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The COVID-19 Pandemic and the Implementation of the Americans with Disabilities Act
Amendments Act in Higher Education: Discretionary Practices of Disability Services
Professionals

A dissertation written in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy in Public Policy

by

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Abstract

The COVID-19 pandemic abruptly transformed the landscape of higher education. The urgent nature of procedural changes in academic and administrative higher education services did not exempt leadership, faculty, or staff from their legally mandated responsibility to provide equal access to the educational environment for students with disabilities as outlined within title II of the Americans with Disabilities Act Amendments Act (ADAAA). The purpose of this study was to explore the strategies used by disability services professionals to implement the ADAAA during the COVID-19 pandemic. Sources and preferred formats of policy guidance were explored. The priorities of department, division, and institution-level leadership as potential influencing factors of DSP decision-making were also examined. The study applied Lipsky's theory of street-level bureaucracy to the higher education environment, with a focus on professionals who are responsible for implementing the ADAAA through the provision of academic accommodations for students with disabilities—higher education disability services professionals (DSPs). Street-level bureaucracy proposes that the decisions individuals responsible for the day-to-day actions of policy implementation may create policy that greatly differs from the intent of policy-makers (Lipsky, 2010). In the absence of federal regulations on how to implement the ADAAA in higher education during the COVID-19 pandemic, DSPs must gather resources independently to aid in the creation of best practices to maintain institutional compliance and to ensure that students with disabilities receive access to remote learning and institutional resources.

A 13-question survey instrument was emailed to the target population of disability services professionals who were listed in the membership directory of the Association on Higher Education and Disability (AHEAD), resulting in a survey population of 2,204 AHEAD

members. A convenience sample of 353 completed survey responses was obtained. Descriptive statistical methods, frequency distribution and cross tabulation were performed to analyze survey data.

The study found that information from AHEAD was highly valued for implementation guidance among DSPs during the COVID-19 pandemic, as indicated by 64.6% of subjects who selected AHEAD community postings, listservs, webinars and virtual conferences as their primary resource (Table 6). Of the ADAAA implementation guidance resources available, DSPs indicated a preference for listservs/community board postings (38.8%). Direct communication with a self-selected peer network of DSPs was also among the most preferred formats of policy guidance (26.9%). DSP's highest ADAAA implementation priority aligned with their report of department level highest implementation priority across all categories (Carnegie classification, enrollment size, and geographic region). The highest ADAAA implementation priority at the DSP and department levels was providing accommodations during emergency remote learning. DSP's perception of differing ADAAA implementation priorities emerged at the division and institution levels. Division-level ADAAA implementation priorities varied by Carnegie classification and enrollment size. Institution level implementation priorities varied by Carnegie category, enrollment size, and geographic region.

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Dedication

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Chapter 1: Introduction to the Study

A. Context of the Problem

According to the US Department of Education, National Center for Education Statistics (2019), 19% of college undergraduates in 2015-2016 reported having some form of a disability. Since the passage of the Americans with Disabilities Act of 1990 (ADA), methods of meeting the accommodation needs of an ever-increasing population of higher education students with disabilities have changed. This change has been due to factors such as technological advances, demographic trends in student populations, guidance from the federal government, legal precedence established through judicial decisions, and guidance from professional organizations (on both the state and national level). These changes have occurred in a slow and steady manner until spread of the COVID-19 pandemic began escalating in the US in early-2020. This escalation left campus officials across the country clamoring for ways to quickly transition in-person course instruction and university events/programs to a virtual environment. Although this rapid transition to remote education can be considered a triumph in many respects, in some instances the speed of these changes may have compromised the civil right to academic access for students with disabilities (Anderson, 2020).

On December 31, 2019, a cluster of pneumonia cases was reported in the Wuhan, Hubei Province of China (World Health Organization [WHO], 20). The first case of the disease (later identified as COVID-19) in the US was confirmed in Washington State on January 21, 2020 (Center for Disease Control [CDC], 2020). Rapidly increasing numbers of COVID-19 related hospitalizations and deaths led WHO to declare a Public Health Emergency of International Concern (PHEIC) on January 30, 2020 (WHO, 2020). On March 13, 2020 the US Government declared a National State of Emergency (President Trump, Vice President Pence & Coronavirus Taskforce, 2020). The US President, in alignment with CDC guidance, urged universities

(among other public entities) to initiate social distancing practices to reduce virus transmission (President Trump, Vice President Pence & Coronavirus Taskforce, 2020).

In anticipation of the continued spread of COVID-19, some higher education institutions began proactive measures to protect university community members from the potential spread of the disease by transitioning all in-person classes to alternative methods of instruction. Notably, the first university in the US to come to this decision was the University of Washington on March 6, 2020 (Dill, Fischer, McMurtrie, & Supiano, 2020). At the same time, higher education institutions across the nation began to rapidly develop plans to close their campuses and convert to fully remote or online methods of instruction.

Because institutions generally had one or two weeks for faculty to transfer materials developed for in-person lecture courses into learning management system (LMS) course protocols, the speed of completion may have been given priority to convenience of instructors rather than accessibility. This rush to set-up online learning creates both barriers and opportunities within the field of higher education and disability. Successful implementation of the ADAAA during the Covid-19 pandemic could set a precedence for accessibility of all future course design and institutional services in higher education. Conversely, implementation failure could result in department, institution, or federal level student grievances that may lead to sanctions imposed by federal agencies charged with oversight of ADAAA compliance.

Swift, yet urgent changes in ADAAA policy implementation may lead to conflict among policy stakeholders who may disagree with how accessibility and accommodation issues are addressed within the remote learning environment. Conflicts between campus officials and DSPs may lead to variation in ADAAA policy implementation, causing disparities in accessibility and accommodation standards between higher education institutions. Such disparities may have a

negative impact on the academic performance and engagement of higher education students with disabilities as compared to their non-disabled peers.

B. Statement of the Purpose

The COVID-19 pandemic has abruptly altered the landscape of higher education. As academic coursework and student life programs transition to an online environment, institutional compliance with the ADAAA must remain a high priority. The purpose for conducting the study will be to examine the implementation strategies employed by disability services professionals (DSPs) to maintain ADAAA compliance amidst a rapidly evolving higher education environment. Factors that inhibit or enhance the use of discretion will also be explored, as well as the decision-making resources utilized by DSPs across demographic categories. In addition, the current study will apply Lipsky's theory of street-level bureaucracy to higher education employees charged with interpreting federal law and implementing it on an institutional scale.

C. Statement of Research Questions

The current study includes four research questions and two sub-questions:

1. During US higher education's institutional transition to online or remote instruction during the COVID-19 pandemic, what factors guided disability service professionals' decision-making in the implementation of the ADAAA?
2. What resources did DSPs refer to for guidance with ADAAA implementation during the COVID-19 pandemic?

Among those resources:

- i. To what extent has guidance from the Association on Higher Education and Disability (AHEAD) influenced ADAAA implementation decisions made by DSP's during the COVID-19 pandemic?

- ii. What format of guidance (community board postings, webinars, website resources, etc.) did DSPs find most useful for implementation decision-making/ADAAA compliance during the transition to online learning?
- 3. Did ADAAA implementation practices vary by institution category, size, or location during the COVID-19 pandemic?
- 4. What did disability service professionals consider to be the greatest challenges to ADAAA implementation during the COVID-19 pandemic?

D. Definitions

Americans with Disabilities Act (ADA) of 1990: Federal law enacted to protect people with disabilities from discrimination in employment, public accommodations, public transportation, and telecommunications (Scotch, 2000). Federal protections under the ADA extend to individuals who have a physical or mental impairment that substantially limits one or more major life activities, have a record of such an impairment, or are regarded as having such an impairment (ADA, 1990). Examples of people protected by the ADA include (but are not limited to): individuals with learning disabilities, attention deficit/hyperactivity disorder (ADHD), Deaf individuals, and individuals who are blind.

Americans with Disabilities Act Amendments Act (ADAAA) of 2008: Federal law enacted to restore congressional intent of the original ADA, previously narrowed by court decisions, and thus expand coverage for individuals with disabilities (Burke, Friedl, & Rigler, 2010).

Association on Higher Education and Disability (AHEAD): Founded in 1977, AHEAD is a professional organization composed of over 4000 “disability resource professionals, student affairs personnel, ADA coordinators, diversity officers, AT/IT staff, faculty and other instructional personnel, and colleagues who are invested in creating welcoming higher education

experiences for disabled individuals” (AHEAD, 2020, paragraph 1). AHEAD offers both institution-level and individual membership. Membership is voluntary; however, Disability Services leadership will often fund professional staff membership and encourages DSP participation.

Disability: a physical or mental impairment that substantially limits one or more major life activity (ADA, 1990).

Disability Services Professional (DSP): Higher education personnel that determine service eligibility and coordinate accommodations for students with disabilities. DSPs usually work within a central Disability Services department. Disability Services is oftentimes a stand-alone department; however, the organizational structure of Disability Services may vary campus to campus. Some disability services offices are supervised by senior student affairs officers, while others are supervised by members of academic affairs senior leadership. Staff size may also vary greatly from one person offices to multi-level leadership including a director, multiple assistant directors, coordinators, testing center staff, assistive technology specialists, and student staff support.

Discretion: The perceived freedom of street-level bureaucrats in decision-making when implementing a policy (Tummers & Bekkers, 2014). For example: although a disability services office may have strict documentation standards to qualify for academic accommodations, an individual DSP may not apply these standards evenly to all applicants. If a student provides adequate documentation, A DSP may choose to deny services, grant provisional services, or approve services regardless of written documentation standards.

Implementation: “Implementation is the carrying out of a basic policy decision, usually

incorporated in a statute but which can also take the form of important executive orders or court decisions” (Sabatier & Mazmanian, 1980, pg. 540).

Remote Learning: The utilization of educational technologies to provide access to course lectures, assignments, and learning assessments (quizzes and tests) in an online environment (Crawford et al., 2020).

E. Assumptions

1. The individuals who participated in the study are the appropriate individuals in higher education environments to survey regarding discretionary practices for implementing the ADAAA during the COVID-19 pandemic.

2. Utilizing professional discretion is a required component of DSP positions within higher education.

3. DSPs were unprepared for the impact of a pandemic on higher education, and thus had to employ new strategies to maintain ADAAA compliance within the remote learning environment.

4. There are multiple variables that may impact DSPs ability to utilize their discretion to implement ADAAA compliance measures during the COVID-19 pandemic.

F. Delimitations and Limitations

One important limitation of the survey instrument design is the reliance on participant self-report. The validity of self-reported responses may be compromised by participant’s hesitancy to disclose unfavorable information about their institutions in comparison to others (Horsey, 2000). Conversely, having an avenue to report discontent via a public document may appeal to participants who have grievances with their institutions (Horsey, 2000).

Secondly, the survey design may introduce a risk of non-coverage error (Sills & Song, 2002). Non-coverage error occurs when sampling fails to access all members of a population; thus, limiting opportunity for research participation (Sills & Song, 2002). Because the survey instrument will be sent only to AHEAD's membership list, the study relies on membership in the AHEAD organization. This may exclude or lessen survey participation of smaller institutions, institutions with financial limitations that prohibit membership, or institutions who may be underrepresented in AHEAD such as historically black colleges and universities and tribal colleges.

Finally, convenience sampling presents a significant limitation within the current study. Because convenience sampling relies on the availability and willingness to participate of research subjects, this method may not provide access to a sample that is representative of the target population (Muijs, 2010). Meeting the condition of a representative sample is impractical for the current design because of the time required to identify and contact disability service professionals at each higher education institution in the United States and the challenge of finding an organization that has a membership comprised of majority disability services professionals such as AHEAD, which will serve as the primary resource for research participants.

G. Significance of the Study

The significance of the study is to explore ways that DSPs as key decision-makers in the ADAAA implementation process, use their administrative discretion to maintain federal compliance. The results of this study could be used as guidance for both DSPs, faculty leadership, and senior-level administrators to revise and/or develop institutional policies and practices that anticipate the needs of students with disabilities by reducing barriers that inhibit

learning and campus program/event participation. The study may have broader implications due to the gap in scholarly research regarding federal disability policy and its implementation in higher education settings during protracted campus closures or national emergencies. In addition, the study may bring attention to remote access barriers that may have a greater impact on specific populations of students with disabilities, such as Deaf students, students with learning disabilities, and students who are blind.

H. Theoretical/Conceptual Framework of the Study

Mazmanian and Sabatier (as cited by Hill & Hupe, 2002) defined implementation as:

...the carrying out of a basic policy decision, usually incorporated in a statute but which can also take the form of important executive orders or court decisions. Ideally, that decision identifies the problem(s) to be addressed, stipulates the objectives to be pursued, and in a variety of ways, ‘structures’ the implementation process (p. 7).

The “carrying out” of federal policy decisions on an institutional level requires execution by higher education administrators and faculty. The current research approaches policy implementation using Michael Lipsky's theory of street-level bureaucracy (Lipsky, 2010). Lipsky analyzed the behavior of front-line staff of policy delivery agencies, whom he labeled “street level bureaucrats” (Lipsky, 2010). The core of Lipsky’s work is that the decisions of street level bureaucrats become policy. In essence, the implementation of policy in the lives of every-day citizens may have little resemblance to intentions of policy initiators, who are far removed from this portion of the policy process (Lipsky, 2010). Lipsky’s work is particularly relevant in context of the current research because in the absence of specific federal guidance, many DSPs are left to gather resources independently to aid in the creation of best practices to maintain institutional compliance with the ADAAA and to ensure that students with disabilities receive access to remote learning and institutional resources. As applied to higher education,

how DSPs and other internal and external stakeholders conduct the implementation process can weaken or improve the effectiveness of ADAAA compliance measures (Long & Franklin, 2004). Specifically, if higher education is successful in the implementation of disability policy during this period of remote learning, established best practices could continue well beyond the 2020-2021 academic year.

Conversely, internalization serves as an example of how street-level bureaucracy can weaken policy (Long & Franklin, 2004). Internalization occurs when an institution's employees use their resources (such as expertise, professional influence and power, and discretion) to create opportunities for their preferred policies and preferences to be adopted (Ripley & Franklin, as cited by Long & Franklin, 2004). For example: if an academic Dean allows faculty to provide transcripts instead of captioning required videos as an accommodation, it may become an accepted practice within the university community, although this arrangement would not meet ADAAA accessibility standards. If this arrangement is unchallenged by student affairs leadership or campus disability services professionals, the Dean's actions (or inaction) become institutional policy. This internalization could be seen as an attempt to comply, while maintaining the status quo of inaccessible course materials on this individual campus (Long & Franklin, 2004). The problem with this approach is that unfavorable policy outcomes may become normalized for specific campuses, states, or regions and implementation of policies designed to carry out the ADAAA could become a far cry from the original intent of the law (Long & Franklin, 2004).

Discretion

Discretion is defined by Carrington (2005) as "a component in the decision-making process that determines an individual's action or non-action (p. 142)". Key to discretion is authorization to use one's expertise in making judgements to an appropriate course of action

(McGregor as cited by Carrington, 2005). Carrington (2005) lists five reasons why discretion is important to public sector employees, such as DSPs. First, these employees perform numerous tasks which require them to issue rules and regulations to achieve institutional goals. With an ever-expanding list of responsibilities, disability service professionals are expected to not only follow federal policies, but they are also responsible for remaining current on how such policies impact both their institutions and their roles in maintaining compliance. In order to issue federal rules and regulations, DSPs create departmental and institutional practices and policies. For example, DSPs determine the eligibility criteria for registering for services as well as how and which accommodations will be implemented for an individual student.

Second, in some instances, policies are established through some broad statutory statements, such as federal laws that offer little guidance (Bryner, as cited by Carrington, 2005). This is particularly true of the ADA, which was amended in 2008 specifically to broaden the definition of disability and extend protections to a wider population (Americans with Disabilities Act Amendments Act [ADAAA], 2008). DSPs may have to rely on their professional networks or professional organizations for specific guidance on the best practices for implementing federal policy. In the field of Disability Services and Higher Education, the premier organization is the Association on Higher Education and Disabilities (AHEAD). The AHEAD organization, along with local affiliates throughout the country, provides guidance via conferences, webinars, and listserv postings.

Third, there may be limited resources available, thus discretion is used to match needs with resources in order to establish or maintain policy compliance (Carrington, 2005). This may be evident in methods that institutions of various sizes and financial resources interpret and implement federal policies, which are often dependent on financial and/or staffing resources.

The ADAAA is an unfunded federal mandate, thus postsecondary institutions must utilize funds allotted through sources such as state governments, institutional revenue, and private donors to ensure legal compliance (Hunter & Gehring, 2005). Once these funds are dispersed at the departmental level, DSPs balance student need with resources as they purchase technology, determine staffing requirements, and acquire contract services with access vendors.

Fourth, administrators make decisions without management's involvement (Carrington, 2005). As a higher education administrator, there may be an institutional or management level expectation that one can address issues within their unit or division without seeking input from a supervisor. For example, it is a standard expectation of division-level leadership that DSPs will review student documentation of disability and make accommodation decisions without consultation with staff above the department level.

Fifth, some discretion is necessary as some tasks and circumstances are too complex to be bound by strict adherence to rules and defy objective decision-making (Scott as cited by Carrington, 2005). In some circumstances, the inflexible application of rules can encourage deviance by employees determined to meet compliance standards (Bohte & Meier, as cited by Carrington, 2005). This rigidity may cause many employees to seek quick and easy issue resolution. In the absence of policy guidance to address a unique or unprecedented circumstance, employees may also choose to rely on their own professional judgment (Carrington, 2005).

Discretion and the Street-Level Bureaucrat

Street-Level Bureaucrats, along with those they influence through their professional roles, have a great deal of discretion in how they implement federal policy as it applies to higher education (Lipsky, 2010). Lipsky refers to public agents as street-level bureaucrats (Lipsky,

2010). This term can be applied to disability services professionals who serve as university administrators.

Lipsky studied how public employees deliver government services. The discretionary actions of public employees, coupled with the autonomy from organizational authority afforded to them in their roles, enable them to make agency policy, as opposed to their intended function-to implement governmental policy (Lipsky, 2010). These street-level bureaucrats, as identified by Lipsky (2010), provide access to public services and control the enforcement of community sanctions. The work environment of street level bureaucrats oftentimes involves large workloads, strict time constraints, and limited resources (Lipsky, 2010).

The use of procedural short-cuts, reserving the best services for preferred clients, and inconsistent policy enforcement are all examples of how street level bureaucrats utilize their professional discretion (Lipsky 2010). In comparison with this description of the discretionary practices identified by Lipsky (2010), the current study seeks to identify the methods by which DSPs use discretion within their efforts to implement federal policy. Because street-level bureaucrats are oftentimes providing non-voluntary services, they may not experience consequences for providing poor service to clients.

Due to their economic status, client use of governmental services may be their only alternative. This is where Lipsky's (2010) concept of the street level bureaucrat deviates from the role of the higher education administrator who provides services to students who actively choose to attend a particular university. In addition, university administrators may be more aware of the consequences of non-compliance with federal policies and may have a higher standard of accountability for compliance failures.

Kelly (1994), describes street-level bureaucrats as “the final implementors of public policy (p. 19),” and explains that the role of the street-level bureaucrats is inherently discretionary because the actions they take (or fail to take) have a significant impact on people’s lives. According to Kelly (1994), a street-level bureaucrat’s ability to exercise discretion maybe enhanced or inhibited by the organization’s culture. Thus, as applies to DSPs, discretionary practices may vary by campus based on university culture. University culture and the discretionary decision-making of DSP’s will be explored in the current study.

Chapter 2: Review of Related Literature

A. Introduction

Little research exists that addresses the impact of the COVID-19 pandemic in higher education settings, or its impact on the discretionary practices of disability services professionals who are tasked with implementing the ADAAA on college/university campuses. As a result, the current study focused on three closely related research areas that in combination provided the resources necessary to guide further study. The topics included: disability law in higher education, the higher education response to the COVID-19 pandemic, and street-level bureaucracy in higher education.

Information for the chapter was gathered using online databases hosted by the University of Arkansas library system. Searches were initiated via Google Scholar queries, which led to the acquisition of additional resources via the ProQuest research library and JSTOR. Search terms utilized included: street-level bureaucracy, disability law in higher education, ADAAA implementation in higher education, discretion, COVID-19 and higher education, and disability law in education.

B. Disability Law in Higher Education

When examining disability services professionals' (DSP) implementation of the ADAAA in higher education, it is important to review federal legislation essential to educational access for students with disabilities (Bailey, 2006). Equally important is to give historical context to the legislative environment leading to the passage of the ADA, and its subsequent amendments (Bailey, 2006).

Four key points of legislation chronicle the advancement of disability rights in higher education: The Rehabilitation Act of 1973, the Individuals with Disabilities Education Act of

1975 (IDEA), the Americans with Disabilities Act of 1990 (ADA), and the Americans with Disabilities Act Amendments Act of 2008 (ADAAA).

