

Functional Ability Criteria

- NTC has developed functional ability criteria that students must meet with or without reasonable accommodations.
- It is the intent of NTC to fully comply with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 and the ADA Amendment Act of 2008.
- NTC offers reasonable accommodations to students with a disability. Reasonable accommodations include modifications or adjustments that allow individuals with disabilities to gain equal access and have equal opportunities to participate in NTC's courses, services, activities and use of NTC's facilities.
- When considering potential disability accommodations, NTC will engage in an interactive process to explore if any accommodations might effectively allow an individual to participate in and satisfy the criteria of the program. NTC will make any such reasonable accommodations that do not pose an undue hardship for NTC, produce a threat to the health and safety of others or substantially alter the nature of the program.
- Accommodations allowed without disability documentation: supportive back brace that does not impede required movement or interfere with infection control policies, hearing aids, glasses and/or contacts.
- Disability accommodations will require the approval of the Director of Disability Services in conjunction with the program director and the Department of Health Services Office of Caregiver Quality if applicable. In order to provide as much time possible to discuss potential reasonable accommodations and arrange for their implementation, individuals who believe they will need an accommodation are asked to contact NTC's Disability Services at least three weeks prior to the start of a course. If you have a documented disability and would like to request accommodations please complete an accommodations application form on the NTC Disability Services website by visiting www.ntc.edu/disability-services. Disability documentation must be submitted to Disability Services that is provided by a licensed professional qualified in the appropriate specialty area. For questions on the accommodation process or assistance with completing the online form, please contact Disability Services at 715-803-1469, TTY 1-800-947-3529 or Relay 711.

Functional Ability Criteria for NTC's C.N.A.-Program

Gross Motor Skills:	<ul style="list-style-type: none"> • <u>Move within confined spaces</u> • <u>Maintain balance in multiple positions</u> • Monitor IV poles, etc • <u>Reach below waist (e.g., plug electrical appliance into wall outlet)</u> • <u>Reach out front</u>
Fine Motor Skills:	<ul style="list-style-type: none"> • <u>Pick up objects</u> • <u>Grasp small objects (e.g., hearing aids)</u> • <u>Key/type (e.g., use a computer)</u> • <u>Manipulate objects (pens, pencils, syringes, buttons)</u> • <u>Twist (e.g., turn objects/knobs)</u>
Physical Endurance:	<ul style="list-style-type: none"> • <u>Stand (e.g., at client side during procedures)</u> • <u>Sustain repetitive movements</u> • <u>Maintain physical stamina (e.g., maintain continuous physical activity for a period of 8 hours or more)</u> • <u>Tolerate temperatures as high as 90 degrees for up to ½ hour.</u>
Physical Strength:	<ul style="list-style-type: none"> • <u>Push and pull 50 pounds (e.g., position client, move equipment)</u> • <u>Support 50 pounds of weight (e.g., ambulate client)</u> • <u>Lift 50 pounds (e.g., pick up a child, transfer a client, bend to lift an infant or child)</u> • <u>Transfer/relocate equipment/supplies</u> • <u>Operate fire extinguisher</u>
Mobility:	<ul style="list-style-type: none"> • <u>Twist, bend, stoop and squat</u> • <u>Move quickly (e.g., response to an emergency)</u>
Hearing:	<ul style="list-style-type: none"> • <u>Detect normal speaking-level sounds (e.g., person-to-person report)</u> • <u>Detect faint voices</u>



