art 30 (Cultural Life) are of special importance. Further Information may be found with the The Federal Government Commissioner for Matters relating to Persons with Disabilities (<https://www.behindertenbeauftragter.de/EN/Englisch.html?nn=2950120>) or the German Institute for Human Rights (<https://www.institut-fuer-menschenrechte.de/en/homepage/>).



3.14. Leave-of-Absence Semester

Students may apply to take one semester off (Ger.: "Urlaubssemester", "vacation semester") for several pertinent reasons, among them a serious illness or disability. For further information, consult the website of the Studien Service-Center (SSC): <https://www.uni-frankfurt.de/35793964/Beurlaubung> (in German).

Especially for students with health issues or disabilities, this may be an option to reduce pressure or to take additional time for recovery at a time when the problem makes its influence particularly felt. However, some legal aspects concerning academic examinations and financial aspects concerning the student's private budget during the leave of absence need to be considered.

- The Deutsches Studentenwerk (German National Association for Student Affairs) has collected important advice on the financial aspect, to be found on its website: www.studentenwerke.de/de/content/sozialleistungen-f%C3%BCr-beeintr%C3%A4chtigte-studierende-zur-deckung-des-laufenden-lebensunterhalts (in German).

Leave-of-Absence semesters can be considered as one possible option, if needed. In many situations, however, it may be preferable to try other measures of accommodation (e.g. "Nachteilsausgleich") before applying for a leave of absence.



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