Section 504 of the Rehabilitation Act of 1973

The Rehabilitation Act of 1973 is civil rights legislation enacted to prohibit discrimination due to disability within programs or activities that receive federal funding (Bailey, 2006). The Rehabilitation Act of 1973 served as seminal federal legislation designed to protect people with disabilities from discrimination (Burk, Friedl, & Rigler, 2010). Additionally, section 504 of the Rehabilitation Act of 1973 played a key role in improving higher education access for students with disabilities (Madaus, 2011). Section 504 of the Rehabilitation Act includes:

No otherwise qualified individual with a disability in the United States...shall, solely by reason of 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... (Rehabilitation Act of 1973, 29 U.S.C. §794 (a), p. 141).

The US Department of Education's Office for Civil Rights enforces Section 504 regulations in higher education institutions. Section 504 has direct application to higher education students due to stipulations listed within subpart E of 504 regulations that apply to postsecondary education programs or activities that receive federal financial assistance (Madus, 2011). Nearly all higher education institutions are recipients of federal financial assistance due to receiving federal financial aid and federal grants (Thomas, 2000). Subpart E specifically prohibits discrimination based on disability in the following areas: admissions and recruitment; treatment of students; academic adjustments; housing; financial & employment assistance to students; and non-academic services (U.S. Department of Education, 34 C.F.R §104.41-104.47, 1980).

Subpart E of 504 regulations prohibit both public and private higher education institutions from denying admission of a qualified applicant based on disability (US Department

of Education, 34 C.F.R §104.2, 1980). Two critical areas addressed in Subpart E of 504 the regulations include general treatment of students and academic adjustments. On the topic of the general treatment of students, this section clarifies that the regulation applies to every aspect of the student experience in higher education. The regulations include the statement:

No qualified handicapped student shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any academic, research, occupational training, housing, health insurance, counseling, financial aid, physical education, athletics, recreation, transportation, other extracurricular, or other postsecondary education aid, benefits, or services to which this subpart applies (34 C.F.R §104.43, 1980, p. 20).

The second area of the regulations that are of critical importance are academic adjustments.

Concerning academic adjustments, the regulations state:

Academic requirements. A recipient to which this subpart applies shall make such modifications to its academic requirements as are necessary to ensure that such requirements do not discriminate or have the effect of discriminating, on the basis of handicap, against a qualified handicapped applicant or student. Academic requirements that the recipient can demonstrate are essential to the instruction being pursued by such student or to any directly related licensing requirement will not be regarded as discriminatory within the meaning of this section. Modifications may include changes in the length of time permitted for the completion of degree requirements, substitution of specific courses required for the completion of degree requirements, and adaptation of the manner in which specific courses are conducted (US Department of Education, 34 C.F.R §104.44, 1980, p. 20).

The academic adjustments section of the regulations goes on to specify that postsecondary institutions are expected to employ methods of evaluating student achievement (course examinations) that do not reflect the student's disability related impairments. In other words, course assessments are designed to measure a student's mastery of the topic, while mitigating the impact of disability on exam performance:

Course examinations. In its course examinations or other procedures for evaluating students' academic achievement, a recipient to which this subpart applies shall provide such methods for evaluating the achievement of students

who have a handicap that impairs sensory, manual, or speaking skills as will best ensure that the results of the evaluation represents the student's achievement in the course, rather than reflecting the student's impaired sensory, manual, or speaking skills (except where such skills are the factors that the test purports to measure) (US Department of Education, 34 C.F.R §104.44, 1980, p. 21).

Otherwise Qualified and Individual with a Disability Defined

Protections of section 504 of the Rehabilitation Act apply to “otherwise qualified” individuals with disabilities (Rehabilitation Act of 1973, 29 U.S.C §794 (a)). For those seeking protections under the rehabilitation act, it is important to define the terms disability and otherwise qualified. The Rehabilitation Act of 1973 regulations has a 3-prong definition of individual with a disability:

...any person who (i) has a physical or mental impairment which substantially limits one or more major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment” (US Department of Education, 34 C.F.R §104.3, 1980, p. 4).

The term “otherwise qualified” can be defined as the person with a disability meeting the qualifications or standards of a program or activity without disability being a factor for admission, participation, hiring...etc. As related to the Rehabilitation Act, a qualified person with a disability is defined as, “...a handicapped person who meets the academic and technical standards requisite to admission or participation in the recipient's education program or activity” (US Department of Education, 34 C.F.R §104.3, 1980, p. 5).

In order to continue to receive federal assistance, higher education institutions are required to file an assurance of compliance with section 504 of the Rehabilitation Act of 1973 to the US Department of Education Office of Civil Rights, declaring that the institution does not discriminate based on disability (Thomas, 2000). In submitting this document, the institution is obligated to provide public notice of non-discrimination, designate a compliance officer to address discrimination claims, conduct a self-evaluation of institutional practices/compliance

measures, take corrective action to address institutional practices that may have deterred participation of students with disabilities, create institutional grievance procedures, and engage in corrective measures when 504 violations occur (McCarthy, Cambron-McCabe, & Thomas, as cited by Thomas, 2000).

IDEA

The Education of All Handicapped Children Act of 1975, (later changed to Individuals with Disabilities Education Act [IDEA]) served as a conduit for high school students with disabilities to prepare for, and transition to, postsecondary education (Madaus, 2011). IDEA required special education services in public schools for students with disabilities to facilitate academic success (Madaus, 2011). Education teams were required to meet with students and parents to review student learning assessments and create Individualized Education Plans (IEP's) outlining goals for the academic year and beyond. Subsequent amendments to IDEA included the addition of a transition plan to prepare the student with a disability for adult life, which may include a plan for work or postsecondary education (Thomas, 2000; IDEA, 1990). As a result of educational requirements outlined by IDEA, an ever-increasing number of students with disabilities qualify for higher education admission (Madaus, 2011). The transition to higher education for recent high school graduates with disabilities; however, is not always a seamless one. Madaus and Shaw (2006) noted that although high schools are not required to provide updated psychoeducational testing for students with disabilities nearing graduation, IDEA mandates that school officials complete a summary of (academic) performance (SOP) that includes recommendations to support the student's postsecondary goals. Ideally, the summary of performance and the student's most recent psychoeducational testing report would be submitted to the postsecondary institution's disability services office as evidence of eligibility for

academic accommodations under the ADAA; however, implementation of the summary of performance requirement of the IDEA varies greatly—leaving parents and students unprepared for the possibility of denial of accommodations at the postsecondary level, and left to incur the cost of updating psychoeducational testing to meet new higher education documentation criteria (Madaus & Shaw, 2006).

Higher Education and Disability Access Before the ADA

Efforts to improve accessibility for students with disabilities, although initiated by the passing of the Rehabilitation Act of 1973 and IDEA, were not fully implemented in higher education programs, services and campus policy until the passage of the Americans with Disabilities Act of 1990 (Burk, Friedl, & Rigler, 2010). Considering section 504 of the Rehabilitation Act of 1973 included both public and private higher education institutions, it is uncertain as to why so few court decisions concerning disability access in higher education occurred in the 1970's and 1980's (Rothstein, as cited by Burk, Friedl, & Rigler, 2010). *Southeastern Community College v. Davis* (1979), an exception to the scarcity of such cases, involved a student with a hearing disability's application to Southeastern Community College's associate degree nursing program. Davis requested a full-time supervisor and a waiver of clinical courses (*Southeastern Community College v. Davis*, 1979). The US Supreme court ruled for the college, deciding that Davis was not otherwise qualified for Southeastern Community College's nursing program (*Southeastern Community College v. Davis*, 1979).

The US Supreme Court ruling in the case revealed three precedent-setting areas of guidance for higher education administration and disability services providers (Burk, Friedl, & Rigler, 2010; *Southeastern Community College v. Davis*, 1979). The ruling specified that the student must be able to complete program requirements with or without reasonable

accommodation, the institution did not have to lower program standards, and the institution was not required to make accommodations that were overly burdensome (Burk, Friedl, & Rigler, 2010; Southeastern Community College v. Davis, 1979).

The Americans with Disabilities Act of 1990 (ADA)

The Americans with Disabilities act is a comprehensive civil rights statute that guides DSPs in the development of both institutional and departmental policies and practices. Approaching the ADA from a higher education lens, the enactment of the law served to provide greater access to postsecondary education by mandating equal access to all higher education academic and non-academic programs, services, events, and administrative functions (Christ, 2008). This role is in addition to the ADA's broader purpose to prevent disability-based discrimination in employment, public services, public accommodations, and telecommunications (ADA, 1990).

State and local government agencies are prohibited from discrimination based on disability by Title II of the ADA. This includes higher education institutions and all public agencies regardless of whether they receive federal funding (Bailey, 2006; ADA, 1990). Specifically, Title II of the ADA prohibits public agencies from denying the right of participation in or benefit from agency services, programs, or activities and from subjecting people with disabilities to discrimination (Thomas, 2000; ADA, 1990).

The ADA, referencing criteria utilized with the Rehabilitation Act of 1973, has a three-pronged definition of disability. Both the ADA and the Rehabilitation Act of 1973 define a person with a disability as a person who has:

- (A) a physical or mental impairment that substantially limits one or more major life activities of such individual;
- (B) a record of such an impairment; or
- (C) being regarded as having such an impairment. (Americans with Disabilities Act,

1990, p. 7).

Unlike other civil rights statutes, individuals must prove eligibility for ADA protections by providing evidence of disability status that meets the standards expressed by the statute (Washington, 2016). This caveat of ADA protections has been a source of controversy since the law's inception. The ADA failed to provide a clear and distinct means of determining at which point a physical or mental impairment reached the level of substantial limitation, thus the courts were left to determine such on a case-by-case basis. A consequence of reliance on the judiciary to define substantial limitations (and as a result; to determine disability status) was a narrowing of the scope of the ADA (Thomas, 2000). As court cases continued, new precedents were established, continuously limiting ADA protections by setting high standards of what it means to be disabled, and leaving many citizens vulnerable to disability based discrimination (Thomas, 2000).

The Americans with Disabilities Act Amendments Act of 2008 (ADAAA)

The ADA was Amended in 2008 to reflect the congressional intent of the original statute. Congress intended that the Act “provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities” and provide broad coverage...” (ADAAA, 2008, p. 5).

The ADA amendments were designed to shift focus from proving disability status, which inadvertently provided a means to disqualify, to instead determining if discrimination based on disability occurred (Vierling & Vierling, 2012). Importantly, The ADAAA overturned key Supreme Court cases that served pivotal roles in narrowing the scope of the law (Burke, Friedl, & Rigler, 2010). The ADA Amendments Act made several changes to the existing law. First, the ADAAA expanded the definition of what qualifies as disability (ADAAA, 2008). The

Amendment specified that courts were to construe the definition of disability in favor of the broadest coverage, to the maximum extent permitted by the Act (ADAAA, 2008; Burke, Friedl, & Rigler, 2010). The ADAAA also rejected consideration of mitigating measures, such as assistive technology or medication, in the determination of whether an individual has a disability (Burke, Friedl, & Rigler, 2010). In other words, the utilization of mitigating measures (with the exception of ordinary glasses and contacts to correct vision) could not be used as a means to prove an individual was no longer disabled and was thus disqualified from protections under the ADAAA (Burke, Friedl, & Rigler, 2010; ADAAA, 2008).

The ADAAA also expanded the category of major life activities in which significant impairment would constitute disability (ADAAA, 2008). Not only were new major life activity types such as reading, bending and communicating added, a new major life activities category, major bodily functions, was also included (ADAAA, 2008). This new category allowed the inclusion of diagnoses related to respiratory, digestive, immune, and reproductive system function (ADAAA, 2008). As a consequence of this new category, a larger number of people may qualify for ADAAA protections (Burke, Friedl, & Rigler, 2010).

C. COVID-19 and Higher Education

COVID-19 disrupted colleges and universities across the nation by requiring the cancellation of in-person courses, closing of residence halls, and remote learning (Smalley, 2020). This quick transition had a profound impact on academic, administrative, and student-centered services that formerly relied on in-person student living and learning communities; however, most higher education institutions anticipated remote education would be a short-term means of reducing the potential impact of a world-wide health crisis (Smalley, 2020). As life

during the pandemic continued, institutions continuously worked to create plans to safely reopen and continue operations for the current and future academic terms.

Emergency Remote Teaching

Shin and Hickey 2020, clarified the distinction between online learning and emergency remote teaching. Although both modes of teaching share the same method of content delivery—digital access via the internet, online learning is planned in advance and intentionally designed for the remote learning environment (Shin & Hickey, 2020). Conversely, emergency remote teaching is defined as: “a temporary shift of instructional delivery to an alternate delivery mode due to crisis circumstances [that] involves the use of fully remote teaching solutions for instruction or education that would otherwise be delivered face to face or as blended or hybrid courses and that will return to that format once the crisis or emergency has abated” (Hodges et al. 2020, para. 13).

The abrupt shift to online learning due to the COVID-19 pandemic exposed how unprepared higher education administration, faculty, and leadership were to create a fully online learning environment while simultaneously maintaining a sense of community, belonging, and inclusion for students who never fathomed disruption to the traditional higher education experience (Shin & Hickey, 2020). Although many higher education institutions strongly encouraged faculty use of online learning platforms, promoted principles of universal design for learning, and provided resources for support and training; proficiency in the use of these technologies to create online courses was not mandatory (Shin & Hickey, 2020).

Forced to shift traditionally on-campus courses, resources, and supports online within a 1-2-week window left higher education leadership scrambling to adjust policies and adapt to new practices. Unfortunately, it is likely that despite the best intentions and hard work of higher

education leadership, faculty, and administrators, the shift to emergency remote teaching may have had a disparate impact on marginalized populations such as students with disabilities (Shin & Hickey, 2020). In the rush to resume courses in a digital environment, the accessibility needs of students with disabilities and ADAAA compliance requirements may have been overlooked or ignored (Shin & Hickey, 2020).

The Chronicle of Higher Education (2020) reported that 67% of 900 higher education institutions surveyed planned to offer in-person classes for Fall 2020. To do so required new institutional policies and practices that struck a fine balance between innovation and caution. A lack of planning and easing restrictions prematurely could potentially set back efforts to flatten the curve of infection rates and contribute to continued COVID-19 spread (American College Health Association [ACHA], 2020).

Resuming Class

Some higher education institutions created plans to lessen the rate of virus transmission during flu season by completing the [fall] term before Thanksgiving (Alexander 2020). Alexander (2020), identified several institutions utilizing this strategy such as Purdue University, Rice University, and the University of Notre Dame. Gluckman (2020) consulted Anthony S. Fauci, Director of the National Institute of Allergy and Infectious on the reopening of higher education institutions for fall 2020. Fauci did not make a judgment on the anticipated effectiveness of such an approach. Instead, he emphasized that early fall term completion would prevent “back and forth,” which could possibly enhance transmission during flu season (Gluckman, 2020).

Maloney and Kim (2020) outlined 15 options for higher education institutions for fall 2020 and beyond. The final option they presented was for campuses to continue practices

adopted during spring 2020 through the fall 2020 term and remain fully remote. This may have been the best option; however, external pressures, lost revenue, and political decisions made by local, state, and federal government may have inhibited higher education institutions from making this choice. Instead, some higher education institutions chose to move forward with a “new normal” plan by returning to in-person instruction, limited campus events, and reopening residence halls (Maloney & Kim, 2020).

COVID-19 Testing and Higher Education

Alexander (2020) suggested that the COVID-19 testing in higher education needed to connect to a state-level plan, requiring communication with both local health officials and state governors to acquire enough tests for individual campus populations. According to Admiral Brett Giror, the US Assistant Secretary for Health (Alexander, 2020), 40 to 50 million tests would be available by September 2020. Alexander (2020) suggested that higher education institutions administer tests to everyone in areas such as: student health; food service; custodial staff; older faculty/staff; students with medical conditions (particularly those who are high-risk) or who are arriving from virus hot spots; and all students in a class or residence hall where a person tests positive. In addition to ending earlier than normal, Alexander (2020) proposed that universities consider resuming in-person classes only after the availability of COVID-19 testing was confirmed.

Contact Tracking and Campus Alerts

Developing methods of tracking confirmed COVID-19 cases and contacts of greater risk of exposure during the pandemic has been a high priority for campus officials. Although privacy concerns have been raised against the use of tracking software, this practice and technology provides a means to identify sources of potential spread, allowing university officials to target

campus areas that require greater sanitation and reduced traffic (Armour, 2020; Alexander, 2020).

Current methods of sharing emergency notifications may be repurposed to alert the campus of confirmed cases and areas to avoid. For example: if a decision is made to cancel classes to reduce the risk of COVID-19 exposure, this method of communication can be employed. In some instances, such notifications simultaneously broadcast via telephone call, text message, and to all campus computers connected via faculty/staff/student log-in (ACHA, 20).

COVID-19, Civil Rights, and Higher Education

On March 16th 2020, the US Office of Civil Rights Published *Addressing the Risk of COVID-19 in Schools While Protecting the Civil Rights of Students*, which highlighted the importance of maintaining compliance with federal law and providing continued protection of the civil rights of students amidst the rapidly changing landscape of higher education, while simultaneously noting institutional discretion on what actions were required to do so:

...postsecondary schools have significant latitude and authority to take necessary actions to protect the health, safety, and welfare of students and school staff. School officials have discretion to make educational decisions based on local health needs and concerns, and OCR recognizes this decision-making authority. As school leaders respond to evolving conditions related to coronavirus, they should be mindful of the requirements of Section 504, Title II...to ensure that all students are able to study and learn in an environment that is safe and free from discrimination (p. 1).

The fact sheet specifically noted the continuing requirement of higher education institutions to adhere to their obligation to uphold the civil rights of students with disabilities through implementation of both section 504 of the Rehabilitation Act and title II of the ADAAA. The fact sheet stressed that this included decisions such as the temporary suspension of classes.

Although the US Department of Education (2020) urged school administrators to refer to guidance from the Center from Disease Control and Prevention (CDC) to lessen the risk of

COVID-19 transmission, the agency made it clear that the pandemic did not absolve institutions of the responsibility to comply with civil rights laws protecting students from bullying; harassment; discrimination based on race, color or national origin; or discrimination based on disability (DOE, 2020). The guidance included:

As school leaders respond to evolving conditions related to coronavirus, they should be mindful of the requirements of Section 504, Title II, and Title VI, to ensure that all students are able to study and learn in an environment that is safe and free from discrimination (p. 1).

The Office of Civil Rights guidance clarified that academic, administrative, Student Life, and senior leadership were expected to monitor the proposed changes to academic programs, and institution sponsored events to ensure that the rights and needs of students were considered and planned for. This included ensuring that new campus procedures and processes did not have a disparate impact on students of color, students with disabilities, and students from working class socioeconomic backgrounds. For example: social distancing signage across campus would not be helpful for students who are blind or who have low vision. Alternative means of delivering social distancing reminders such as emails about elevator capacity and to continue 6-foot social distancing while standing in queue may be considered.

Students with Disabilities and Accommodations

According to the National Center of Educational statistics (2016), 19% of undergraduate students in 2015-16 reported having a disability. Although there is no standard list of disability categories which a student may seek higher education accommodations for, DSPs regularly coordinate academic accommodations related to sight, hearing, information processing, mental health, chronic medical conditions, and attention. Of these categories, students often register with disability services offices with documentation for learning disabilities, autism spectrum disorder,

attention deficit hyperactivity disorder (ADHD), visual disabilities ranging from low vision to blindness, and hearing disabilities ranging from hard of hearing to Deafness.

The challenge for higher education is how to coordinate accommodations such as extended exam time, real-time transcription, video captioning, and interpreting services in swift and effective ways that provide students with disabilities an equitable, accessible educational experience as compared to their non-disabled peers within a remote environment. In this regard, higher education institutional leadership and DSPs are creating new campus policy for maintaining ADA compliance while simultaneously implementing them.

Returning to Work for Higher Education Employees

Higher education offices are phasing in the return of faculty and staff to perform each department's essential functions; however, employee safety will be a higher priority than offering a campus environment that resembles pre-COVID-19 operations. As written by ACHA (2020, p. 3), "Faculty and staff must be protected, trained and aptly prepared." Such measures include providing protective furnishings such as plexiglass service windows, personal protective equipment (PPE), cleaning supplies, and employee education on how to minimize the spread of COVID-19 (ACHA 2020).