	<ul style="list-style-type: none">• <u>Detect faint body sounds (e.g., blood pressure sounds, assess placement of tubes)</u>• <u>Detect sounds in situations when not able to see lips (e.g., when masks are used)</u>• <u>Detect auditory alarms (e.g., monitors, fire alarms, call bells)</u>
Visual:	<ul style="list-style-type: none">• <u>Detect objects up to 20 inches away (e.g., information on computer screen, skin conditions)</u>• <u>Detect objects up to 20 feet away (e.g., client in room)</u>• <u>Identify/determine depth perception</u>• <u>Detect objects/people in peripheral view</u>• <u>Distinguish color and color intensity (e.g., color codes on supplies, flushed skin/paleness)</u>
Smell:	<ul style="list-style-type: none">• <u>Detect odors (e.g., foul drainage, alcohol breath, smoke, gasses, or noxious smells)</u>
Reading:	<ul style="list-style-type: none">• <u>Understand written documents and digital displays (e.g., charts, graphs)</u>
Tactile:	<ul style="list-style-type: none">• <u>Detect vibrations (e.g., palpate pulses)</u>• <u>Detect temperature (e.g., skin, solutions)</u>• <u>Detect differences in surface characteristics (e.g., skin turgor, rashes)</u>• <u>Detect differences in sizes, shapes (e.g., palpate vein, identify body landmarks)</u>• <u>Detect environmental temperature</u>
Environment:	<ul style="list-style-type: none">• <u>Tolerate exposure to allergens (e.g., latex gloves, chemical substances)</u>• <u>Tolerate strong soaps and odors</u>
Cognitive:	<ul style="list-style-type: none">• <u>Recall and collect information form a variety of sources.</u>• <u>Measure and calculate data.</u>• <u>Problem-solve and think critically in order to apply knowledge and skill.</u>
Emotional Stability:	<ul style="list-style-type: none">• <u>Establish professional relationships</u>• <u>Provide client with emotional support</u>• <u>Adapt to changing environment/stress</u>

	<ul style="list-style-type: none"> • <u>Deal with the unexpected (e.g., client condition, crisis)</u> • <u>Focus attention on task</u> • <u>Cope with own emotions</u> • <u>Perform multiple responsibilities concurrently</u> • <u>Cope with strong emotions in others (e.g., grief)</u>
Analytical Thinking:	<ul style="list-style-type: none"> • <u>Transfer knowledge from one situation to another</u> • <u>Process and interpret information from multiple sources</u> • <u>Problem solve</u> • <u>Prioritize tasks</u> • <u>Use long-term and short-term memory</u>
Critical Thinking:	<ul style="list-style-type: none"> • <u>Identify cause-effect relationships</u> • <u>Plan/control activities for others</u> • <u>Synthesize knowledge and skills</u> • <u>Sequence information</u> • <u>Make decisions independently</u> • <u>Adapt decisions based on new information</u>
Interpersonal Skills:	<ul style="list-style-type: none"> • <u>Establish rapport with individuals, families, and groups</u> • <u>Respect/value cultural differences in others</u> • <u>Negotiate interpersonal conflict</u>
Communication Skills:	<ul style="list-style-type: none"> • <u>Collaborate with others (e.g., health care workers, peers)</u> • <u>Manage information</u> • <u>Communicate verbally, and through reading, writing, with individuals from a variety of social, emotional, cultural and intellectual backgrounds.</u> • <u>Relay information in oral and written form effectively, accurately, reliability and intelligibility to individuals and groups</u>

**NORTHCENTRAL TECHNICAL COLLEGE
NURSING ASSISTANT PROGRAM
Statement of Understanding**

The Americans with Disabilities Act (ADA) of 1990 (42 U.S.C & 12101. *et seq.*), the ADA Amendment Act of 2008, and Section 504 of the Rehabilitation Act of 1973 (29 U.S .C & 794) prohibits discrimination of persons because of her or his disability. In keeping with these laws, Colleges of the Wisconsin Technical College System make every effort to ensure a quality

education for students. The purpose of this document is to ensure that students acknowledge that they have been provided information on the functional abilities required of a student in the Nursing Assistant Program.

Please date and initial on the line in front of each statement below if you agree the statement is true.

_____ I have read and understand the *Functional Ability Criteria* specific to a student in the Nursing Assistant Program.

_____ I believe I will be able to meet the *Functional Abilities Criteria* as presented with or without accommodation.

_____ I was provided with information concerning accommodations and Disability Services if needed at this time.

Name of Student (Please print)

Signature of Student

Date