

## #6 Tips for College Students with Idiopathic Hypersomnia (IH)

### An Invisible Disability

*"The term 'invisible disabilities' refers to symptoms such as debilitating pain, fatigue, dizziness, cognitive dysfunctions, brain injuries, learning differences and mental health disorders, as well as hearing and vision impairments. These are not always obvious to the onlooker, but can sometimes or always limit daily activities, range from mild challenges to severe limitations and vary from person to person. International Disability expert, Joni Eareckson Tada, explained it well when she told someone living with debilitating fatigue, 'People have such high expectations of folks like you [with invisible disabilities], like, "come on, get your act together." but they have such low expectations of folks like me in wheelchairs, as though it's expected that we can't do much' (Joni)."*

Source: [www.invisibledisabilities.org](http://www.invisibledisabilities.org)

The "tips" offered in this guide are provided by college students (*current students and those who stopped\* or dropped out*) and college graduates with idiopathic hypersomnia who participated in the *Higher Ed Conversations Project*, an initiative created by the Hypersomnia Foundation to identify relevant academic adjustments for college students with idiopathic hypersomnia (IH).

\* Stopping out is taking semesters off with the intent of returning (e.g., for personal or medical leaves of absence).

There are two (2) guides referenced frequently in this *Tips* guide:

- ❖ #1 *Student Guide to Thinking About Academic Adjustments*, <http://www.hypersomniafoundation.org/wp-content/uploads/Student-Guide-to-Thinking-About-Academic-Adjustments.pdf>, which is based on the work of an expert Disability Service Provider who collaborates with the *Education Essentials* program, with additional input from a college graduate with IH
- ❖ #3 *Guide to Requesting Academic Adjustments for College Students with Idiopathic Hypersomnia*, <http://www.hypersomniafoundation.org/wp-content/uploads/Guide-to-Requesting-Academic-Adjustments-for-College-Students-with-IH.pdf>, which is derived from the *Higher Ed Conversations Project*

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### **1. Know What Really Matters**

This section focuses on what college students with IH considered critical to navigating successfully on campus—academically, socially, athletically, and with extracurricular activities. **Note:** Not included are academic adjustments. Information about requesting those can be found in the [#1 Student Guide to Thinking About Academic Adjustments](#), and examples can be found in the [#3 Guide to Requesting Academic Adjustments for College Students with Idiopathic Hypersomnia](#).

- **Understand Your Sleepiness.** Students had to consider these questions: *When do you sleep? How long is your sleep? When do you need breaks from daily activity? When do you need sleep breaks? When do you typically have planned naps? Unplanned naps? When do you tend to be “more awake” (is it 7PM for you, too?!)? When does your brain fog affect you the most? the least? Do you wake with “sleep drunkenness”? If so, how long does it take to become oriented and safely function?*
- **Be Aware of Your Challenges and Your Priorities.** Students also considered these questions: *How long does it take to read and complete assignments, e.g., maybe an entire day for a short paper, given your degree of sleepiness? What can you handle socially? How many extracurricular activities can you handle with your schedule and the time it takes for your assignments?*
- **Set Realistic Goals for Your Symptoms.** Know what you can and want to do academically, socially, athletically, and with extracurricular activities.
- **Choose the College Carefully.** Students spoke of a number of things to consider, including climate, weather, campus layout, parking availability, access to food, and dorm options. Students who worked with the office that provided disability services stressed the importance of an office of providers who work in an **advocacy role** on your behalf with the professors. (See Section 3 below -- *Strategize for Academic Success: [Working with the Office that Provides Disability Services](#)*; and, see [#1 Student Guide to Thinking About Academic Adjustments](#), entries 1 & 11.