Higher education employees serving in supervisory roles may be encouraged to conduct meetings electronically via campus web conferencing software programs that maintain security standards necessary to remain compliant with federal legislation regarding confidentiality of student health and educational records—FERPA and HIPAA (Armour, 2020; ACHA, 2020). The option of social distancing is also possible. Meeting attendees can wear masks; however, supervisors will prepare to address the concerns of employees that remain hesitant to meet due to potential health risks of meeting in person. Supervisors will also consider the pre-existing health

conditions and the age of employees which may increase the severity of illness if one were to become infected with COVID-19 (Centers for Disease Control and Prevention [CDC], 2020). If the employee can fulfil the essential duties of their position, they may be granted workplace accommodations that allow remote work or delayed return to their on campus workstation (CDC, 2020). Such arrangements will be offered to employees and coordinated through Human Resources (ACHA, 2020). As an additional measure to minimize COVID-19 spread and its potential impact on the campus community, instead of requiring all employees to return on the same date, staggering employee return to campus may also be considered (ACHA, 2020; CDC, 2020).

How employees interact in the workplace will also require the development of new policies. ACHA (2020) recommends single occupancy workrooms. Shared spaces such as office breakrooms, would require strict hand washing, surface cleaning, and reduced occupancy rules (ACHA, 2020, CDC, 2020). In-person conversations with coworkers may occur if social distancing rules are strictly adhered to, or conversations can be limited to telephone or video chat (CDC, 2020).

Instruction

Higher education leadership has begun to address the return to in-person instruction and learning with the same urgency and concern as the transition to remote learning. As such, those courses that are the most difficult to teach and evaluate in an online environment such as lab courses, performing arts courses and health/allied health clinicals may be given special consideration when determining classroom assignments and space needs (ACHA, 2020). Classes with a traditionally large number of student registrants such as those within general education curriculum may require reduction of enrollment limits to allow social distancing

(ACHA, 2020). Also, faculty may also consider continuing access to remote instruction for students who remain unable to attend physical classes due to the COVID-19 risk, or those who may test positive but would like to continue the course from quarantine (ACHA, 2020; CDC, 2020).

ACHA recommended that Academic departments evaluate COVID-19 exposure risks due to the occupational training environment of some degree programs. For example, nursing, occupational therapy, and physical therapy students may be expected to complete a portion of their coursework within hospitals. Such programs may require faculty experts and academic leaders to create specialized protocols to decrease student risk of COVID-19 exposure (ACHA, 2020).

Housing and Dining Services

Preparing for the reopening of residential housing presents unique challenges. Student housing traditionally involves community norms that could increase the spread of COVID-19 (ACHA, 2020). Students often congregate for hall meetings, attend study groups, and socialize in residence halls (ACHA, 2020). Residence hall rooms may house multiple students in small quarters, and may include community style showers and restrooms. All of these factors could make social distancing guidelines difficult to adhere to. Guidelines specific to student housing include enhanced cleaning protocols for common areas, face coverings for building occupants while outside of rooms, and COVID-19 training focused on preventative measures and recognizing symptoms (ACHA, 2020). Single room occupancy and restricted room access for non-residents are also recommended (ACHA, 2020).

COVID-19 does present multiple accommodation concerns for students with compromised immune systems or other medical diagnoses that may increase the risk of life-

threatening COVID-19 complications. Students with medical diagnoses that increase complication risks may have the option to request single rooms, private bathrooms, or housing exemptions releasing them from on campus residence requirements for freshman students. In addition, students with allergies may have reactions to chemical agents used for enhanced cleaning of common areas. This would require referral to disability services in order to coordinate appropriate accommodations. ACHA (2020) recommended encouraging students to seek housing accommodations as soon as possible to ensure their needs are addressed in a timely manner and that residence halls have sufficient lead time to acquire necessary resources and evaluate housing capacity before determining appropriate accommodations.

Housing/residence life staff in many instances have remained on campus during state or local shelter in place orders due to their roles as essential staff. These workers require appropriate PPE access and the resources to address their physical and mental health needs. Housing/residence life staff also require team support to work in on-call shifts so they will not feel expected to work 24 hours, seven days a week (ACHA, 2020).

Some residential students will be diagnosed with, or be in contact with COVID-19 and will require residential space for isolation or quarantine. According to ACHA (2020) it is important that housing leadership designate both on campus and off campus alternatives for student isolation or quarantine that are equipped with private bathroom facilities, toiletries, as well as cleaning materials to sanitize surfaces. ACHA (2020) further supported quarantined or isolated student access to campus resources to the greatest extent possible through telemedicine, tele-mental health, remote course attendance, and meal delivery.

Another area that may be a hotspot for potential COVID-19 spread is campus dining, not only because of the campus community congregating, but also due to the close nature of

employees during food preparation and serving meals. Food stations have multiple areas that are touched multiple times by diners such as utensils, plates, drink stations, and self-serve dining stations. In addition, diners in the traditional experience are required to stand in a queue and pay which requires close contact with other diners and a cashier. CDC (2020) guidelines state that Campus Dining employees wear face masks and gloves at all times while working. CDC guidance also includes adjusting seating arrangements to allow 6-foot social distancing and reducing dining hall capacity (ACHA, 2020; CDC, 2020). ACHA (2020) also suggested cohort dining by group, with dining hall staff serving all meals. Take-out meals are also an option to reduce dining hall traffic (ACHA, 2020; CDC, 2020).

Athletics

The health and safety of student athletes, athletic staff, and sporting event spectators are important parts of reopening planning. Leaders in athletics are expected to adhere to CDC guidelines, new campus policies, as well as NCAA Sports Science Institute's Resocialization Guidelines (NCAA, 2020). Most importantly, athletic department leadership is expected to reinforce campus guidance on COVID-19 with student athletes and employees. Centers for Disease Control and Prevention 2020 directs sports programs to rank COVID-19 transmission risks and phase the return of each sport accordingly.

International Students

International student programs offices will play a vital role in ensuring international students are well informed. Often a touchpoint for students who may be acclimating to both American culture and higher education, international student programs offices can assist with information dissemination so that COVID-19 information is shared in a format that students are most likely to view, understand, and take seriously. Travel restrictions may inhibit students from

coming back to, or reporting from their home countries during the pandemic (CDC, 2020). Higher education administrators have been encouraged to create plans that allow students continued remote access to academics or provide enhanced services to on-campus students unable to access family and community resources from their home countries. ACHA (2020) suggested that Colleges recognize the vulnerabilities of their international student population, and ensure that they have appropriate housing, dining, health, and local transportation resources particularly during the pandemic.

Mental Health Services

Already in high demand before COVID-19, mental health services continue to be an important component to campus community wellness. Stress, anxiety, and uncertainty related to COVID-19 may lead new higher education community members to seek services or may escalate the symptoms of existing mental health conditions (ACHA 2020). Tele-mental health has allowed mental health services to continue despite the pandemic, however higher education is now faced with how or when to resume face to face services (ACHA, 2020). ACHA (2020), recommended continuing tele-mental health through the fall term with the exception of community members in acute mental health distress, and then only if strict COVID-19 guidelines are followed regarding enhanced cleaning, wearing of PPE, and social distancing.

Higher Education During and After COVID-19

No clear answers exist on how to reopen higher education institutions while reducing spread of Covid-19. In the midst of this world-wide health crisis, leaders in higher education rely on the directives of the government and the expertise of higher education officials in senior staff, faculty leaders, governing boards, health services, and risk management to create a path forward. Unfortunately, the higher education community will only become aware of successes and

failures in hindsight. Although this may not inspire confidence amidst a pandemic, lessons learned during COVID-19 may help higher education to improve its response to similar events in the future.

D. Implementation, Discretion, and the Street-level Bureaucrat

Street-level Bureaucracy

Mackey (2008) proposed the inclusion of higher education administrators within the study of street-level bureaucracy. According to Mackey (2008), the omission of higher education administrators within street-level bureaucracy studies creates a significant research gap, leaving executive, division, and departmental level higher education leadership unaware of the impact of street-level bureaucrats and potentially impeding the organization's ability to effectively implement policy.

Mackey (2008) sought to explore the conflict between the goals and priorities of policy-makers and those of street-level bureaucrats by applying the concept to the university housing policy implementation practices of resident assistants. The conflict between policy-makers and street level bureaucrats is particularly relevant to the priorities of higher education institution policy-makers and those of disability services professionals as street-level bureaucrats.

According to Lipsky (2010) "...different levels of organizations are appropriately conceived as intrinsically in conflict with each other rather than mutually responsive and supportive"(p.16).

Such perceptions exist in higher education between faculty, senior student affairs officers, administrators, and board members. For example, academic deans and senior student affairs officers policy-makers, who may have demonstrated resistance to advancements in digital accessibility. Disability services providers as street-level bureaucrats, acting in their own interests, may have advocated for such changes to reduce the administrative burden of tasks such

as captioning videos, providing accessible technology, creating accessible course content within learning platforms, and creating accessible web pages (Lipsky 2010). Historically, campus ADAAA policy implementation efforts may have aligned with the interest of institutional leadership; however, COVID-19 has created an unprecedented urgency for digital accessibility, sometimes heightening pre-existing conflicts between higher education policy-makers and DSP street-level bureaucrats (Lipsky, 2010). The apex of such conflicts oftentimes lies in the incorrect assumption that DSPs are solely responsible for institution-wide accessibility. Such conflicts may escalate to the institution's office of legal counsel with DSPs and policy-makers on opposite sides of an ADAAA implementation issue.

Micro-implementation

Mackey (2008) presents Micro-implementation theory to explain how the collective behaviors of bureaucrats impact implementation of university policies. Sorg (1983) defines micro-implementation as: "...the study of the process by which policies and the lower levels of organizations and multi-organizations, like the federal system, undergo mutual adaptation" (p. 403). Conflicts between policy initiators, stakeholders, and street-level bureaucrats become problematic when they produce policy decisions that differ by institution. Ultimately, the behaviors resulting from conflicts between multiple actors from one institution can result in variation in how the same federal policy is implemented on a local level (Berman, as cited by Matland, 1995). As applied to the current study, conflicts between campus officials and DSPs may result in inconsistent ADAAA policy implementation and cause disparities in accessibility and accommodation standards between higher education institutions.

Mackey's 2008 study is foundational to the current research due to the establishment of student affairs professionals as street-level bureaucrats. This association was made using four

defining characteristics of the street level bureaucrat's working conditions as defined by Lipsky (2010):

1. Chronically inadequate resources to perform work tasks.
2. A demand to increase service offerings to meet client needs.
3. Ambiguity of agency goals.
4. Difficult to measure performance objectives, making progress towards goal achievement unclear.

Lipsky (2010) listed a final condition of street-level bureaucrat work: client non-voluntary participation. This particular condition did not apply to the work of Mackey's research subjects, and in turn, does not apply to the subjects of the current research. Students are encouraged to utilize disability services (DS) to ensure access to higher education classrooms, programs, and events but registration with DS is completely voluntary. Most institutions require that students self-identify by applying for services and providing documentation of disability in order to initiate the accommodation process. Upon registration with DS, the student is officially recognized by the institution as a person with a disability, and thus eligible for departmental services designed to provide access and maintain compliance with the Americans with Disabilities Act.

According to Evans (2020) although the purpose of policy may be clear, policy implementation strategy can be "unclear, incomplete, or contradictory" (p. 8). This creates conditions for street level bureaucrats to use discretion in day-to-day policy decisions (Evans, 2020). The use of discretion occurs in the implementation of established policy rules and procedures. Professional discretion of street-level bureaucrats can also be observed in how, when and if these rules and procedures are used during interactions with the individuals the policies are

meant to serve (Evans, 2020). Evans (2020) considered discretion to be both widespread and inevitable in the way street level bureaucrats approach their work—a central tenant to policy implementation.

Evans (2020) also proposed a “right” way for the street-level bureaucrat to utilize discretion. This right way involves using discretion as a street-level bureaucrat to advance policy by actions that align with the policy’s principles (or intent). In contrast, Evans (2020) discouraged focus on literal meaning and application of policy as written.

Street-Level Bureaucrats and COVID-19 Response

Gofen and Lotta (2021) addressed the destabilizing impact of the COVID-19 pandemic on the day-to-day policy implementation practices of street-level bureaucrats. As cases quickly began to rise and new government orders were deployed then swiftly revised, the status as subject matter expert and the autonomy that it previously afforded to many street-level bureaucrats dissipated (Goodsell, 2002; Boin et. al, 2020; Gofen & Lotta, 2021). Methods of service delivery utilized before the pandemic became obsolete due to the inherent risk of face-to-face contact; oftentimes a required point of service pre-pandemic. Despite this change, Gofen and Lotta (2021) proposed that during a crisis, the demand for public services provided by street-level bureaucrats intensifies; requiring SLB’s to quickly shift methods of service delivery, and thus find alternative means to implement public policy.

Disability Services Professionals as Street-Level Bureaucrats

Evans (2020) focused on street-level bureaucracy in an organizational context. Evans (2020) categorized education (and thus higher education) as a Human Services/Professional street-level organization. This type of street-level organization was identified by its focus on social justice, health and wellness, and education (Evans, 2020).

Organizational policies in this category assume that service providers are experts in their professions and they are expected to implement organizational policy with a high level of autonomy (Evans, 2020). As applies to the current study, higher education institutions may be considered street-level organizations and in turn, DSP's serve as street-level bureaucrats that utilize their discretion to implement disability policy.

The work conditions of the street level bureaucrat can make professional life challenging in the best of circumstances. As applied to DSPs, they are responsible for implementing an unfunded federal mandate. Institutional funds are deployed to meet accommodation needs, but they are rarely adequate. Some services, such as communication services for students who are Deaf or Hard of Hearing may cost well over ten thousand dollars per student each academic term. Although institutions may have the financial resources to support student accommodation needs, the request process to obtain additional departmental funding is not always a nimble one—potentially causing DS offices to delay payment for provider services such as interpreting or real time transcription, and resulting in an interruption in course access for students. In addition, services such as alternative format textbook creation for students who require access to the written word can be tedious and labor-intensive, requiring staff support and training. Advocating for additional human and financial resources to effectively meet student demand is an ongoing and pervasive theme within the field disability services and higher education.

Occupational Community Norms and Discretion

Lipsky (2010) reported “administrators and occupational community norms structure policy choices of street level bureaucrats” (p. 14). This statement links the professional affiliations of street level bureaucrats to their discretionary choices. In other words, the choices made by street

level bureaucrats to implement public policy may be influenced by factors such as professional standards of practice, organizational memberships, and institutional leadership.

According to Hill (2003), there are three important tasks of a policy implementer. First, they must discover what a policy means for themselves and their organization. This requires that DSPs review documents such as applicable state and federal laws, regulations, dear colleague letters, and facts sheets provided by government agencies detailing how the information impacts them, their institutions, and higher education students. Second, implementers must determine what policy means for their everyday practice (Hill, 2003). DSPs often find themselves with few on-campus resources to guide their day-to-day practice, and thus, to a large degree, must depend on professional community resources to keep abreast of current trends in the student population, standards of practice for operating a disability services office, and to discover innovative technologies and services to provide access to students. Third, the policy implementor must have the self-awareness to recognize their lack of the skills or knowledge required to implement policy effectively (Hill, 2003). The specific professional resources DSPs utilized to provide guidance to gain the required skill and knowledge necessary to maintain ADAAA compliance during the transition to remote education will be explored in the current study.

E. Conclusion

As research on the pandemic only begins to emerge, it is critical to include how institutions implement a response to COVID while protecting individual rights, particularly those of students with disabilities. The current research is based on three premises. First, Despite the sudden transition to online learning during spring 2020 and continued measures to ensure community health and safety, higher education institutions have an ongoing responsibility to comply with federal legislation prohibiting discrimination based on disability. This means that

regardless of the challenges in modifying traditional on campus classes, services, and resources, higher education must continue to prioritize accessibility to maintain compliance with federal legislation such as the ADAAA in order to avoid disability-based discrimination.

Second, higher education encountered a drastic shift in how to deliver academic content, student support services, administrative support, and student programming/athletic events due to the COVID-19 pandemic. In addition to plans made to continue the spring 2020 term, campus policy and procedures have continuously adjusted to meet new challenges as well as frequently changing federal, state, and local pandemic guidance. Specific guidance for how to resume university operations could be gleaned from multiple sources, each using CDC guidelines as the basis of their operational guidelines. As with many professional units within higher education, it is likely that DS professionals utilized many resources in their efforts to maintain compliance. The current study seeks to gain information on primary resources utilized by DSS staff to continue access standards and provide accommodations during the COVID-19 pandemic. For example, some professionals may rely on information from state or regional affiliates of the association on higher education and disability (AHEAD), while others may focus mainly on information from the national organization. Information delivery from both of the aforementioned organizations may be delivered by listservs or website forums. Others may rely solely on expertise from their institutions (office, division, or institution-level leadership). Still others may rely on published research on related topics to establish their own approach to departmental and campus-wide accessibility initiatives.

Third, DSPs are actively creating and continuously adjusting campus disability policy due to the COVID-19 pandemic. In their pursuit of information to support higher education access during COVID-19, DSPs may apply the same information resources differently. It is

possible that the approach of DSPs differ by region, state, institution, and institution type. In addition, the political climate of the institution, governance structure, and the staffing resources available in the Disability Services office may impact what accommodations are available during COVID-19. Each of these factors play an important role in how disability policy is addressed on higher education campuses.

Chapter 3: Research Methods

The purpose for conducting the study will be to examine the implementation strategies employed by disability services providers (DSPs) to maintain ADAAA compliance during the COVID-19 pandemic. The study also investigates factors that inhibit or enhance the use of discretion, and decision-making resources used by DSPs across demographic categories. The study will apply Lipsky's theory of street-level bureaucracy to higher education employees responsible for ADAAA implementation. This chapter contains the study's research design, population and sample, data-collection and analysis techniques, and instrumentation.

A. Research Design

The study will rely on the self-report of DSPs in higher education in the United States. The report of DSP experiences with the implementation of the ADAAA during COVID-19 does not exist in a numerical format, thus the researcher must develop an instrument that records DSP experiences using numerical scales. This allows the researcher to collect qualitative data on DSP experiences. Quantitative research as defined by Aliaya and Gunderson (as cited by Muijs, 2010) as: "explaining phenomena by collecting numerical data that are analyzed using mathematically based methods (in particular, statistics)" (p. 82). This is accomplished by creating research instruments that can convert phenomena into quantitative data, which can then be analyzed statistically (Muijs, 2010).

Determining whether to use quantitative as opposed to qualitative research methods is linked to the questions a study seeks to investigate (Muijs, 2010). According to Muijs (2010) quantitative methods are most suited for questions that seek to explain phenomena. This criterion aligns with the current study's primary research question: 1. During the higher

education institution's transition to online or remote instruction during the COVID-19 pandemic, what factors guided DSP decision-making in the implementation of the ADAAA?

Classifications for quantitative research design include: experimental, quasi-experimental, correlational, and descriptive (Holton & Burnet, 2005). To ensure that the appropriate design is selected for the current study, each category will be reviewed. In experimental research, researchers create specific conditions to test a theory (Holton & Burnet, 2005). The researcher creates hypotheses from theory that are then tested by the experiment (Holton & Burnet, 2005). One or more independent variables are manipulated to determine impact on the phenomenon of interest (Creswell, 2013). An important aspect of experimental design is controlling for extraneous variables that may impact experiment outcome (Creswell, 2013). This allows the researcher to isolate the relationship between the independent variables and the dependent variables (Holton & Burnet, 2005). An essential component to experimental designs involves random assignment to a treatment or a control group (Holton & Burnet, 2005). Random assignment ensures that groups are equivalent in-conditions that may alter research results (Holton & Burnet, 2005). The utilization of a convenience sample within the current study restricts ability to utilize random assignment thus experimental research is not an option.

Quasi-experimental designs are utilized when random assignment is not feasible due to practical and/or ethical reasons (Holton & Burnet, 2005). The researcher's goal is to make the comparison group as similar to the experimental group as possible on all factors except for the treatments being studied (Holton & Burnet, 2005). Assignment to conditions (treatment versus no treatment) occurs through participant self-selection or researcher selection (White & Sabawal, 2014). The comparison group represents the outcomes if the treatment did not happen (White & Sabawal, 2014). Thus, the researcher can infer that the treatment caused differences in outcomes

between the experimental and comparison groups (White & Sabawal, 2014). The aim of both experimental and quasi-experimental research design is to establish possible cause and effect between the independent and dependent variables. The current research subjects were not assigned to specific conditions as required for quasi-experimental research, so this form of research was eliminated from consideration.

Non-experimental Research

Correlational and descriptive research are both considered nonexperimental designs (Creswell, 2013). In contrast to experimental research, nonexperimental research uses existing conditions to study phenomena (Creswell, 2013). Non-experimental research design is used when experimental research is impractical, such as in the current study (Holton & Burnet, 2005). The context of this study of DSP implementation of the ADAAA is that it occurs during a pandemic-a naturally occurring circumstance beyond the control of the researcher. Correlational research seeks to identify relationships among two or more variables without determining or suggesting causality (Holton & Burnet, 2005). Correlational research cannot establish causality because this design does not control for extraneous variables (Epshteyn, 2019).

