**Pregnancy Disclosure Policy**

I. **Policy Statement**

Kettering College (the College) prohibits discrimination on the basis of sex, including pregnancy. The purpose of this policy is to provide guidance on accommodating pregnant students. The College will take reasonable steps to provide pregnant students the opportunity to continue their education with support from faculty and staff. Reasonable academic accommodations will be made available to the extent practicable without lowering academic standards or requiring substantial program alteration. The College will work to make accommodations available in a timely manner once notified of the need.

A student who becomes pregnant is strongly encouraged to notify the Title IX Coordinator as soon as possible. This allows the student and the Title IX Coordinator to collaborate and develop an appropriate plan for the continuation of the student’s education in light of the unique nature of Kettering College’s programs and any clinical requirements, as well as particular challenges the student may face while pregnant (e.g., missed classes, clinicals, make-up work, etc.). However, the choice to notify the College of a pregnancy is voluntary, and a student is not required to disclose this information to the College.

II. **Options After Disclosure**

Once a student has voluntarily decided to disclose a pregnancy to the College, the student will have several options, as described below.

1. Continue in the program

• If a student wishes to continue in the program and desires to have any adjustments to the student’s academic program due to the pregnancy, the student should initially contact the Title IX Coordinator to discuss any reasonable adjustments that may be necessary to continue in the program. The Title IX Coordinator can help facilitate communication with the student’s faculty and program leadership to respond to reasonable requests. Reasonable requests are not guaranteed to be granted. Student is encouraged to communicate early with instructors as the student navigates pregnancy needs along with academic obligations. Such adjustments, if any, will be documented in the form in Addendum A which will be signed by both the student and a College representative.

2. Request a leave of absence

• A leave of absence due to pregnancy may be for various amounts of time depending on a student’s particular circumstances. A leave of absence due to pregnancy is not required. Should a student choose to take time off, the student is permitted to do so based on the medical recommendation of a primary doctor. It is important that a student communicate with faculty and supervisors regarding plans for leave, in order to ensure a smooth return to campus. Such a leave may be extended if deemed medically necessary by the student’s doctor.

o International students are further encouraged to contact their international advisor immediately, as a leave could require the student to leave the country.

• Due to the structure of the College’s health sciences programs, the timing and/or length of a student’s leave of absence may result in the student being required to re-take or finish course(s) in a future term.

• If taking a leave of absence due to a pregnancy, the Education Plan in Addendum B will be discussed and signed by the student and a College representative.

3. Withdraw from the College

• The student may, at the student’s sole discretion, determine that the student must withdraw from the College for an indefinite period of time or permanently due to pregnancy. Normal College withdrawal procedures, and readmission procedures (if applicable), apply.

III. **Campus Resources**

A lactation room is accessible on the lower level of the Boonshoft lobby.

IV. **Questions or Concerns**

A student who has questions about this policy or who is concerned about its implementation should contact The Title IX Coordinator

Laura Amen

Director of Disability Services/Title IX Coordinator

Laura.amen@kc.edu

(937) 395 8601 ext. 55646

**Addendum A**

Continuation in Program after Disclosing Pregnancy

I. **Acknowledgements**

By signing this form, [INSERT STUDENT NAME] (“Student”) acknowledges the following:

• Student has voluntarily disclosed pregnancy to Kettering College (the “College”) and intends to continue [pursuing a degree/participation] in the College’s [INSERT PROGRAM].

• Student understands there are other options available, including taking a leave of absence.

• Student understands there are potential risks to Student and/or a fetus by continuing in the [INSERT PROGRAM]. The College has advised Student to consult with Student’s doctor to discuss these potential risks.

• Student assumes all responsibility related to these risks and any resulting losses or costs, including medical treatment and costs thereof.

II. **Adjustments to Program**

[Address any adjustments that have been discussed and will be implemented based on the Student’s pregnancy. Note if there have been no adjustments implemented at the time of signature.]

A.

B.

C. Student may request additional modifications at any time by contacting the Title IX Coordinator:

Laura Amen

Director of Disability Services/Title IX Coordinator

Laura.amen@kc.edu

(937) 395 8601 ext. 55646

The College and Student do hereby agree to the above.

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[INSERT NAME], Student Date

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[INSERT NAME], [INSERT POSITION TITLE] Date

Kettering College

**Addendum B**

Education Plan for Pregnancy Leave

Kettering College (the “College”) and [INSERT NAME OF STUDENT] (“Student”) have agreed to the following conditions related to the Student’s leave of absence related to pregnancy. Student’s leave of absence is scheduled to begin on [INSERT DATE] and Student is anticipating a return to school [INSERT DATE OR TERM]. Student and the College acknowledge that Student may take a longer leave if it is deemed medically necessary by Student’s doctor, and the parties agree to meet and discuss this Education Plan if that occurs.

I. **Academics**

[Address where Student currently stands academically, what adjustments to Student’s courses/degree/clinical track will be necessary because of the leave of absence, what classes Student will be enrolled in upon return, etc.]

A.

B.

C.

II. **Financial Aid/Scholarships**

[Address below current financial aid/scholarship/funding situation and any implications from taking leave.]

A.

B.

C.

III. **Additional Matters**

[Address any additional matters that are relevant to a particular situation. Consider including if a student must meet any specific requirements to be readmitted (e.g., Upon expiration of Student’s leave of absence, readmission is guaranteed, provided Student … [insert specific reasonable requirements, as appropriate]).

A. Student agrees to contact The Title IX Coordinator in advance of return in order to ensure a smooth transition back to school.

Laura Amen

Director of Disability Services/Title IX Coordinator

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(937) 395 8601 ext. 55646

B. Student will not be required to pay any application or readmission fees related to readmission to the institution.

The College and Student do hereby agree to the above.

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[INSERT NAME], Student Date

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[INSERT NAME], [INSERT POSITION TITLE] Date

Kettering College