Descriptive research summarizes data collected from a sample group to describe characteristics of a population (Holton & Burnet, 2005). Examples of descriptive research designs include central tendencies of variables and frequency distributions (Epshteyn, 2019). Descriptive research designs do not include an intervention or treatment (Baker, 2017). Survey research is appropriate for descriptive studies, or when researchers want to study relationships between variables in real-life settings (Muijs, 2010).

B. Sample

The study will use a convenience sample of higher education disability services providers who are responsible for the implementation of federal disability policy at their institutions. According to Creswell (2015) researchers choose convenience sampling because participants are willing and available to participate in research. A convenience sample will be used due to the specialization of this discipline in higher education. The AHEAD membership list may serve as the most effective means of locating large numbers of professionals in the field of higher education and disability. The convenience sample will be identified by survey response, following an email invitation to participate sent to AHEAD members who are employed at higher education institutions within the US, totaling 2,204 current AHEAD members.

C. Instrumentation

Teddie and Tashakkori (2009) described survey research as “a systematic method for data collection, with the goal of predicting population attributes or behaviors. In usual survey research, predetermined questions are presented in pre-arranged order to a sample that is usually representative of the population of interest” (p. 24). Survey research designs are quantitative research procedures utilized to gather data about characteristics of a sample or an entire population (Creswell, 2015; Epshteyn, 2019). Researchers collect data using questionnaires or interviews; however, questionnaires are more appropriate for large samples (Creswell, 2015; Epshteyn, 2019). In usual survey research, predetermined questions are presented in pre-arranged order to a sample that is usually representative of the population of interest (Teddie & Tashakkori, 2009). There are two forms of survey research: cross-sectional and longitudinal (Creswell, 2015). Cross-sectional survey designs collect data at a specific point in time, while longitudinal designs collect participant data over time (Creswell, 2015). Although Sills & Song

(2002) note that Web-based and email questionnaires are associated with lower response rates than in-person interviews, they may be more economical and can potentially reach more members of the target population (Creswell, 2015; Sills & Song, 2002). The current research focuses on a specific, and relatively short timeframe as related to the impact of COVID-19 on higher education and ADAAA implementation, thus a cross-sectional survey design was utilized.

Survey Instrument

The survey instrument used to collect data from participants will be a questionnaire created by the researcher. The instrument will be designed to collect the following information:

- Institution characteristics
- Key ADAAA implementation guidance resources used by participant to aid decision-making
- Format of ADAAA policy guidance resources
- Institutional stakeholders responsible for revising campus-level policy to support ADAAA policy implementation during the COVID-19 pandemic
- DSS staff responsible for revising departmental-level policy to support ADAAA compliance during the COVID-19 pandemic
- Participant's highest priority for ADAAA policy implementation changes during the COVID-19 pandemic
- Perceived challenges to ADAAA implementation during the COVID-19 pandemic

A draft of the survey instrument was submitted to a small group of 5 disability services professionals representing institutions across the US. This group represented experts in the field, who were qualified to determine if survey questions accurately measured factors necessary to address the research questions. Survey changes were made based on feedback from DSPs who

participated in the pilot in order to improve the reliability and internal validity of the survey instrument. Due to the input to the survey pilot group, the revised survey instrument was determined to have face validity and deemed reliable for the purpose of conducting the study.

D. Collection of Data

Researchers engage in data collection to provide answers to research questions and hypotheses (Creswell, 2015). The Association on Higher Education and Disability (AHEAD) served as the primary resource for study participants. The researcher obtained AHEAD's membership list and invited members to participate by email. The original member list included national and international members. Incomplete listings and DSPs from outside of the US were removed from the member list. Prospective research participants received weekly survey completion reminders until the pre-established deadline. Qualtrics, a web-based survey tool, was used to collect survey data. An introductory email (Appendix C) including survey details and the Qualtrics survey link was sent to the research population of 2,204 based on addresses within the AHEAD membership directory email list. Reminders were sent every 5 days for 3 cycles in order to increase survey response rate.

E. Data Analysis

Descriptive statistics will be used to analyze survey data. Demographic data will be collected to delineate survey participants by institution size, institution type and institution location. Demographic data elements were analyzed using descriptive statistics. Descriptive statistics include the most commonly used measures of central tendency: mode mean and median (Glass & Hopkins, 1996). According to Glass and Hopkins (1996) "the mean lends itself more readily to statistical treatment" (p. 61). Mishra et al. (2019) clarified that this is because measures of central tendency such as the mean provide one value that represents the entire distribution.

Frequency distributions and cross-tabulations were used to compare survey responses for questions by subgroups as related to institution size, type, and location. Frequency distributions and cross tabulations were selected as appropriate methods of statistical analysis because it allowed the researcher to compare the differences of multiple subgroups of categorical data.

Research Questions

Creswell (2015, p. 111) defines research questions as: “questions in quantitative or qualitative research that narrow the purpose statement to specific questions that researchers seek to answer”. Within quantitative research, research questions pertain to organizational or individual variables (Creswell, 2015). Research studies usually include multiple research questions to allow thorough exploration of the topic (Creswell, 2015). The current study includes four research questions and two sub-questions:

1. During the higher education institution’s transition to online or remote instruction during the COVID-19 pandemic, what factors guided DSP decision-making in the implementation of the ADAAA?

Part one of the survey instrument was designed to collect categorical data about the higher education institution of each subject. Survey questions 1-3 collected information on institution type, as determined by Carnegie category, institution size by enrollment, and geographic region as identified by the U.S. Census Bureau (2020). Percentages and frequency distributions were collected to calculate survey response rate of DSPs representing each category, and to allow further categorical analysis of the research sample.

To address research question 1, survey questions 6-7 asked which campus officials were responsible for revision of both campus and DS department-level policy to support ADAAA

compliance during the COVID-19 Pandemic. Frequency tables were used to analyze categorical data collected from survey responses.

2. What resources did DSPs refer to for guidance with ADAAA implementation during the COVID-19 pandemic?

Among those resources:

- i. To what extent has guidance from the Association on Higher Education and Disability (AHEAD) influenced ADAAA implementation decisions made by DSP's during the COVID-19 pandemic?*
- ii. What format of guidance (community board postings, webinars, website resources, etc.) did DSPs find most useful for implementation decision-making/ ADAAA compliance during the transition to online learning?*

To address research question 2, survey questions 4-5 utilized multiple choice response to identify the DSP's primary resource for ADAAA implementation/compliance guidance during the COVID-19 Pandemic and the format of guidance they found most useful. Percentages and frequencies of each survey item response were reported in table format to address research sub-questions i-ii.

3. Did DSP's ADAAA implementation practices vary by institution category, size, or location during the COVID-19 pandemic?

Survey questions 8-11 were designed to determine ADAAA Policy implementation priorities of the individual DSP, department, division, and institution level during the COVID-19 pandemic. Frequency distribution and cross-tabulation tables were used to analyze questions by subgroups related to institution size, enrollment, and geographic region. Percentages and frequencies of each survey item response will be reported in table format.

4. What did DSPs consider the greatest challenges to ADAAA implementation during the COVID-19 pandemic?

Research question 4 was answered by survey questions 12-13 which asked the participant to identify the greatest challenge to ADAAA policy implementation during COVID-19, and then identify the group they perceive has having the greatest challenge with maintaining compliance. Percentages and frequencies of each survey item responses will be reported in table format.

F. Chapter Summary

This quantitative study investigated the implementation strategies employed by disability services providers (DSPs) to maintain ADAAA compliance during the COVID-19 pandemic using descriptive research design. A survey instrument was developed by the researcher and distributed via email to the target population: disability services providers who are members of the Association on Higher Education and Disability. A convenience sample was obtained utilizing survey responses of the target population. Survey response data was analyzed using frequency distribution and cross tabulation.

Chapter 4: Results

A. Introduction

In March of 2020, the landscape of higher education was abruptly and profoundly altered by the COVID-19 pandemic. The learning environment quickly transitioned from in-person course offerings, to emergency remote learning. This unanticipated shift in the higher education community did not exempt higher education leadership, faculty, or staff from their legally mandated responsibility to provide equal access to the educational environment for students with disabilities as outlined within title II of the Americans with Disabilities Act Amendments Act (ADAAA).

The departmental, institutional, and division-level policies designed as ADAAA compliance measures prior to the COVID-19 Pandemic required review and revision to meet the needs of remote student attendance and participation; however, there were no pre-existing higher education contingency plans to keep institutions both operational and inclusive of students with disabilities. DSPs were left to determine which sources of ADAAA compliance guidance would best suit their professional needs, and balance information gleaned from external sources with directives from department management staff, senior-level division officers, and institutional leadership. The current study focuses on the perspectives of DSPs as street-level bureaucrats, who, through their day-to-day implementation of federal ADAAA policy may, in effect, create policy in efforts to provide disability access to higher education during the COVID-19 pandemic.

B. Summary of the Study

The purpose for conducting the study was to examine ADAAA implementation strategies used by higher education disability service professionals (DSPs) during the COVID-19 pandemic

to maintain institutional compliance. Resources for policy guidance were explored, as well as guidance formats preferred by DSPs. Factors that influenced DSP discretion were also explored such as the perceived priorities of departmental, division, and institution-level leadership. The study applied Lipsky's theory of street-level bureaucracy to higher education administrators responsible for the implementation of the ADAAA.

Significance of the Study

The results of the current study can be used as guidance for higher education professionals who are charged with the development or revision of institutional policy, particularly those policies that impact students with disabilities. This study may identify factors that influence the decision-making practices of DSPs and help higher education administrators gain greater understanding of why and how policies developed to operationalize federal mandates on the institution division, and department levels may be altered by practitioners who are tasked with implementing them. The current research may also reduce higher education/disability policy implementation failures, and provide greater support for the utility of professional community resources outside of the institution.

Literature

The policy focus of the current study is the Americans with Disabilities Act Amendments Act of 2008. The purpose of the ADAAA is to prevent discrimination based on disability status, and applies to employment, public services, public accommodations (including private higher education institutions), and telecommunications (ADAAA, 2008).

Mackey (2008) highlighted the lack of inclusion of student affairs administrators in street-level bureaucracy research studies, and noted the potential impact this research gap could have on higher education leadership's ability to effectively implement policy. The current study

builds upon Mackey's (2008) inclusion of student affairs administrators as street-level bureaucrats by adding disability services professionals. Unlike Mackey's research which sought to explore the conflict between policy-makers and policy implementers, the current study seeks to explore the influences and resources higher education administrators (disability services professionals) used to aid implementation decision-making.

Evans (2020) explains that although the purpose of a given policy may be clear, strategies to implement the policy may be ambiguous. This ambiguity in how to implement policy creates the environment for street-level bureaucrats to use discretion in day-to-day policy decision-making (Evans, 2020). This was particularly relevant to DSP decision-making during the COVID-19 pandemic, when standards of practice and guidelines for providing accommodations and supporting ADAAA compliance during emergency remote learning were not readily available.

According to Lipsky (2010) "administrators and occupational community norms structure policy choices of street-level bureaucrats" (p.14). This was a core tenant of the current study, as it linked the influence of leadership and professional affiliations of DSPs as street-level bureaucrats to their decision-making. The current study seeks to examine department, division, and institution level priorities as indicators of administrator norms that may influence DSP decision-making. The study also aims to discover the professional affiliations that influence DSP decision-making and their preferred format of professional guidance.

Research Design

The study utilized a quantitative research design to investigate implementation strategies used by DSPs to maintain ADAAA compliance during the COVID-19 pandemic. A researcher-created survey instrument was distributed via email to the target population of 2,204 disability

services professionals who were members of the Association on Higher Education and Disability, using emails obtained from the organization's membership directory. A convenience sample was obtained utilizing 353 completed survey responses of the target population. Survey response data was analyzed using descriptive statistical methods frequency distribution and cross tabulation.

C. Data Collection Results

A survey targeting disability services professionals employed at US institutions of higher education was distributed via email to current members of the association on higher education and disability (AHEAD). Email addresses were obtained from the organization's online membership directory. Incomplete listings and members outside of the US were removed from the member list, resulting in a survey population of 2,204 AHEAD members. Members of the research population were sent an email invitation on September 6th, 2021 to participate in the study, which included an embedded link to the survey instrument. A research participation reminder email was sent on Friday, September 17th. A final invitation to participate email was sent on Monday, September 20th. The survey closed on September 24th. A total of 356 survey responses were recorded in Qualtrics, a web-based platform for creating and distributing surveys. Three survey responses were incomplete, resulting in a total sample of 353 completed responses (16.02% response rate).

D. Demographics of Participants

Survey Questions 1-3 collected categorical data about the institution of each subject. Demographic data was collected according to institution's Carnegie classification, enrollment size, and geographic region (Table 1). Of the survey participants, the largest percentage were employed at doctoral/research institutions (35.1%). The largest category of survey participants

(29.5%) were from institutions with enrollments over 20,000 (Table 2). The largest geographic region of survey participants was the South with 33.7% (Table 3).

Table 1 *Carnegie Classification of the Institutions of Survey Respondents*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Doctoral/Research	124	34.8	35.1	35.1
	Master's College or University	82	23.0	23.2	58.4
	Baccalaureate College	57	16.0	16.1	74.5
	Baccalaureate/Associate's College	18	5.1	5.1	79.6
	Associate's College	72	20.2	20.4	100.0
	Total	353	99.2	100.0	
Missing	System	3	.8		
Total		356	100.0		

Table 2 *Institutional Enrollment of Survey Respondents' Institutions*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5,000 or under	128	35.9	36.3	36.3
	5,001 to 10,000	69	19.4	19.5	55.8
	10,001 to 20,000	52	14.6	14.7	70.5
	Over 20,000	104	29.2	29.5	100.0
	Total	353	99.2	100.0	
Missing	System	3	.8		
Total		356	100.0		

Table 3 *Geographic Region of Respondents' Institutions*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)	94	26.4	26.6	26.6
	Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)	67	18.8	19.0	45.6
	South (AL, AR, DC, DE, FL, GA, LA, KY, MD, MS, NC, OK, SC, TN, TX, VA, WV)	119	33.4	33.7	79.3
	West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)	73	20.5	20.7	100.0
	Total	353	99.2	100.0	
Missing	System	3	.8		
Total		356	100.0		

E. Data Analysis

SPSS software was utilized to conduct statistical analysis of survey responses to answer the study's research questions.

Research Question 1: During the higher education institution's transition to online or remote instruction during the COVID-19 pandemic, what factors guided DSP decision-making in the implementation of the ADAAA?

To address research question 1, survey questions 6-7 asked participants to identify which campus officials were responsible for campus and disability service (DS) department-level policy revision to support ADAAA compliance during the COVID-19 pandemic. Frequency distributions were used to analyze these questions. Responses to question 6 revealed that campus-level policy revisions were a shared responsibility among multiple campus stakeholders as indicated by 43.9% of survey participants, thus no individual stakeholder group was identified

as the primary influence on campus-level policy revision. Thirty-four percent of subjects reported that campus-level policy revision was the responsibility of DS staff. Senior student affairs officers (9.6%), senior academic officers (7.1%), and executive staff (5.1%) played a smaller role in the revision of campus-level policy (Table 4).

Table 4 *Campus-level Policy Revision*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	DS Staff	121	34.0	34.3	34.3
	Senior Student Affairs Officers (AVP, VP, AD, or Dean)	34	9.6	9.6	43.9
	Senior Academic Affairs Officers (Academic Deans, Vice Provost, Provost)	25	7.0	7.1	51.0
	Executive Staff (President/Chancellor, Governing Board)	18	5.1	5.1	56.1
	Multiple campus stakeholders	155	43.5	43.9	100.0
	Total	353	99.2	100.0	
Missing	System	3	.8		
Total		356	100.0		

Question 7 survey responses indicated that 69.1% of DS Directors were responsible for departmental policy revision, representing the largest percentage of departmental staff, followed by DS team shared responsibility (19.5%). DS coordinators (6.8%) and assistant directors (4.5%) were identified as playing a lesser role in departmental policy revision (Table 5).

Table 5 *DS Level Policy Revision*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Director	244	68.5	69.1	69.1
	Assistant/Associate Director	16	4.5	4.5	73.7
	Coordinator/Coordinators	24	6.7	6.8	80.5
	DS Team	69	19.4	19.5	100.0
	Total	353	99.2	100.0	
Missing	System	3	.8		
Total		356	100.0		

Research Question 2: What resources did DSPs refer to for guidance with ADAAA implementation during the COVID-19 pandemic?

Analysis of survey results revealed that DSPs referred to Association on Higher Education and Disability (AHEAD) community postings, listservs, webinars and virtual conferences for guidance with ADAAA implementation during the COVID-19 pandemic more frequently than any other source.

Among those resources:

- i. To what extent has guidance from the Association on Higher Education and Disability (AHEAD) influenced ADAAA implementation decisions made by DSP's during the COVID-19 pandemic?*
- ii. What format of guidance (community board postings, webinars, website resources, etc.) did DSPs find most useful for implementation decision-making/ADAAA compliance during the transition to online learning?*

Survey questions 4-5 were used to identify DSP's primary resource for ADAAA implementation/compliance guidance during the COVID-19 Pandemic and the format of guidance that they found most useful. Frequency data presented in table format was used to

address research questions 2. The primary resource identified by DSPs for ADAAA implementation guidance during the COVID-19 pandemic as indicated in survey response was AHEAD community postings, listservs, webinars and virtual conferences (64.6%). Disability services professionals (DSPs) utilized other policy guidance types such as internal campus resources (11.6%), peer networks (9.65%), AHEAD affiliate resources (9.1%), and the DSSHE listserv (5.1%), to a lesser extent (Table 6).

Question 2, sub-question i sought to investigate whether DSPs found guidance from AHEAD useful in their efforts to implement the ADAAA during the COVID-19 pandemic. Analysis of question 4 responses revealed that the primary policy guidance utilized by DSPs was from the AHEAD organization (64.6%), thus survey results support the utility of AHEAD guidance for DSPs during COVID-19 (Table 6).

Table 6 *Primary Policy Resource*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Association on Higher Education and Disability (AHEAD) community postings, listservs, webinars, and virtual conferences	228	64.0	64.6	64.6
	Disabled Student Services in Higher Education (DSSHE) listserv	18	5.1	5.1	69.7
	AHEAD Affiliate community postings, listservs, webinars, and virtual conferences	32	9.0	9.1	78.8
	Internal campus resources	41	11.5	11.6	90.4
	Self-selected peer network of disability services providers	34	9.6	9.6	100.0
	Total	353	99.2	100.0	
Missing	System	3	.8		
Total		356	100.0		

Question 2, sub-question ii explored the format of policy guidance that DSPs found most useful. Although the largest number of DSPs indicated a preference for listservs/community board postings (38.8%), direct communication with a self-selected peer network of DSPs was also among the most preferred format of policy guidance (26.9%), followed by webinars (15.3%)

and website resources (13.6%). Virtual conferences were found to be the least useful of policy guidance formats at 5.4% (Table 7).

Table 7 *Most Useful Policy Guidance Format*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Listserves/community board postings	137	38.5	38.8	38.8
	Website resources	48	13.5	13.6	52.4
	Webinars	54	15.2	15.3	67.7
	Virtual conferences	19	5.3	5.4	73.1
	Direct communication with self-selected peer network of disability services providers	95	26.7	26.9	100.0
	Total	353	99.2	100.0	
Missing	System	3	.8		
Total		356	100.0		

Research Question 3: Did DSP's ADAAA implementation practices vary by institution category, size, or location during the COVID-19 pandemic?

Implementation priority as reported by research subjects was consistent across categories at the DSP and departmental levels. Division-level ADAAA implementation priorities varied by Carnegie classification and enrollment size. Institution level implementation priorities varied by Carnegie category, enrollment size, and geographic region.

A cross tabulation of data was used to analyze survey questions 8-10 by subgroups related to institution size, enrollment, and geographic region. Percentages and frequencies of each survey item response was reported in table format to address the research question.

DSP implementation priorities were explored by survey question 8. When considering subjects of all categories (Carnegie classification, institution size, and geographic region), 65.2% of all survey participants listed coordinating accommodations as their highest priority during emergency remote learning. Cross-tabulation tables compared responses of DSPs according to the Carnegie classification, institutional enrollment, and geographic region. Analysis of survey data revealed consensus among institutions of all Carnegie classifications, indicating that the highest DSP priority for policy implementation was coordinating accommodations during emergency remote learning (Table 8). Baccalaureate/Associate's colleges had the highest percentages of participants who selected coordinating accommodations as their highest priority (83%), followed by Master's Colleges (69.5%), Associate's Colleges (69.4%), and doctoral/research colleges (58.1%).

Table 8 DSP Priority for Policy Implementation Cross Tabulation

			Carnegie Classification					Total
			Doctoral/Research	Master's College or University	Baccalaureate College	Baccalaureate/Associate's College	Associate's College	
DSP Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	72	57	36	15	50	230
		% within Carnegie Classification	58.1%	69.5%	63.2%	83.3%	69.4%	65.2%
	Revising the DS registration process	Count	4	1	0	1	2	8
		% within Carnegie Classification	3.2%	1.2%	0.0%	5.6%	2.8%	2.3%
	Revising general DS office policies and practices	Count	7	2	5	0	7	21
		% within Carnegie Classification	5.6%	2.4%	8.8%	0.0%	9.7%	5.9%
	Influencing institution-level ADAAA compliance measures	Count	27	11	12	0	5	55
		% within Carnegie Classification	21.8%	13.4%	21.1%	0.0%	6.9%	15.6%
	Facilitating remote learning platform access improvement	Count	14	11	4	2	8	39
		% within Carnegie Classification	11.3%	13.4%	7.0%	11.1%	11.1%	11.0%
	Total	Count	124	82	57	18	72	353
		% within Carnegie Classification	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

As with Carnegie classification, analysis of question 8 survey data revealed consensus among institutions of all enrollment sizes, indicating that the highest DSP priority for policy implementation was coordinating accommodations during emergency remote learning. The largest percentage of subjects who selected coordinating accommodations as their highest priority were from institutions with enrollments of 5,000 or under (72.6%) followed by institutions with enrollments of 5,001-10,000 (71.0%). Subjects from institutions with 10,001-20,000 students (61.5%), and those from institutions with enrollments over 20,000 (53.8%) selected coordinating accommodations as their highest priority by lower percentages as compared to their counterparts from smaller institutions (Table 9).

Table 9 *DSP Priority for Policy Implementation Institutional Enrollment Cross-tabulation*

			5,000 or under	5,001 to 10,000	10,001 to 20,000	Over 20,000	Total
DSP Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	93	49	32	56	230
		% within Institutional Enrollment	72.6%	71.0%	61.5%	53.8%	65.2%
	Revising the DS registration process	Count	2	0	2	4	8
		% within Institutional Enrollment	1.5%	0.0%	3.8%	3.8%	2.3%
	Revising general DS office policies and practices	Count	7	3	1	10	21
		% within Institutional Enrollment	5.5%	4.3%	1.9%	9.6%	5.9%
	Influencing institution-level ADAAA compliance measures	Count	14	11	13	17	55
		% within Institutional Enrollment	11%	15.9%	25.0%	16.3%	15.6%
	Facilitating remote learning platform access improvement	Count	12	6	4	17	39
		% within Institutional Enrollment	9.4%	8.7%	7.7%	16.3%	11.0%
	Total	Count	128	69	52	104	353
		% within Institutional Enrollment	100.0%	100.0%	100.0%	100.0%	100.0%

Question 8 cross-tabulation according to geographic region was consistent with results from previous categories; DSPs representing institutions from all geographic regions selected coordinating accommodations during emergency remote learning as their highest priority (Table 10). The Midwest region led with the highest percentage (73.4%), followed by the West at 67.1% and the Northeast (61.2%). DSPs in the South selected coordination of accommodations as their highest priority as well, but by the lowest percentage (59.7%).

Table 10 *DSP Priority for Policy Implementation Geographic Region Cross-tabulation*

			Geographic Region				Total
			Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)	Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)	South (AL, AR, DC, DE, FL, GA, LA, KY, MD, MS, NC, OK, SC, TN, TX, VA, WV)	West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)	
DSP Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	69	41	71	49	230
		% within Geographic Region	73.4%	61.2%	59.7%	67.1%	65.2%
	Revising the DS registration process	Count	2	1	5	0	8
		% within Geographic Region	2.1%	1.5%	4.2%	0.0%	2.3%
	Revising general DS office policies and practices	Count	5	3	9	4	21
		% within Geographic Region	5.3%	4.5%	7.6%	5.5%	5.9%
	Influencing institution-level ADAAA compliance measures	Count	13	12	21	9	55
		% within Geographic Region	13.8%	17.9%	17.6%	12.3%	15.6%

Table 10 *DSP Priority for Policy Implementation Geographic Region Cross-tabulation (Cont.)*

	Facilitating remote learning platform access improvement	Count	5	10	13	11	39
		% within Geographic Region	5.3%	14.9%	10.9%	15.1%	11.0%
Total		Count	94	67	119	73	353
		% within Geographic Region	100.0%	100.0%	100.0%	100.0%	100.0%

Department-level implementation priorities were explored by survey question 9. Cross tabulation tables compared responses of DSPs according to Carnegie classification, institutional enrollment, and geographic region. Analysis of survey data revealed consensus among institutions of all Carnegie classifications (Table 11), indicating that the highest DSP reported department-level priority for policy implementation was coordinating accommodations during emergency remote learning. Baccalaureate/Associate's colleges (66.7%) and Associates colleges (66.7%) had the highest percentages of participants who selected coordinating accommodations as highest priority, followed by Baccalaureate Colleges (64.9%) and Master's Colleges (62.2%). Subjects from Doctoral/research colleges selected coordinating accommodations during emergency remote learning as the highest departmental priority as well, but at the lowest percentage of the Carnegie classifications represented (59.7%).

Table 11 *Department-level Priority for Policy Implementation Cross Tabulation*

			Carnegie Classification					Total
			Doctoral/Research	Master's College or University	Baccalaureate College	Baccalaureate/Associate's College	Associate's College	
Department-level Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	74	51	37	12	48	222
		% within Carnegie Classification	59.7%	62.2%	64.9%	66.7%	66.7%	62.9%
	Revising the DS registration process	Count	2	2	2	0	2	8
		% within Carnegie Classification	1.6%	2.4%	3.5%	0.0%	2.8%	2.3%
	Revising general DS office policies and practices	Count	11	9	3	1	6	30
		% within Carnegie Classification	8.9%	11.0%	5.3%	5.6%	8.3%	8.5%
	Influencing institution-level ADAAA compliance measures	Count	21	12	10	0	6	49
		% within Carnegie Classification	16.9%	14.6%	17.5%	0.0%	8.3%	13.9%
	Facilitating remote learning platform access improvements	Count	16	8	5	5	10	44
		% within Carnegie Classification	12.9%	9.8%	8.8%	27.8%	13.9%	12.5%
	Total	Count	124	82	57	18	72	353
		% within Carnegie Classification	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Analysis of question 9 survey data showed consistency among institutions of all enrollment sizes, indicating the highest DSP reported priority for departmental-level policy implementation

was coordinating accommodations during emergency remote learning (62.9%). The largest percentage of subjects who selected coordinating accommodations as the highest priority were from institutions with enrollments of 5001-10,000 students (73.9%), followed by institutions with enrollments of 5000 or under (69.5%). Subjects representing institutions with enrollments of 10,001-20,000 students (57.7%), and enrollments over 20,000 (50.0%) selected coordinating accommodations as their highest priority by lower percentages as compared to their smaller counterparts (Table 12).

Table 12*Department-level Priority for Policy Implementation Institutional Enrollment Cross-tabulation*

			5,000 or under	5,001 to 10,000	10,001 to 20,000	Over 20,000	Total
Department-level Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	89	51	30	52	222
		% within Institutional Enrollment	69.5%	73.9%	57.7%	50.0%	62.9%
	Revising the DS registration process	Count	2	1	1	4	8
		% within Institutional Enrollment	1.6%	1.4%	1.9%	3.8%	2.3%
	Revising general DS office policies and practices	Count	6	6	5	13	30
		% within Institutional Enrollment	4.7%	8.7%	9.6%	12.5%	8.5%
	Influencing institution-level ADAAA compliance measures	Count	18	5	8	18	49
		% within Institutional Enrollment	14.1%	7.2%	15.4%	17.3%	13.9%
	Facilitating remote learning platform access improvements	Count	13	6	8	17	44
		% within Institutional Enrollment	10.2%	8.7%	15.4%	16.3%	12.5%
Total	Count		128	69	52	104	353
	% within Institutional Enrollment		100.0%	100.0%	100.0%	100.0%	100.0%

Question 9 cross-tabulation according to geographic region (Table 13) was consistent with results from previous categories; DSP's representing institutions from all geographic regions selected coordinating accommodations during emergency remote learning as their department's highest priority (62.9%). The Midwest region led with the highest percentage (69.1%), followed by the West at 65.8% and the Northeast (62.7%). DSPs in the South selected coordination of accommodations as department-level highest priority as well, but by the lowest percentage (56.3%).

Table 13*Department-level Priority for Policy Implementation Geographic Region Cross-tabulation*

			Geographic Region				Total
			Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)	Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)	South (AL, AR, DC, DE, FL, GA, LA, KY, MD, MS, NC, OK, SC, TN, TX, VA, WV)	West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)	
Department-level Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	65	42	67	48	222
		% within Geographic Region	69.1%	62.7%	56.3%	65.8%	62.9%
	Revising the DS registration process	Count	2	1	4	1	8
		% within Geographic Region	2.1%	1.5%	3.4%	1.4%	2.3%
	Revising general DS office policies and practices	Count	4	5	14	7	30
		% within Geographic Region	4.3%	7.5%	11.8%	9.6%	8.5%
	Influencing institution-level ADAAA compliance measures	Count	11	12	16	10	49
		% within Geographic Region	11.7%	17.9%	13.4%	13.7%	13.9%
	Facilitating remote learning platform access improvements	Count	12	7	18	7	44
		% within Geographic Region	12.8%	10.4%	15.1%	9.6%	12.5%
	Total	Count	94	67	119	73	353
		% within Geographic Region	100.0%	100.0%	100.0%	100.0%	100.0%

Division-level implementation priorities were investigated by survey question 10. When considering all research subjects, 41.9% of DSPs listed coordinating accommodations the highest division-level priority during emergency remote learning. Although this 41.9% represented the most frequently selected option, it is a significantly lower response when compared with DSP priorities (65.2%) and departmental level priorities (62.9%) as reported by research subjects. Cross-tabulation tables compared DSP responses according to their institution's Carnegie classification, institutional enrollment, and geographic region.

Analysis of survey data revealed a lack of consensus among institutions of varying Carnegie classifications (Table 14). The highest division-level priority for policy implementation as reported by DSPs was coordinating accommodations during emergency remote learning for Baccalaureate Colleges (49.1%), Associates colleges (44.4%), Master's Colleges (45.1%), and Doctoral/research colleges (36.3%). Subjects representing Baccalaureate/Associate's colleges selected facilitating remote learning platform access improvements as the highest division-level priority (50.0%), followed by coordinating accommodations (33.3%).

Table 14 *Division-level Priority for Policy Implementation Cross Tabulation*

			Carnegie Classification					Total
			Doctoral/Research	Master's College or University	Baccalaureate College	Baccalaureate/Associate's College	Associate's College	
Division-level Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	45	37	28	6	32	148
		% within Carnegie Classification	36.3%	45.1%	49.1%	33.3%	44.4%	41.9%
	Revising the DS registration process	Count	1	2	0	0	2	5
		% within Carnegie Classification	0.8%	2.4%	0.0%	0.0%	2.8%	1.4%
	Revising general DS office policies and practices	Count	5	6	2	0	4	17
		% within Carnegie Classification	4.0%	7.3%	3.5%	0.0%	5.6%	4.8%
	Influencing institution-level ADAAA compliance measures	Count	35	20	14	3	11	83
		% within Carnegie Classification	28.2%	24.4%	24.6%	16.7%	15.3%	23.5%
	Facilitating remote learning platform access improvements	Count	38	17	13	9	23	100
		% within Carnegie Classification	30.6%	20.7%	22.8%	50.0%	31.9%	28.3%
	Total	Count	124	82	57	18	72	353
		% within Carnegie Classification	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Analysis of survey question 10 data revealed a lack of consensus among institutions of varying enrollment sizes. The highest division-level priority for policy implementation as reported by DSPs was coordinating accommodations during emergency remote learning for institutions with enrollments of 5001-10,000 (52.2%) and institutions with enrollments of 5,000 or under (49.2%). Subjects representing institutions with enrollments of 10,001-20,000 indicated that the highest division-level priority was facilitating learning platform access improvements (40.4%), while subjects representing institutions with over 20,000 students identified influencing campus-level ADAAA compliance measures (35.5%) as the highest division-level priority (Table 15).

Table 15*Division-level Priority for Policy Implementation Institutional Enrollment Cross-tabulation*

			5,000 or under	5,001 to 10,000	10,001 to 20,000	Over 20,000	Total
Division-level Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	63	36	18	31	148
		% within Institutional Enrollment	49.2%	52.2%	34.6%	29.8%	41.9%
	Revising the DS registration process	Count	2	1	1	1	5
		% within Institutional Enrollment	1.6%	1.4%	1.9%	1.0%	1.4%
	Revising general DS office policies and practices	Count	5	8	0	4	17
		% within Institutional Enrollment	4.0%	11.6%	0.0%	3.8%	4.8%
	Influencing institution-level ADAAA compliance measures	Count	26	8	12	37	83
		% within Institutional Enrollment	20.3%	11.6%	23.1%	35.6%	23.5%
	Facilitating remote learning platform access improvements	Count	32	16	21	31	100
		% within Institutional Enrollment	25.0%	23.2%	40.4%	29.8%	28.3%
	Total	Count	128	69	52	104	353
		% within Institutional Enrollment	100.0%	100.0%	100.0%	100.0%	100.0%

For survey question 10 (Table 16), DSP's representing institutions from all geographic regions selected coordinating accommodations during emergency remote learning as their division's highest priority (41.9%). The Western region led with the highest percentage (49.3%), followed by the Northeast at 41.8% and the Midwest at 41.5%. DSPs in the South selected coordination of accommodations as division-level highest priority as well, but by the lowest percentage (37.8%).

Table 16 *Division-level Priority for Policy Implementation Geographic Region Cross-tabulation*

			Geographic Region				
			Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)	Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)	South (AL, AR, DC, DE, FL, GA, LA, KY, MD, MS, NC, OK, SC, TN, TX, VA, WV)	West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)	Total
Division-level Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	39	28	45	36	148
		% within Geographic Region	41.5%	41.8%	37.8%	49.3%	41.9%
	Revising the DS registration process	Count	2	1	1	1	5
		% within Geographic Region	2.1%	1.5%	0.8%	1.4%	1.4%
	Revising general DS office policies and practices	Count	4	2	8	3	17
		% within Geographic Region	4.3%	3.0%	6.7%	4.1%	4.8%
	Influencing institution-level ADAAA compliance measures	Count	19	16	30	18	83
		% within Geographic Region	20.2%	23.9%	25.2%	24.7%	23.5%
	Facilitating remote learning platform access improvements	Count	30	20	35	15	100
		% within Geographic Region	31.9%	29.9%	29.4%	20.5%	28.3%
Total	Count	94	67	119	73	353	
	% within Geographic Region	100.0%	100.0%	100.0%	100.0%	100.0%	

Institution-level implementation priorities were explored by survey question 11. When considering subjects of all categories (Carnegie classification, institution size, and geographic region), 41.1% of all survey participants listed facilitating remote learning platform access improvements as institution-level highest priority during emergency remote learning. Analysis of survey data revealed a lack of consensus among institutions of varying Carnegie classifications, indicating that the highest Institution-level priority for policy implementation reported by research subjects was facilitating remote learning platform access improvements for 4 Carnegie classifications. Baccalaureate/Associates colleges (72.2%) had the highest percentages of subjects who selected facilitating remote learning platform access improvements as highest priority, followed by Associate's Colleges (43.1%), Doctoral/Research institutions (38.7%) and Master's Colleges (36.6%). Subjects from Baccalaureate colleges (42.2%) reported coordinating accommodations during emergency remote learning as their institution's highest priority (Table 17).

Table 17 *Institution-level Priority for Policy Implementation Carnegie Cross-tabulation*

			Carnegie Classification					Total
			Doctoral/Research	Master's College or University	Baccalaureate College	Baccalaureate/Associate's College	Associate's College	
Institution-level Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	38	27	24	4	26	119
		% within Carnegie Classification	30.6%	32.9%	42.1%	22.2%	36.1%	33.7%
	Revising the DS registration process	Count	0	2	1	0	2	5
		% within Carnegie Classification	0.0%	2.4%	1.8%	0.0%	2.8%	1.4%
	Revising general DS office policies and practices	Count	4	1	1	0	3	9
		% within Carnegie Classification	3.2%	1.2%	1.8%	0.0%	4.2%	2.5%
	Influencing institution-level ADA/AA compliance measures	Count	34	22	8	1	10	75
		% within Carnegie Classification	27.4%	26.8%	14.0%	5.6%	13.9%	21.2%
	Facilitating remote learning platform access improvements	Count	48	30	23	13	31	145
		% within Carnegie Classification	38.7%	36.6%	40.4%	72.2%	43.1%	41.1%
	Total	Count	124	82	57	18	72	353
		% within Carnegie Classification	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Institution-level priority varied by enrollment size. Subjects from institutions with enrollments of 5001-10,000 (44.9%) identified coordinating accommodations as the highest institutional priority. Subjects representing institutions with enrollments of 5000 or under

(41.4%), 10,001-20,000 students (44.2%), and institutions with enrollments over 20,000 (41.3%) indicated that the highest institution-level priority was facilitating learning platform access improvements (Table 18).

Table 18

Institution-level Priority for Policy Implementation Institutional Enrollment Cross-tabulation

			5,000 or under	5,001 to 10,000	10,001 to 20,000	Over 20,000	Total
Institution-level Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	45	31	19	24	119
		% within Institutional Enrollment	35.2%	44.9%	36.5%	23.1%	33.7%
	Revising the DS registration process	Count	3	1	0	1	5
		% within Institutional Enrollment	2.3%	1.4%	0.0%	1.0%	1.4%
	Revising general DS office policies and practices	Count	5	1	0	3	9
		% within Institutional Enrollment	3.9%	1.4%	0.0%	2.9%	2.5%
	Influencing institution-level ADAAA compliance measures	Count	22	10	10	33	75
		% within Institutional Enrollment	17.2%	14.5%	19.2%	31.7%	21.2%
	Facilitating remote learning platform access improvements	Count	53	26	23	43	145
		% within Institutional Enrollment	41.4%	37.7%	44.2%	41.3%	41.1%

Table 18

Institution-level Priority for Policy Implementation Institutional Enrollment Cross-tabulation
(Cont.)

Total	Count	128	69	52	104	353
	% within Institutional Enrollment	100.0%	100.0%	100.0%	100.0%	100.0%

For survey question 11, DSP's representing institutions from three geographic regions selected facilitating remote platform access improvements as their institution's highest priority. The Midwest region led with the highest percentage (45.7%), followed by the Northeast (40.3%) and the South (40.3%). DSPs in the West selected both coordination of accommodations (37.0%) and facilitating remote platform access improvements (37.0%) as their institution's highest priority (Table 19).

Table 19*Institution-level Priority for Policy Implementation Geographic Region Cross-tabulation*

			Geographic Region				Total
			Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)	Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)	South (AL, AR, DC, DE, FL, GA, LA, KY, MD, MS, NC, OK, SC, TN, TX, VA, WV)	West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)	
Institution-level Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	29	25	38	27	119
		% within Geographic Region	30.9%	37.3%	31.9%	37.0%	33.7%
	Revising the DS registration process	Count	2	0	3	0	5
		% within Geographic Region	2.1%	0.0%	2.5%	0.0%	1.4%
	Revising general DS office policies and practices	Count	3	2	4	0	9
		% within Geographic Region	3.2%	3.0%	3.4%	0.0%	2.5%
	Influencing institution-level ADAAA compliance measures	Count	17	13	26	19	75
		% within Geographic Region	18.1%	19.4%	21.8%	26.0%	21.2%
	Facilitating remote learning platform access improvements	Count	43	27	48	27	145
		% within Geographic Region	45.7%	40.3%	40.3%	37.0%	41.1%
Total	Count		94	67	119	73	353
	% within Geographic Region		100.0%	100.0%	100.0%	100.0%	100.0%

Research Question 4: What did DSPs consider the greatest challenges to ADAAA implementation during the COVID-19 pandemic?

Analysis of survey responses revealed that influencing institution-level policy compliance measures was perceived by DSPs as their greatest ADAAA implementation challenge. Coordinating remote learning platform access was also perceived as an implementation challenge, differing by only .09% less than institutional policy compliance. DSPs identified faculty as the group of college/university stakeholders with the greatest challenge to ADAAA implementation during the COVID-19 pandemic.

Survey questions 12-13 asked the participant to identify the greatest challenge to ADAAA policy implementation during COVID-19, and then identify the group they perceive has having the greatest challenge with maintaining compliance. Research subject response to question 12 revealed that DSPs were somewhat split on the greatest challenge to ADAAA policy implementation during the COVID-19 pandemic (Table 20). The largest percentage of subjects identified influencing institution-level ADAAA compliance measures (32.6 %), coordinating accommodations during emergency remote learning (31.7%) and facilitating remote learning platform access (29.5%) were also identified frequently by subjects as their greatest challenge. Adversely, a very small percentage of subjects chose revising the DS registration process as their greatest challenge during the COVID-19 pandemic (1.1%).

Table 20 *DSP Greatest Challenge*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Coordinating accommodations during emergency remote learning	112	31.5	31.7	31.7
	Revising the DS registration process	4	1.1	1.1	32.9
	Revising general DS office policies and practices	18	5.1	5.1	38.0
	Influencing institution-level ADAAA compliance measures	115	32.3	32.6	70.5
	Facilitating remote learning platform access improvements	104	29.2	29.5	100.0
	Total	353	99.2	100.0	
Missing	System	3	.8		
Total		356	100.0		

Question 13 asked subjects to determine which group they perceived as experiencing the greatest challenge with ADAAA policy implementation during the COVID-19 pandemic (Table 21).

Survey responses indicated that the vast majority of research subjects perceived faculty as the group with the greatest challenge (82.7%).

Table 21 *Group with Greatest Challenge*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Faculty	292	82.0	82.7	82.7
	Administrative Staff	23	6.5	6.5	89.2
	Senior Student Affairs Officers (AVP, VP, or Dean)	9	2.5	2.5	91.8
	Senior Academic Affairs Officers (Academic Deans, Vice Provost, Provost)	15	4.2	4.2	96.0
	Executive Staff (President/Chancellor, Governing Board)	14	3.9	4.0	100.0
	Total	353	99.2	100.0	
Missing	System	3	.8		
Total		356	100.0		

F. Chapter Summary

The current research utilized a 13-question survey tool to examine ADAAA implementation strategies used by disability services professionals during the COVID-19 pandemic. A convenience sample of Association on Higher Education and Disability (AHEAD) members representing higher education disability services professionals within the United States was used for this study. Research subjects were identified through the AHEAD membership directory, and were invited by email to participate in an online Qualtrics survey. Of the 2,204 AHEAD members contacted, 356 responses were received, resulting in a response rate of 16.02%. Of the survey participants, there were 353 completed surveys, and 3 incomplete

surveys. Descriptive statistics were used to perform data analysis on 353 completed surveys using SPSS.

Chapter 5 Conclusions

A. Introduction

The abrupt transition to emergency remote learning during the COVID-19 pandemic required higher education institutions to quickly adapt to new methods of providing instruction and student services. This shift in the higher education environment also required the simultaneous adaptation of access practices to ensure that the rights of students with disabilities were not compromised, and that colleges and universities maintain compliance with the Americans with Disabilities Act Amendments Act of 2008 (ADAAA). Without clear pre-established guidelines on how to quickly move forward with maintaining an accessible remote learning environment, disability services professionals were faced with the challenge of creating new ADAAA implementation methods and priorities, relying on their professional discretion to determine which newly created format of policy guidance would suit the needs of students with disabilities on their respective campuses. New understandings of ADAAA and its application to learning and student services were required due to the unprecedented impact of COVID-19 on the postsecondary environment. The current study focuses on the perceptions of DSPs as street-level bureaucrats, who, through their day-to-day efforts to provide access to students with disabilities may, in effect, create institutional policies that vary greatly from what can be gleaned by the direct application of the ADAAA as written.

This chapter details the findings of the study and is organized into four sections. The first section includes a summary of the study. The second section presents conclusions of the study. The third section provides recommendations for future practice and research. The chapter concludes with a summary.

B. Summary of the Study

The purpose of this study was to explore the strategies employed by disability services professionals to implement the ADAAA during the COVID-19 pandemic. Both sources and preferred formats of policy guidance were explored. The priorities of departmental, division, and institution-level leadership as potential influencing factors of DSP decision-making were also examined. The study applied Lipsky's theory of street-level bureaucracy to the higher education environment, with a focus on professionals who are responsible for implementing the ADAAA through the provision of academic accommodations for students with disabilities.

Significance of the Study

Results of the current study may assist higher education professionals responsible for policy development identify the factors that may contribute to policy implementation success or failure, such as the types of resources available to staff members who are tasked with the day-to-day actions that either support or inhibit policy compliance. The research may also assist leadership of professional organizations to identify the guidance formats that members find most helpful, and to gage their effectiveness as resources to the professional community of higher education administrators.

Literature

The current research focuses on the implementation of the Americans with Disabilities Act Amendments Act of 2008 (ADAAA). The ADAAA requires that both public and private higher education institutions prevent discrimination based on disability status (ADAAA, 2008). Disability services professionals are often assigned the responsibility of implementing student services designed to provide academic accommodations to support ADAAA compliance.

The current study expands the inclusion of student affairs administrators within street-level bureaucracy research studies initiated by Mackey (2008), by adding disability service professionals. Mackey (2008) emphasized that the absence of student affairs administrators within street-level bureaucracy research could impact higher education leadership's ability to successfully implement policy (2008). While Mackey's research focused on conflict between policy-makers and policy implementers, the current study explored the factors that influenced the decision-making of higher education administrators during a period of instability of the higher education landscape related to the COVID-19 pandemic and the subsequent transition to emergency remote learning.

Although the purpose of policies such as the ADAAA may be clear, implementation strategies may be ambiguous (Evans, 2020). Implementation ambiguity creates an environment that allows street-level bureaucrats to use professional discretion to make day-to-day policy decisions (Evans, 2020). The lack of readily available standards of practice and guidance for ADAAA compliance during the COVID-19 pandemic created an environment such as the one described by Evans (2020): a clear policy purpose, yet ambiguous implementation strategy.

According to Lipsky (2010) "administrators and occupational community norms structure policy choices of street-level bureaucrats" (p.14). This core tenant of the current study linked the influence of higher education leadership and professional affiliations of DSPs to their decision-making as street-level bureaucrats. The influence of leadership on DSP practices is explored through DSP perceptions of department, division, and institution level ADAAA implementation priorities. The influence of professional organizations on DSP decision-making and preferred professional guidance format is also explored in the current study.

Research Design

A quantitative research design was used to investigate implementation strategies used by DSPs to maintain ADAAA compliance during the COVID-19 pandemic. A 13-question survey instrument created by the researcher was emailed to the target population of disability services professionals who were listed in the membership directory of the Association on Higher Education and Disability (AHEAD). Incomplete listings and members outside of the US were removed from the member list, resulting in a survey population of 2,204 AHEAD members. A convenience sample consisting of 353 completed survey responses was obtained. Descriptive statistical methods, frequency distribution and cross tabulation were performed to analyze survey data.

Data Collection Results

Research Question 1: During the higher education institution's transition to online or remote instruction during the COVID-19 pandemic, what factors guided DSP decision-making in the implementation of the ADAAA?

Campus-level policy revisions were a shared responsibility among multiple campus stakeholders as indicated by 43.9% of survey participants, thus, no individual stakeholder group was identified as the primary influence on campus-level policy revision (Table 4). Conversely, DS Directors were found to be responsible for departmental policy revision (69.1%). Thus, the influence of the DS Director may be considered a primary influence in the decision-making of DSPs on a departmental level (Table 5).

Research Question 2: What resources did DSPs refer to for guidance with ADAAA implementation during the COVID-19 pandemic?

DSPs referred to Association on Higher Education and Disability (AHEAD) community postings, listservs, webinars and virtual conferences for guidance with ADAAA implementation during the COVID-19 pandemic more frequently than any other source (Table 6).

Among those resources:

- i. *To what extent has guidance from the Association on Higher Education and Disability (AHEAD) influenced ADAAA implementation decisions made by DSP's during the COVID-19 pandemic?*

The primary policy guidance utilized by DSPs was from the AHEAD organization (64.6%), thus survey results support the utility of AHEAD guidance for DSPs during COVID-19 (Table 7).

- ii. *What format of guidance (community board postings, webinars, website resources, etc.) did DSPs find most useful for implementation decision-making/ADAAA compliance during the transition to online learning?*

The largest number of DSPs (38.8%) indicated a preference for Listservs/community board postings (Table 7).

Research Question 3: Did DSP's ADAAA implementation practices vary by institution category, size, or location during the COVID-19 pandemic?

As indicated by DSP's response to questions regarding priorities at the individual, departmental, division, and institutional levels, implementation priority was consistent across categories (institution type, enrollment size, and geographic region) at the DSP and departmental levels (Tables 8-13); however, varying priorities emerged at the division and institution levels.

Data analysis revealed a lack of consensus on ADAAA implementation priority during the COVID-19 pandemic when research subjects were asked to identify the highest division-level priority. Priorities differed for research subjects when grouped by Carnegie category and by

enrollment size. Analysis of subject response by Carnegie classification (Table 14) revealed that the highest division-level priority for policy implementation as reported by DSPs was coordinating accommodations during emergency remote learning for Baccalaureate Colleges (49.1%), Associates colleges (44.4%), Master's Colleges (45.1%), and Doctoral/research colleges (36.3%). Subjects representing Baccalaureate/Associate's colleges selected facilitating remote learning platform access improvements as the highest division-level priority (50.0%), followed by coordinating accommodations (33.3%).

Analysis of subject response by enrollment size (Table 15) revealed that the highest division-level priority for policy implementation as reported by DSPs was coordinating accommodations during emergency remote learning for institutions with enrollments of 5001-10,000 (52.2%) and institutions with enrollments of 5,000 or under (49.2%). Subjects representing institutions with enrollments of 10,001-20,000 indicated that the highest division-level priority was facilitating learning platform access improvements (40.4%), while subjects representing institutions with over 20,000 students identified influencing campus-level ADAAA compliance measures (35.5%) as highest division-level priority.

Unlike the previous categories, analysis of division level priority by geographic region (Table 16) revealed that DSP's representing institutions from all geographic regions selected coordinating accommodations during emergency remote learning as their division's highest priority (41.9%). The Western region led with the highest percentage (49.3%).

Data analysis revealed a lack of consensus on ADAAA implementation priority during the COVID-19 pandemic when research subjects were asked to identify institution-level priorities. Priorities differed for research subjects when grouped by Carnegie category, enrollment size, and geographic region. Analysis of subject response by Carnegie classification

revealed a lack of consensus. The highest Institution-level priority for policy implementation reported by research subjects was facilitating remote learning platform access improvements for 3 Carnegie classifications (Table 17). Baccalaureate/Associates colleges (72.2%) had the highest percentages of subjects who selected facilitating remote learning platform access improvements as highest priority, followed by Associate's Colleges (43.1%), Doctoral/Research institutions (38.7%) and Master's Colleges (36.6%). Subjects from Baccalaureate colleges (42.2%) reported coordinating accommodations during emergency remote learning as their institution's highest priority.

Analysis of subject response by enrollment size revealed that subjects from institutions with enrollments of 5001-10,000 (44.9%) identified coordinating accommodations as the highest institutional priority (Table 18). Subjects representing institutions with enrollments of 5,000 or under (41.4%), 10,001-20,000 students (44.2%), and institutions with enrollments over 20,000 (41.3%) indicated that the highest institution-level priority was facilitating learning platform access improvements

Analysis of institution level priority by geographic region revealed that DSP's representing institutions from three geographic regions selected facilitating remote platform access improvements as their institution's highest priority. The Midwest region led with the highest percentage (45.7%), followed by the Northeast (40.3%) and the South (40.3%). DSPs in the West selected both coordination of accommodations (37.0%) and facilitating remote platform access improvements (37.0%) as their institution's highest priority (Table 19).

Research Question 4: What did DSPs consider the greatest challenges to ADAAA implementation during the COVID-19 pandemic?

Influencing institution-level policy compliance measures was perceived by DSPs as their greatest ADAAA implementation challenge (32.6%). Coordinating remote learning platform access was also perceived as an implementation challenge, differing by only .09% less than institutional policy compliance (31.7%). DSPs identified faculty as the group of college/university stakeholders with the greatest challenge to ADAAA implementation during the COVID-19 pandemic (Tables 20-21).

C. Conclusions

1. ADAAA implementation decision-making on the departmental level, as reported by 34% of research subjects (Table 4), was the responsibility of the Director of Disability Services; thus, director influence was a primary factor in DSP decision-making. The ability to directly communicate new ADAAA implementation practices from department head to individual DSPs without intermediaries and the need to act quickly to adjust to the remote learning environment may have limited the discretion of individual DSPs, who instead, carried out the directives of disability services directors. In addition, membership to the same professional organizations (such as AHEAD and AHEAD state or regional affiliates) gives DSP at every staff level access to the same ADAAA guidance resources. This may also contribute to the selection of the same priority at both the individual DSP and department levels.
2. Information from AHEAD was a highly valued resource for implementation guidance among DSPs during the COVID-19 pandemic. Specifically, the analysis of survey data indicated that the primary resource identified by 64.6% of subjects was AHEAD community postings, listservs, webinars and virtual conferences (Table 6). As AHEAD is a national professional organization comprised of individuals who work in the field of

higher education and disability and are tasked with ADAAA implementation as applies to student accommodations, the study's findings regarding the utility of the organization for policy guidance further supports AHEAD's goal to "inform members of emerging issues relevant to disability and higher education in the legislative and regulatory spheres (AHEAD, 2021)."

3. Despite the availability of multiple guidance formats, the largest number of DSPs (38.8%) indicated a preference for listservs/community board postings. Direct communication with a self-selected peer network of DSPs was also among the most preferred formats of policy guidance (26.9%) (Table 7). Data analysis results seem to indicate DSP preference for input from individual members of their professional peer network. Although the AHEAD organization serves as the access portal in the latter the intent appears to be to access peer guidance.
4. At the individual and the department levels, across all categories (Carnegie classification, enrollment size, and geographic region) the highest priority was providing accommodations. One could speculate that being a part of the same departmental team and perhaps being a member of the same professional organizations as department leadership would result in DSP perception that their individual professional priorities and department level priorities were aligned.
5. At the division level, there were vastly different priorities according to institutional enrollment size. It is at the division level that ADAAA implementation stakeholders move beyond Disability Services staff. Policy stakeholders at the division level include administrators who have expertise outside of the field of disability service. Division-level administrators often serve a broader population of students and may have different

priorities based on their particular roles. Data analysis at the division level based on enrollment size shows that DSPs from institutions of smaller enrollment sizes, (5,000 or under, and 5,001-10,000) selected coordinating accommodations as their highest priority. Institutions with enrollments of 10,001-20,000 indicated that the highest division-level priority was facilitating learning platform access improvements (40.4%), while subjects representing institutions with over 20,000 students identified influencing campus-level ADAAA compliance measures (35.5%) as the highest division-level priority (Table 15). It is also possible that the differences observed in division level implementation priorities according to enrollment size could be due to operational or campus cultural differences between smaller, mid-sized, and large institutions of higher education. In addition, it is likely that division-level leadership relied on professional organizations related to their specific roles in higher education to establish best practices for serving students during COVID-19. Varying priorities related to how to provide access to students with disabilities during emergency remote learning may have emerged in their professional organizations or may not have been addressed at all.

6. At the institution level there were vastly different priorities according to geographic region. For survey question 11, DSP's representing institutions from three geographic regions selected facilitating remote platform access improvements as their institution's highest priority. The Midwest region led with the highest percentage (45.7%), followed by the Northeast (40.3%) and the South (40.3%). DSPs in the West selected both coordination of accommodations (37.0%) and facilitating remote platform access improvements (37.0%) as their institution's highest priority (Table 19). Differences in ADAAA implementation priority at the institution level as related to geographic region

may occur due to stakeholders at the institutional level being members of various professional organizations and determining their ADAAA implementation priorities based on what they glean from organizational resources. Of these professional organizations, there may be regional or state affiliates that differ in their approaches to addressing ADAAA implementation during emergency remote learning. Although survey subjects may not have taken this reason into account, their report of institution-level priorities may be based on institutional messaging as applies to access and students with disabilities or ADAAA implementation steps witnessed by DSP's at the institutional level: for example faculty training on creating accessible online course materials, requiring that all institution affiliated videos have closed captions, or strict monitoring and enforcement of the institution's web accessibility policy.

D. Recommendations

Recommendations for Practice

1. The current study highlights the desire of DSPs to connect with their professional peers for guidance. It is recommended that disability services practitioners in leadership positions use their influence to prioritize professional organization membership and to support growth of peer networks for disability services staff members.
2. Due to the lack of consensus at the division and institution levels concerning ADAAA priority, it is recommended that DSPs learn more about the professional organizations and resources division and institution level leadership reference to learn about ADAAA policy implementation and compliance and attend or present at such events as content experts to expand leaderships knowledge of accessibility and accessible design. The aim of this recommendation is to both learn more about the responsibilities of ADAAA

compliance stake holders and to serve as a resource that will aid compliance at the department, division, and institutional levels.

3. Disability Services professionals should seek opportunities to collaborate with division and institution level professionals about accessibility and ADAAA compliance measures and the institutional responsibility to continuously improve policy implementation measures to meet the needs of students with disabilities which will continue to change and evolve due to unprecedented events, such as the COVID-19 pandemic, advances in technology, changes in teaching methods, or to meet the needs of specific students with disabilities that enroll.
4. This research should be shared with AHEAD organization leadership to assist with selection and promotion of professional education formats that members find most useful.

Recommendations for Research

1. Further study should be conducted a with focus on DSP discretionary practices and ADAAA implementation during the COVID-19 pandemic for historically black colleges and university (HBCU), tribal college, and specialty college DSPs. Greater research is needed on the factors that influence decision-making of HBCU, tribal college and specialty college disability services professionals, and the unique aspects of their roles as college administrators.
2. The relationships between each level of institutional leadership (department, division, and institution) and methods of collaboration that would promote interdisciplinary knowledge, training, and support of ADAAA compliance and disability access measures should be explored in future studies. Conversely, institutional conflict and its impact on

ADAAA implementation in respect to local variation to federal policy should also be studied.

3. The long-term impact of the COVID-19 pandemic on higher education and ADAAA policy development over time should be explored in order to examine how the emergence of new disability categories and accommodations that emerged during remote learning are addressed or amended upon the return to in-person learning.
4. Future research could expand the definition of street-level bureaucrat to include other higher education administrators beyond the disability services field who also address federal policy implementation such as Title IX coordinators and university compliance officers, and faculty.

E. Discussion

The application of street-level bureaucracy to the discretionary choices of disability services professionals during the COVID-19 pandemic was confirmed by the current study. A central tenant of street-level bureaucracy is that the discretionary choices and actions of workers who are responsible for carrying out policy create agency behavior (Lipsky, 2010). One way the current study identifies disability services providers as street-level bureaucrats is the discretion they possess concerning how to operationalize the ADAAA to meet the academic needs of students with disabilities.

Another means of relating disability services professionals to the street-level bureaucrat is their high level of discretion and autonomy from division and institutional leadership. (Lipsky, 2010). This is an essential criterion of the street-level bureaucrat. It is unlikely that stakeholders at the division or the institution level frequently interact with disability services staff regarding the daily operations of disability services, although the actions of DSS staff are vital to

compliance with the ADAAA. In fact, the input of leadership above the department level may only occur if an institutional or federal level complaint of disability-based discrimination occurs.

DSPs, like the street-level bureaucrat, are expected to use their own professional judgement due to their specialization, and are often given deference in matters regarding their field. In the case of DSPs they are frequently given deference in matters regarding students with disabilities and the implementation of the ADAAA. The expectation of expertise and the use of professional judgement continued with COVID-19 pandemic, although DSPs, like many of their colleagues in other areas of higher education administration, had to rely on professional resources to guide their actions to a greater extent than perhaps ever before in their careers.

Lipsky (2010) stated that there's often a difference between the perspectives and preferences of street-level bureaucrats and their superiors, and thus in some respects, street level bureaucrats cannot be thought to be working towards agency goals. The researcher challenges the notion that such differences should be interpreted as the street-level bureaucrat not working towards agency goals. Results of the current study revealed that although individual DSPs viewed their own highest ADAAA implementation priority the same as department level highest priority—implementing student accommodations; differences emerged when DSPs were asked about division and institution-level priorities. Rather than identifying this phenomenon as street-level bureaucrats' resistance to agency goals, this is viewed by the researcher as differing priorities at the department, division, and institution level working towards the shared (agency) goal of ADAAA compliance. DSPs and disability services department level leadership focus on implementation priorities related to the individual accommodation needs of students with disabilities. Conversely, division and institution level leadership may focus on implementation priorities designed to maintain ADAAA compliance through institution-wide accessibility

measures, increasing access to remote learning and services to a broader population of students, without the need for individual student requests. This perspective aligns with Lipsky's (2010) statement on the utility of viewing street-level bureaucrats as having interests and resources distinctly different from those of higher-level leadership. The context of this viewpoint was intended to account for antagonistic interests between street-level bureaucrats and higher-level leadership, potentially leading to compliance failures; however, Lipsky (2010) shares that policy implementation that reflects policy intent can be achieved through the mutual adjustment of opposing perspectives—such as those of street-level bureaucrats and higher-level leadership, and focusing on shared goals, such as maintaining institutional ADAAA compliance during the COVID-19 pandemic.

F. Chapter Summary

This chapter reviewed findings of the current research on the discretionary practices of disability services providers as they implement the ADAAA during the COVID-19 Pandemic. The chapter included a summary of research question answers. Recommendations for practice and future research supported by study results were presented.

References

- ADA Amendments Act of 2008, Public L. No. 110-325 (2009).
- AHEAD. (2020). About AHEAD. Retrieved from: <http://www.ahead.org/about-ahead>
- Alexander, L. (2020, May 28). The surest step towards normalcy. *Inside Higher Ed*. Retrieved from <https://www.insidehighered.com/views/2020/05/28/key-issue-isnt-whether-colleges-should-reopen-fall-how-do-it-safely-opinion>
- American College Health Association (2020, May 7). *Considerations for reopening institutions of higher education in the COVID-19 era*. Retrieved from https://www.acha.org/documents/reouces/guidelies/ACHA_Considerations_for_Reopening_IHEs_in_the_COVID-19_Era_May2020-21.pdf
- Americans with Disabilities Act of 1990, Pub. L. No. 101-336, 104 Stat. 328 (1990).
- Anderson, G. (2020, April 6). Accessibility Suffers During Pandemic. *Inside Higher Ed*. Retrieved from <https://www.insidehighered.com/news/2020/04/06/remote-learning-shift-leaves-students-disabilities-behind>
- Armour, M. (2020, March 25). Privacy and the Online Pivot. *Inside Higher Ed*. Retrieved from <https://www.insidehighered.com/news/2020/03/25/pivot-online-raises-concerns-ferpa-surveillance>
- Bailey, D. N. (2006). *The Americans with Disabilities Act: Legal aspects of the accommodations conundrum*. Widener University.
- Baker, C. (2017). Quantitative research designs: Experimental, quasi-experimental, and descriptive.
- Boin, A., Ekengren, M., & Rhinard, M. (2020). Hiding in plain sight: Conceptualizing the creeping crisis. *Risk, Hazards & Crisis in Public Policy*, 11(2), 116-138.
- Burke, L. A., Friedl, J., & Rigler, M. (2010). The 2008 Amendments to the Americans with Disabilities Act: Implications for student affairs practitioners. *Journal of Student Affairs Research and Practice*, 47(1), 63-77.
- Burke, L. A., Friedl, J., & Rigler, M. (2010). The 2008 Amendments to the Americans with Disabilities Act: Implications for student affairs practitioners. *Journal of Student Affairs Research and Practice*, 47(1), 63-77.
- Carrington, K. (2005). Street level discretion: Is there a need for control? *Public Administration Quarterly*, 29(1), 140-161.

- Center for Disease Control. First Travel-related Case of 2019 Novel Coronavirus Detected in United States. Retrieved from: <https://www.cdc.gov/media/releases/2020/p0121-novel-coronavirus-travel-case.html>
- Centers for Disease Control and Prevention [CDC] (2020). *Considerations for institutions of higher education*. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html>
- Centers for Disease Control and Prevention [CDC] (2020, March 18). *Interim guidance for administrators of US institutions of higher education*. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-ihe-response.html>
- Christ, T. W. (2008). A Cross-case Analysis of Leadership Qualities in Three Postsecondary Disability Support Centers. *Journal of Ethnographic & Qualitative Research*, 2(4).
- Chronicle of Higher Education. (2020, April 23). Here's a list of colleges' plans for reopening in the fall. Author. Retrieved from <https://www.chronicle.com/article/Here-s-a-List-of-Colleges-/248626>
- Crawford, J., Butler-Henderson, K., Rudolph, J., Malkawi, B., Glowatz, M., Burton, R., ... & Lam, S. (2020). COVID-19: 20 countries' higher education intra-period digital pedagogy responses. *Journal of Applied Learning & Teaching*, 3(1), 1-20.
- Creswell, J. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Los Angeles: Sage.
- Creswell, J. W. (2015). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (5th ed.). Boston: Pearson Education.
- Dill, Fischer, McMurtrie & Supiano (2020). As Coronavirus Spreads, the Decision to Move Classes Online Is the First Step. What Comes Next? Chronicle of Higher Education. 66 (25). Retrieved from: <https://www.chronicle.com/article/As-Coronavirus-Spreads-the/248200>.
- Epshteyn, E. (2019). *From Policy to Compliance: US Higher Education Faculty Concerns over Institutional Digital Content Accessibility Policies* (Doctoral dissertation, Northeastern University).
- Evans, T. (2020, October 27). Street-Level Bureaucrats: Discretion and Compliance in Policy Implementation. *Oxford Research Encyclopedia of Politics*. Retrieved from <https://oxfordre.com/politics/view/10.1093/acrefore/9780190228637.001.0001/acrefore-9780190228637-e-1422>.
- Glass, G., & Hopkins, K. (1996). Statistical methods in education and psychology. *Psycritiques*, 41(12).

- Gluckman, Nell. (2020, May 22). Does Anthony Fauci think colleges should reopen? We asked him. *Chronicle of Higher Education*. Retrieved from <https://www.chronicle.com/article/Does-Anthony-Fauci-Think/248839>
- Gofen, A., & Lotta, G. (2021). Street-Level Bureaucrats at the Forefront of Pandemic Response: A Comparative Perspective. *Journal of Comparative Policy Analysis: Research and Practice*, 23 (1), 3-15
- Goodsell, C. T. (2002). Insights for public administration from the terrorist attacks. *Administration & Society*, 34(3), 255-260.
- Hill, H. C. (2003). Understanding implementation: Street-level bureaucrats' resources for reform. *Journal of Public Administration Research and Theory*, 13(3), 265-282.
- Hill, M., & Hupe, P. (2002). *Implementing public policy: Governance in theory and in practice*. Sage.
- Hodges, C., Moore, S., Lockee, B., Trust, T., & Bond, A. (2020). The difference between emergency remote teaching and online learning. *Educause review*, 27, 1-12.
- Holton, E. F., & Burnett, M. F. (2005). The basics of quantitative research. *Research in organizations: Foundations and methods of inquiry*, 29-44.
- Horsey, C. L. (2000). Equal access and equal opportunity in higher education: The implementation of the Americans with Disabilities Act of 1990 in Region II colleges and universities.
- Howe, K., & Eisenhart, M. (1990). Standards for qualitative (and quantitative) research: A prolegomenon. *Educational researcher*, 19(4), 2-9.
<https://nces.ed.gov/fastfacts/display.asp?id=60>
- Hunter, B., & Gehring, D. D. (2005). The cost of federal legislation on higher education: The hidden tax on tuition. *NASPA Journal*, 42(4), 478-497.
- Individuals with Disabilities Education Act (IDEA) of 1990, PL 101-476, 20 USC
- Jaschik, Scott. (2020, May 19). *The online risk*. Inside Higher Ed. Retrieved from <https://www.insidehighered.com/admissions/article/2020/05/19/one-third-high-school-seniors-say-they-will-defer-or-cancel-rather>
- Kelly, M. (1994). Theories of justice and street-level discretion. *Journal of Public Administration Research and Theory*, 4(2), 119-140.
- Keselman, H. J., Huberty, C. J., Lix, L. M., Olejnik, S., Cribbie, R. A., Donahue, B., ... & Levin, J. R. (1998). Statistical practices of educational researchers: An analysis of their

- ANOVA, MANOVA, and ANCOVA analyses. *Review of educational research*, 68(3), 350-386.
- Lipsky, M. (2010). *Street-level bureaucracy, 30th ann. Ed.: dilemmas of the individual in public service*. Russell Sage Foundation.
- Long, E., & Franklin, A. L. (2004). The paradox of implementing the government performance and results act: top-down direction for bottom-up implementation. *Public Administration Review*, 64(3), 309-319.
- Mackey III, E. R. (2008). *Street-level bureaucrats and the shaping of university housing policy and procedures*. University of Arkansas.
- Madaus, J. W. (2011). The history of disability services in higher education. (W. S. Harbour, & J. W. Madaus, Eds.) *Disability Services and Campus Dynamics: New Directions for Higher Education*, 154(1), 5-15.
- Madaus, J. W., & Shaw, S. F. (2006). Disability services in postsecondary education: Impact of IDEA 2004. *Journal of Developmental Education*, 30(1), 12.
- Maloney, E. J., & Kim, J. (2020, April 22). 15 fall scenarios. *Inside Higher Ed*. Retrieved from <https://www.insidehighered.com/digital-learning/blogs/learning-innovation/15-fall-scenarios>
- Maloney, E. J., & Kim, J. (2020, May 21). The Challenge of Equity in Higher Education Under COVID-19. *Inside Higher Ed*. Retrieved from <https://www.insidehighered.com/blogs/learning-innovation/challenge-equity-higher-education-under-covid-19>
- Maloney, E. J., & Kim, J. (2020, May 27). Thinking about place in higher education under COVID-19. *Inside Higher Ed*. Retrieved from <https://www.insidehighered.com/digital-learning/blogs/learning-innovation/thinking-about-place-higher-education-under-covid-19>
- Matland, R. E. (1995). Synthesizing the implementation literature: The ambiguity-conflict model of policy implementation. *Journal of public administration research and theory*, 5(2), 145-174.
- McCrum-Gardner, E. (2008). Which is the correct statistical test to use?. *British Journal of Oral and Maxillofacial Surgery*, 46(1), 38-41.
- McHugh, M. L. (2011). Multiple comparison analysis testing in ANOVA. *Biochemia medica*, 21(3), 203-209.
- Mishra, P., Pandey, C. M., Singh, U., Gupta, A., Sahu, C., & Keshri, A. (2019). Descriptive statistics and normality tests for statistical data. *Annals of cardiac anesthesia*, 22(1), 67.

- Muijs, D. (2010). *Doing quantitative research in education with SPSS*. Sage.
- NCAA. (2020, April 22). *Resocialization of Collegiate Sport: Action Plan Considerations*. Retrieved from <https://www.ncaa.org/sport-science-institute/resocialization-collegiate-sport-action-plan-considerations>
- President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Conference. (2020, March 13). Retrieved from: <https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-conference-3/>
- Rehabilitation Act of 1973, Pub. L. No. 93-112, 87 Stat. 394 (1973).
- Sabatier, P., & Mazmanian, D. (1980). The implementation of public policy: A framework of analysis. *Policy studies journal*, 8(4), 538-560.
- Scotch, R. K. (2000). Models of disability and the Americans with Disabilities Act. *Berkeley J. Emp. & Lab. L.*, 21, 213.
- Shin, M., & Hickey, K. (2020). Needs a little TLC: examining college students' emergency remote teaching and learning experiences during COVID-19. *Journal of Further and Higher Education*, 1-14.
- Sills, S. J., & Song, C. (2002). Innovations in survey research: An application of web-based surveys. *Social science computer review*, 20(1), 22-30.
- Smalley, A. (2020, May 03). Higher education responses to coronavirus (COVID-19). *National Conference of State Legislatures*. Retrieved from <https://www.ncsl.org/research/education/higher-education-responses-to-coronavirus-covid-19.aspx>
- Sorg, J. D. (1983). A typology of implementation behaviors of street-level bureaucrats. *Review of Policy Research*, 2(3), 391-406.
- Southeastern Community College v. Davis, 442 US 397 (1979).
- Teddlie, C., & Tashakkori, A. (2009). *Foundations of mixed methods research: Integrating quantitative and qualitative approaches in the social and behavioral sciences*. Sage.
- Thomas, S. B. (2000). College students and disability law. *The Journal of Special Education*, 33(4), 248-257.
- Tummers, L., & Bekkers, V. (2014). Policy implementation, street-level bureaucracy, and the importance of discretion. *Public Management Review*, 16(4), 527-547.

- U.S. Census Bureau. Census Regions and Divisions of the United States (2020). Retrieved from https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf
- U.S. Census Bureau. The U.S. Census Bureau Begins to Count U.S. Island Areas Populations. (2020). Retrieved from <https://www.census.gov/newsroom/press-releases/2020/2020-island-areas-populations.html>
- U.S. Department of Education, National Center for Education Statistics. (2019). *Digest of Education Statistics, 2017* (2018-070), Chapter 3.
- US Department of Education. (1980). *Academic adjustments*, 34 C.F.R §104.44.
- US Department of Education. (1980). *Admissions*, 34 C.F.R §104.42.
- US Department of Education. (1980). *Definitions*, 34 C.F.R §104.3.
- US Department of Education. (1980). *Postsecondary education*, 34 C.F.R §104.41.
- US Department of Education. (2020, March 16). *Facts sheet: Addressing the risk of COVID-19 in schools while protecting the civil rights of students*. Retrieved from <https://www2.ed.gov/about/offices/list/ocr/docs/ocr-coronavirus-fact-sheet.pdf>
- Vierling, L. E., & Vierling, D. J. (2012). What every case manager needs to know about the ADAAA. *Professional Case Management*, 17(1), 39-42.
- Washington, K. A. (2016). Discretion and the implementation of federal disability policy in postsecondary education. University of Arkansas.
- White, H., & Sabarwal, S. (2014). Quasi-experimental design and methods. *Methodological briefs: impact evaluation*, 8, 1-16.
- World Health Organization. *Who Timeline COVID-19*. (2020). Retrieved from: <https://www.who.int/news-room/detail/08-04-2020-who-timeline---covid-19>

Appendix A

Section I Demographic and Institutional Information

1. What type of institution do you work for?
 - a. Doctoral/Research
 - b. Master's College or University
 - c. Baccalaureate College
 - d. Baccalaureate/Associate's College
 - e. Associate's College
2. What is your Institutional enrollment?
 - a. Under 2,000
 - b. 2,001 to 5,000
 - c. 5001 to 10,000
 - d. 10,001 to 15,000
 - e. Over 20,000
3. Where is your institution located?
 - a. Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)
 - b. Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)
 - c. South (AL, AR, DC, DE, FL, GA, LA, KY, MD, MS, NC, OK, SC, TN, TX, VA, WV)
 - d. West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)
 - e. US Territory (AS, FM, GU, MH, MP, PR, PW, VI)

Section II: COVID-19 ADA Implementation Guidance Resources

4. What primary policy resource did you refer to for ADA implementation/compliance guidance during the COVID-19 pandemic?
 - a. Association on Higher Education and Disability (AHEAD) community postings, listservs, webinars, and virtual conferences
 - b. Disabled Student Services in Higher Education (DSSHE) listserv
 - c. AHEAD Affiliate community postings, listservs, webinars, and virtual conference
 - d. Internal campus resources
 - e. Self-selected peer network of disability services provider

5. What format of policy guidance did you find most useful in the implementation of the ADA during the COVID-19 pandemic?
 - a. Listservs/community board postings
 - b. Website Resources
 - c. Webinars
 - d. Virtual conferences
 - e. Direct communication with self-selected peer network of disability services providers

Section III: DS Provider Role: COVID-19 ADA Implementation & Campus Policy/Decision-making factors

6. Which area was responsible for revising campus-level policy to support ADA compliance during the COVID-19 pandemic?
 - a. DS staff
 - b. Senior Student Affairs Officers (AVP, VP, AD, or Dean)
 - c. Senior Academic Affairs Officers (Academic Deans, Vice Provost, Provost)
 - d. Executive Staff (President/Chancellor, Governing Board)
 - e. Multiple campus stakeholders
7. Who in the DS office was ultimately responsible for revising departmental-level policy to support ADA compliance during the COVID-19 pandemic?
 - a. Director
 - b. Assistant/Associate Director
 - c. Coordinator/Coordinators
 - d. DS Team
8. Which of the options below did you consider the highest priority for ADA policy implementation changes during the COVID-19 pandemic?
 - a. Coordinating accommodations during emergency remote learning
 - b. Revising the DS registration process
 - c. Revising general DS office policies and practices
 - d. Influencing Institution-level ADA compliance measuresFacilitating remote learning platform access improvements

9. Which of the options below did DS department-level leadership consider the highest priority for ADA policy implementation changes during the COVID-19 pandemic?
- a. Coordinating accommodations during emergency remote learning
 - b. Revising the DS registration process
 - c. Revising general DS office policies and practices
 - d. Influencing Institution-level ADA compliance measures
 - e. Facilitating remote learning platform access improvements
10. Which of the options below did division-level leadership consider the highest priority for ADA policy implementation changes during the COVID-19 pandemic?
- a. Coordinating accommodations during emergency remote learning
 - b. Revising the DS registration process
 - c. Revising general DS office policies and practices
 - d. Influencing Institution-level ADA compliance measures
 - e. Facilitating remote learning platform access improvements
11. Which of the options below did institution-level leadership consider the highest priority for ADA policy implementation changes during the COVID-19 pandemic?
- a. Coordinating accommodations during emergency remote learning
 - b. Revising the DS registration process
 - c. Revising general DS office policies and practices
 - d. Influencing Institution-level ADA compliance measures
 - e. Facilitating remote learning platform access improvements

Section IV: COVID-19 ADA Implementation Challenges

12. What was the greatest challenge to ADA policy implementation during the COVID-19 pandemic?
- a. Coordinating accommodations during emergency remote learning
 - b. Revising the DS registration process
 - c. Revising general DS office policies and practices
 - d. Influencing Institution-level ADA compliance measures
 - e. Facilitating remote learning platform access improvements

13. What group do you perceive as having the greatest challenge with maintaining ADA compliance during the COVID-19 Pandemic?
- a. Faculty
 - b. Administrative Staff
 - c. Senior Student Affairs Officers (AVP, VP, AD, or Dean)
 - d. Senior Academic Affairs Officers (Academic Deans, Vice Provost, Provost)
 - e. Executive Staff (President/Chancellor, Governing Board)

Appendix B



To: Crystal Denise Hill
From: Justin R Chimka, Chair
IRB Expedited Review
Date: 08/10/2021
Action: **Exemption Granted**
Action Date: 08/10/2021
Protocol #: 2107345803
Study Title: The COVID-19 Pandemic and the Implementation of the Americans with Disabilities Act in Higher Education: Discretionary Practices of Disability Services Professionals

The above-referenced protocol has been determined to be exempt.

If you wish to make any modifications in the approved protocol that may affect the level of risk to your participants, you must seek approval prior to implementing those changes. All modifications must provide sufficient detail to assess the impact of the change.

If you have any questions or need any assistance from the IRB, please contact the IRB Coordinator at 109 MLKG Building, 5-2208, or irb@uark.edu.

cc: Michael T Miller, Investigator

Appendix C

Subject: Dissertation Research Participation Invitation: ADAAA Implementation and COVID-19

Dear Colleague,

My name is Crystal Hill. I am currently a doctoral student at the University of Arkansas. My dissertation examines the variables that impact the discretionary practices of Disability Services Professionals as they implement the Americans with Disabilities Act Amendments Acts (ADAAA) during the COVID-19 Pandemic.

You have been identified as a Disability Services Professional for your campus, and your participation is needed to collect research for our profession. Please feel free to forward this invitation to other Disability Services Professionals within your professional network.

I realize that your time is valuable, and that we have experienced a very difficult season both as practitioners and personally. Therefore, the survey is designed to be completed in approximately 10-15 minutes. Your participation is voluntary, and you maintain the right to withdraw from the study at any time. All answers will be submitted anonymously.

Please click on the link below and complete the survey by September 24th, 2021. Should you have any questions about the study or the content of the survey, please feel free to contact either me or my advisor, Dr. Michael Miller. For questions or concerns about your rights as a research participant, please contact Ro Windwalker, the University IRB Coordinator.

Follow this link to the Survey:
[Survey Link]

Or copy and paste the URL below into your internet browser:
[URL]

Thank you in advance for your survey participation and helping me with my dissertation research.

Sincerely,

Crystal Hill, Doctoral Candidate
Public Policy

Appendix D

Subject: Dissertation Research Participation Invitation: ADAAA Implementation and COVID-19

Dear Colleague,

My name is Crystal Hill. I am currently a doctoral student at the University of Arkansas. My dissertation examines the variables that impact the discretionary practices of Disability Services Professionals as they implement the Americans with Disabilities Act Amendments Acts (ADAAA) during the COVID-19 Pandemic.

You have been identified as a Disability Services Professional for your campus, and your participation is needed to collect research for our profession. Please feel free to forward this invitation to other Disability Services Professionals within your professional network.

If you have already completed the survey, please disregard this message.

The survey is designed to be completed in approximately 10-15 minutes. Your participation is voluntary, and you maintain the right to withdraw from the study at any time. All answers will be submitted anonymously.

Please click on the link below and complete the survey by September 24th, 2021. Should you have any questions about the study or the content of the survey, please feel free to contact either me or my advisor, Dr. Michael Miller.

Follow this link to the Survey:
[Survey Link]

Or copy and paste the URL below into your internet browser:
[URL]

Thank you in advance for your survey participation and helping me with my dissertation research.

Sincerely,

Crystal Hill, Doctoral Candidate
Public Policy

Appendix E

Subject: Dissertation Research Participation Invitation: ADAAA Implementation and COVID-19

Dear Colleague,

My name is Crystal Hill. I am requesting your assistance with my doctoral research. My dissertation examines the variables that impact the discretionary practices of Disability Services Professionals as they implement the Americans with Disabilities Act Amendments Acts (ADAAA) during the COVID-19 Pandemic.

You have been identified as a Disability Services Professional for your campus. Please feel free to forward this invitation to other Disability Services Professionals within your professional network.

If you have already completed the survey, please disregard this message.

The survey is designed to be completed in approximately 10-15 minutes. Your participation is voluntary, and you maintain the right to withdraw from the study at any time. All answers will be submitted anonymously.

Please click on the link below and complete the survey by September 24th, 2021. Should you have any questions about the study or the content of the survey, please feel free to contact either me or my advisor, Dr. Michael Miller.

Follow this link to the Survey:
[Survey Link]

Or copy and paste the URL below into your internet browser:
[URL]

Thank you in advance for your survey participation and helping me with my dissertation research.

Sincerely,

Crystal Hill, Doctoral Candidate
Public Policy

Appendix F

Subject: Dissertation Research Participation Invitation (Final Request): ADAAA Implementation and COVID-19

Dear Colleague,

My name is Crystal Hill. I am making a final request for your assistance with my doctoral research. My dissertation examines the variables that impact the discretionary practices of Disability Services Professionals as they implement the Americans with Disabilities Act Amendments Acts (ADAAA) during the COVID-19 Pandemic.

If you have already completed the survey, please disregard this message.

The survey is designed to be completed in approximately 10-15 minutes. Your participation is voluntary, and you maintain the right to withdraw from the study at any time. All answers will be submitted anonymously.

Please click on the link below and complete the survey by September 24th, 2021. Should you have any questions about the study or the content of the survey, please feel free to contact either me or my advisor, Dr. Michael Miller.

Follow this link to the Survey:

[Survey Link]

Or copy and paste the URL below into your internet browser:

[URL]

Thank you in advance for your survey participation and helping me with my dissertation research.

Sincerely,

Crystal Hill, Doctoral Candidate
Public Policy

Appendix G

Table 1 *Carnegie Classification*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Doctoral/Research	124	34.8	35.1	35.1
	Master's College or University	82	23.0	23.2	58.4
	Baccalaureate College	57	16.0	16.1	74.5
	Baccalaureate/Associate's College	18	5.1	5.1	79.6
	Associate's College	72	20.2	20.4	100.0
	Total	353	99.2	100.0	
Missing	System	3	.8		
Total		356	100.0		

Table 2 *Institutional Enrollment*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5,000 or less	128	35.9	36.3	36.3
	5,001 to 10,000	69	19.4	19.5	55.8
	10,001 to 20,000	52	14.6	14.7	70.5
	Over 20,000	104	29.2	29.5	100.0
	Total	353	99.2	100.0	
Missing	System	3	.8		
Total		356	100.0		

Table 3 *Geographic Region*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)	94	26.4	26.6	26.6
	Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)	67	18.8	19.0	45.6
	South (AL, AR, DC, DE, FL, GA, LA, KY, MD, MS, NC, OK, SC, TN, TX, VA, WV)	119	33.4	33.7	79.3
	West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)	73	20.5	20.7	100.0
	Total	353	99.2	100.0	
Missing	System	3	.8		
Total		356	100.0		

Table 4 *Campus-level Policy Revision*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	DS Staff	121	34.0	34.3	34.3
	Senior Student Affairs Officers (AVP, VP, AD, or Dean)	34	9.6	9.6	43.9
	Senior Academic Affairs Officers (Academic Deans, Vice Provost, Provost)	25	7.0	7.1	51.0
	Executive Staff (President/Chancellor, Governing Board)	18	5.1	5.1	56.1
	Multiple campus stakeholders	155	43.5	43.9	100.0
	Total	353	99.2	100.0	
Missing	System	3	.8		
Total		356	100.0		

Table 5 *DS Level Policy Revision*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Director	244	68.5	69.1	69.1
	Assistant/Associate Director	16	4.5	4.5	73.7
	Coordinator/Coordinators	24	6.7	6.8	80.5
	DS Team	69	19.4	19.5	100.0
	Total	353	99.2	100.0	
Missing	System	3	.8		
Total		356	100.0		

Table 6 Primary Policy Resource

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Association on Higher Education and Disability (AHEAD) community postings, listservs, webinars, and virtual conferences	228	64.0	64.6	64.6
	Disabled Student Services in Higher Education (DSSHE) listserv	18	5.1	5.1	69.7
	AHEAD Affiliate community postings, listservs, webinars, and virtual conferences	32	9.0	9.1	78.8
	Internal campus resources	41	11.5	11.6	90.4
	Self-selected peer network of disability services providers	34	9.6	9.6	100.0
	Total	353	99.2	100.0	
Missing	System	3	.8		
Total		356	100.0		

Table 7 Most Useful Policy Guidance Format

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Listserves/community board postings	137	38.5	38.8	38.8
	Website resources	48	13.5	13.6	52.4
	Webinars	54	15.2	15.3	67.7
	Virtual conferences	19	5.3	5.4	73.1
	Direct communication with self-selected peer network of disability services providers	95	26.7	26.9	100.0
	Total	353	99.2	100.0	
Missing	System	3	.8		
Total		356	100.0		

Table 8 *DSP Priority for Policy Implementation Cross Tabulation*

			Carnegie Classification					Total
			Doctoral/Research	Master's College or University	Baccalaureate College	Baccalaureate/Associate's College	Associate's College	
DSP Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	72	57	36	15	50	230
		% within Carnegie Classification	58.1%	69.5%	63.2%	83.3%	69.4%	65.2%
	Revising the DS registration process	Count	4	1	0	1	2	8
		% within Carnegie Classification	3.2%	1.2%	0.0%	5.6%	2.8%	2.3%
	Revising general DS office policies and practices	Count	7	2	5	0	7	21
		% within Carnegie Classification	5.6%	2.4%	8.8%	0.0%	9.7%	5.9%
	Influencing institution-level ADA compliance measures	Count	27	11	12	0	5	55
		% within Carnegie Classification	21.8%	13.4%	21.1%	0.0%	6.9%	15.6%
	Facilitating remote learning platform access improvement	Count	14	11	4	2	8	39
		% within Carnegie Classification	11.3%	13.4%	7.0%	11.1%	11.1%	11.0%

Table 8 *DSP Priority for Policy Implementation Cross Tabulation (Cont.)*

		Carnegie Classification					Total
		Doctoral/Research	Master's College or University	Baccalaureate College	Baccalaureate/Associate's College	Associate's College	
Total	Count	124	82	57	18	72	353
	% within Carnegie Classification	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 9 *DSP Priority for Policy Implementation Institutional Enrollment Cross-tabulation*

			5,000 or under	5,001 to 10,000	10,001 to 20,000	Over 20,000	Total
DSP Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	93	49	32	56	230
		% within Institutional Enrollment	72.6%	71.0%	61.5%	53.8%	65.2%
	Revising the DS registration process	Count	2	0	2	4	8
		% within Institutional Enrollment	1.5%	0.0%	3.8%	3.8%	2.3%
	Revising general DS office policies and practices	Count	7	3	1	10	21
		% within Institutional Enrollment	5.5%	4.3%	1.9%	9.6%	5.9%
	Influencing institution-level ADA compliance measures	Count	14	11	13	17	55
		% within Institutional Enrollment	11%	15.9%	25.0%	16.3%	15.6%
	Facilitating remote learning platform access improvement	Count	12	6	4	17	39
		% within Institutional Enrollment	9.4%	8.7%	7.7%	16.3%	11.0%
	Total	Count	128	69	52	104	353
		% within Institutional Enrollment	100.0%	100.0%	100.0%	100.0%	100.0%

Table 10 *DSP Priority for Policy Implementation Geographic Region Cross-tabulation*

			Geographic Region				Total
			Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)	Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)	South (AL, AR, DC, DE, FL, GA, LA, KY, MD, MS, NC, OK, SC, TN, TX, VA, WV)	West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)	
DSP Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	69	41	71	49	230
		% within Geographic Region	73.4%	61.2%	59.7%	67.1%	65.2%
	Revising the DS registration process	Count	2	1	5	0	8
		% within Geographic Region	2.1%	1.5%	4.2%	0.0%	2.3%
	Revising general DS office policies and practices	Count	5	3	9	4	21
		% within Geographic Region	5.3%	4.5%	7.6%	5.5%	5.9%
	Influencing institution-level ADA compliance measures	Count	13	12	21	9	55
		% within Geographic Region	13.8%	17.9%	17.6%	12.3%	15.6%
	Facilitating remote learning platform access improvement	Count	5	10	13	11	39
		% within Geographic Region	5.3%	14.9%	10.9%	15.1%	11.0%

Table 10 *DSP Priority for Policy Implementation Geographic Region Cross-tabulation (Cont.)*

		Geographic Region				
		Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)	Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)	South (AL, AR, DC, DE, FL, GA, LA, KY, MD, MS, NC, OK, SC, TN, TX, VA, WV)	West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)	Total
Total	Count	94	67	119	73	353
	% within Geographic Region	100.0%	100.0%	100.0%	100.0%	100.0%

Table 11 *Department-level Priority for Policy Implementation Cross Tabulation*

			Carnegie Classification					Total
			Doctoral/Research	Master's College or University	Baccalaureate College	Baccalaureate/Associate's College	Associate's College	
Department-level Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	74	51	37	12	48	222
		% within Carnegie Classification	59.7%	62.2%	64.9%	66.7%	66.7%	62.9%
	Revising the DS registration process	Count	2	2	2	0	2	8
		% within Carnegie Classification	1.6%	2.4%	3.5%	0.0%	2.8%	2.3%
	Revising general DS office policies and practices	Count	11	9	3	1	6	30
		% within Carnegie Classification	8.9%	11.0%	5.3%	5.6%	8.3%	8.5%
	Influencing institution-level ADA compliance measures	Count	21	12	10	0	6	49
		% within Carnegie Classification	16.9%	14.6%	17.5%	0.0%	8.3%	13.9%
	Facilitating remote learning platform access improvements	Count	16	8	5	5	10	44
		% within Carnegie Classification	12.9%	9.8%	8.8%	27.8%	13.9%	12.5%
	Total	Count	124	82	57	18	72	353
		% within Carnegie Classification	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 12*Department-level Priority for Policy Implementation Institutional Enrollment Cross-tabulation*

			5,000 or under	5,001 to 10,000	10,001 to 20,000	Over 20,000	Total
Department-level Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	89	51	30	52	222
		% within Institutional Enrollment	69.5%	73.9%	57.7%	50.0%	62.9%
	Revising the DS registration process	Count	2	1	1	4	8
		% within Institutional Enrollment	1.6%	1.4%	1.9%	3.8%	2.3%
	Revising general DS office policies and practices	Count	6	6	5	13	30
		% within Institutional Enrollment	4.7%	8.7%	9.6%	12.5%	8.5%
	Influencing institution-level ADA compliance measures	Count	18	5	8	18	49
		% within Institutional Enrollment	14.1%	7.2%	15.4%	17.3%	13.9%
	Facilitating remote learning platform access improvements	Count	13	6	8	17	44
		% within Institutional Enrollment	10.2%	8.7%	15.4%	16.3%	12.5%
	Total	Count	128	69	52	104	353
		% within Institutional Enrollment	100.0%	100.0%	100.0%	100.0%	100.0%

Table 13*Department-level Priority for Policy Implementation Geographic Region Cross-tabulation*

			Geographic Region				
			Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)	Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)	South (AL, AR, DC, DE, FL, GA, LA, KY, MD, MS, NC, OK, SC, TN, TX, VA, WV)	West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)	Total
Department-level Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	65	42	67	48	222
		% within Geographic Region	69.1%	62.7%	56.3%	65.8%	62.9%
	Revising the DS registration process	Count	2	1	4	1	8
		% within Geographic Region	2.1%	1.5%	3.4%	1.4%	2.3%
	Revising general DS office policies and practices	Count	4	5	14	7	30
		% within Geographic Region	4.3%	7.5%	11.8%	9.6%	8.5%
	Influencing institution-level ADA compliance measures	Count	11	12	16	10	49
		% within Geographic Region	11.7%	17.9%	13.4%	13.7%	13.9%

Table 13*Department-level Priority for Policy Implementation Geographic Region Cross-tabulation (Cont.)*

			Geographic Region				Total
			Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)	Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)	South (AL, AR, DC, DE, FL, GA, LA, KY, MD, MS, NC, OK, SC, TN, TX, VA, WV)	West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)	
	Facilitating remote learning platform access improvements	Count	12	7	18	7	44
		% within Geographic Region	12.8%	10.4%	15.1%	9.6%	12.5%
Total		Count	94	67	119	73	353
		% within Geographic Region	100.0%	100.0%	100.0%	100.0%	100.0%

Table 14*Division-level Priority for Policy Implementation Cross Tabulation (Cont.)*

			Carnegie Classification					Total
			Doctoral/Research	Master's College or University	Baccalaureate College	Baccalaureate/ Associate's College	Associate's College	
	Facilitating remote learning platform access improvements	Count	38	17	13	9	23	100
		% within Carnegie Classification	30.6%	20.7%	22.8%	50.0%	31.9%	28.3%
Total		Count	124	82	57	18	72	353
		% within Carnegie Classification	100.0%	100.0%	100.0%	100.0%	100.0%	100.0 %

Table 15*Division-level Priority for Policy Implementation Institutional Enrollment Cross-tabulation*

			5,000 or under	5,001 to 10,000	10,001 to 20,000	Over 20,000	Total
Division-level Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	63	36	18	31	148
		% within Institutional Enrollment	49.2%	52.2%	34.6%	29.8%	41.9%
	Revising the DS registration process	Count	2	1	1	1	5
		% within Institutional Enrollment	1.6%	1.4%	1.9%	1.0%	1.4%
	Revising general DS office policies and practices	Count	5	8	0	4	17
		% within Institutional Enrollment	4.0%	11.6%	0.0%	3.8%	4.8%
	Influencing institution-level ADA compliance measures	Count	26	8	12	37	83
		% within Institutional Enrollment	20.3%	11.6%	23.1%	35.6%	23.5%
	Facilitating remote learning platform access improvements	Count	32	16	21	31	100
		% within Institutional Enrollment	25.0%	23.2%	40.4%	29.8%	28.3%
Total	Count		128	69	52	104	353
	% within Institutional Enrollment		100.0%	100.0%	100.0%	100.0%	100.0%

Table 16*Division-level Priority for Policy Implementation Geographic Region Cross-tabulation*

			Geographic Region				
			Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)	Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)	South (AL, AR, DC, DE, FL, GA, LA, KY, MD, MS, NC, OK, SC, TN, TX, VA, WV)	West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)	Total
Division-level Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	39	28	45	36	148
		% within Geographic Region	41.5%	41.8%	37.8%	49.3%	41.9%
	Revising the DS registration process	Count	2	1	1	1	5
		% within Geographic Region	2.1%	1.5%	0.8%	1.4%	1.4%
	Revising general DS office policies and practices	Count	4	2	8	3	17
		% within Geographic Region	4.3%	3.0%	6.7%	4.1%	4.8%

Table 16 *Division-level Priority for Policy Implementation Geographic Region Cross-tabulation (Cont.)*

			Geographic Region				Total
			Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)	Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)	South (AL, AR, DC, DE, FL, GA, LA, KY, MD, MS, NC, OK, SC, TN, TX, VA, WV)	West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)	
	Influencing institution-level	Count	19	16	30	18	83
	ADAAA compliance measures	% within Geographic Region	20.2%	23.9%	25.2%	24.7%	23.5%
	Facilitating remote learning	Count	30	20	35	15	100
	platform access improvements	% within Geographic Region	31.9%	29.9%	29.4%	20.5%	28.3%
Total		Count	94	67	119	73	353
		% within Geographic Region	100.0%	100.0%	100.0%	100.0%	100.0%

Table 17*Institution-level Priority for Policy Implementation Carnegie Cross-tabulation*

			Carnegie Classification					Total
			Doctoral/Research	Master's College or University	Baccalaureate College	Baccalaureate/Associate's College	Associate's College	
Institution-level Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	38	27	24	4	26	119
		% within Carnegie Classification	30.6%	32.9%	42.1%	22.2%	36.1%	33.7%
	Revising the DS registration process	Count	0	2	1	0	2	5
		% within Carnegie Classification	0.0%	2.4%	1.8%	0.0%	2.8%	1.4%
	Revising general DS office policies and practices	Count	4	1	1	0	3	9
		% within Carnegie Classification	3.2%	1.2%	1.8%	0.0%	4.2%	2.5%
	Influencing institution-level ADA compliance measures	Count	34	22	8	1	10	75
		% within Carnegie Classification	27.4%	26.8%	14.0%	5.6%	13.9%	21.2%
	Facilitating remote learning platform access improvements	Count	48	30	23	13	31	145
		% within Carnegie Classification	38.7%	36.6%	40.4%	72.2%	43.1%	41.1%
Total	Count		124	82	57	18	72	353
	% within Carnegie Classification		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 18*Institution-level Priority for Policy Implementation Institutional Enrollment Cross-tabulation*

			Institutional Enrollment					Total
			Under 2,000	2,001 to 5,000	5,001 to 10,000	10,001 to 15,000	Over 20,000	
Institution-level Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	17	28	31	19	24	119
		% within Institutional Enrollment	30.9%	38.4%	44.9%	36.5%	23.1%	33.7%
	Revising the DS registration process	Count	1	2	1	0	1	5
		% within Institutional Enrollment	1.8%	2.7%	1.4%	0.0%	1.0%	1.4%
	Revising general DS office policies and practices	Count	3	2	1	0	3	9
		% within Institutional Enrollment	5.5%	2.7%	1.4%	0.0%	2.9%	2.5%
	Influencing institution-level ADA compliance measures	Count	7	15	10	10	33	75
		% within Institutional Enrollment	12.7%	20.5%	14.5%	19.2%	31.7%	21.2%
	Facilitating remote learning platform access improvements	Count	27	26	26	23	43	145
		% within Institutional Enrollment	49.1%	35.6%	37.7%	44.2%	41.3%	41.1%
Total	Count		55	73	69	52	104	353
	% within Institutional Enrollment		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 19*Institution-level Priority for Policy Implementation Geographic Region Cross-tabulation*

			Geographic Region				
			Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)	Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)	South (AL, AR, DC, DE, FL, GA, LA, KY, MD, MS, NC, OK, SC, TN, TX, VA, WV)	West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)	Total
Institution-level Priority for Policy Implementation	Coordinating accommodations during emergency remote learning	Count	29	25	38	27	119
		% within Geographic Region	30.9%	37.3%	31.9%	37.0%	33.7%
	Revising the DS registration process	Count	2	0	3	0	5
		% within Geographic Region	2.1%	0.0%	2.5%	0.0%	1.4%
	Revising general DS office policies and practices	Count	3	2	4	0	9
		% within Geographic Region	3.2%	3.0%	3.4%	0.0%	2.5%

Table 19*Institution-level Priority for Policy Implementation Geographic Region Cross-tabulation (Cont.)*

			Geographic Region				Total
			Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)	Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)	South (AL, AR, DC, DE, FL, GA, LA, KY, MD, MS, NC, OK, SC, TN, TX, VA, WV)	West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)	
	Influencing institution-level ADAAA compliance measures	Count	17	13	26	19	75
		% within Geographic Region	18.1%	19.4%	21.8%	26.0%	21.2%
	Facilitating remote learning platform access improvements	Count	43	27	48	27	145
		% within Geographic Region	45.7%	40.3%	40.3%	37.0%	41.1%
Total		Count	94	67	119	73	353
		% within Geographic Region	100.0%	100.0%	100.0%	100.0%	100.0%

Table 20 *DSP Greatest Challenge*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Coordinating accommodations during emergency remote learning	112	31.5	31.7	31.7
	Revising the DS registration process	4	1.1	1.1	32.9
	Revising general DS office policies and practices	18	5.1	5.1	38.0
	Influencing institution-level ADA compliance measures	115	32.3	32.6	70.5
	Facilitating remote learning platform access improvements	104	29.2	29.5	100.0
	Total	353	99.2	100.0	
Missing	System	3	.8		
Total		356	100.0		

Table 21
Group with Greatest Challenge

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Faculty	292	82.0	82.7	82.7
	Administrative Staff	23	6.5	6.5	89.2
	Senior Student Affairs Officers (AVP, VP, or Dean)	9	2.5	2.5	91.8
	Senior Academic Affairs Officers (Academic Deans, Vice Provost, Provost)	15	4.2	4.2	96.0
	Executive Staff (President/Chancellor, Governing Board)	14	3.9	4.0	100.0
	Total	353	99.2	100.0	
Missing	System	3	.8		
Total		356	100.0		