- **Reach Out.** Networking with students who shared interests or experienced sleepiness was important to the students, including having a Facebook community of students with IH.
- **The Academic Major Matters.** The major you choose needs to be a good fit for you, i.e., the ways in which you learn are compatible with the academic program's teaching methods, the expectations of the degree are manageable, and you really want this major. For some, "the nature" of the degree made it possible to graduate on time: highly engaging, interactive classes, e.g., debates, experiential exercises, discussion-based, case studies, PPPs (PowerPoint Presentations) with interactive media and exercises. Some preferred practitioner-faculty because they seemed more practical and applied in their approaches to teaching.
- **Communicate About IH in Ways Your Symptoms Can Be Understood.** Students described IH "to be like narcolepsy" or said they "had narcolepsy" when expected to explain their diagnosis or symptoms. They figured that people on campus hadn't heard of IH but had heard of narcolepsy.
- **Know Your Academic Options.** If you already are enrolled on campus and are struggling with classes, students suggested to think about these options: Can you **change majors**? If so, is additional coursework needed? Can you **take leave for a semester**? How hard is it to get a **medical leave** on your campus? Can you be a **part-time student** on your campus? Are **medical** and **retroactive medical withdrawals** possible? If so, it's important to know the processes for these options beforehand to prevent disappointments or crises. For example, know when you must leave campus, how quickly your campus ID expires, which buildings can still be accessed after you have withdrawn, whether there is anyone to physically walk you through the process on campus, and whether you must schedule an exit interview.
- **Work with the Office that Provides Disability Services.** "Awesome experience...very supportive & respectful of me and my disability." That was the sentiment students expressed who worked with an office that **advocated** for them. Students reported that such offices sent a letter – if requested by the student – to faculty each semester describing their symptoms. Underscored in the letter were that: (1) the student may sleep in, be late to or not attend class, and struggle with submitting assignments on time; and, (2) these actions are *uncontrollable, unintentional, and unpredictable* consequences of their symptoms (See [#1 Student Guide to Thinking About Academic Adjustments](#)).

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## 2. Manage Your Campus Life

This section focuses on suggestions offered by students about how to successfully manage life on campus. **Note:** Not included are academic adjustments. Information about requesting them can be found in the [#1 Student Guide to Thinking About Academic Adjustments](#), and examples can be found in the [#3 Guide to Requesting Academic Adjustments for College Students with Idiopathic Hypersomnia](#).

- **Campus Size May Matter.** Some students found that the size of the campus did make a difference. For example, some preferred small institutions and cited a sense of community, having ease in getting around and accessing resources, and having staff available to both students and parents or spouses/partners. An added benefit was knowing students in the academic major, which can be a source of pressure to attend classes as well as support to get there. For others, large campuses were preferred for the anonymity at times, being part of a huge community, having access to virtually any items they needed nearly 24/7, and a plethora of services.
- **On-campus vs. Off-campus Living: PROs & CONs**
  - **On-campus living** typically is required of 1<sup>st</sup> year students. Students found when living on-campus that there was less to coordinate and that not much advanced planning was needed to attend social events (usually located in the dorm). Some students with IH preferred living in a single dorm room, which worked well for them.
  - **Off-campus living** made life easier in some ways: students weren't woken when having a "bout of sleep," weren't pressured into going out socially, and were able to get help from roommates to get to classes. And, there was greater access to food 24/7, which mattered when they woke too late for the dining commons.

During the transition from dorm life to off-campus living, one option was to maintain *both* residences for a short period of time, in case sleepiness prevented the student from returning to the off-campus housing at night.

- **Taking Charge of Daily Life**
  - **Accept That IH Is Not Yet Known or Understood on Campus.** Students had to come to terms with the reality that others didn't really understand their symptoms – neither their peers, the faculty, administrators, the staff in the office providing disability services, campus staff, public safety, nor the first responders.

- **Understand the Effects of Your Current Symptoms on Daily Life.** Students became acutely aware of how their symptoms affected their lives as students and how those symptoms changed at times. These questions may heighten awareness of your current symptoms: *Do you tend to sleep through meals and wake famished, with no food in sight or available on campus? Do you tend to make plans and then sleep through them? Do you find that a gazillion alarms placed strategically around your room still don't wake you (and then you feel embarrassed or like a "jerk" when you know your roommates heard all the alarms)?*
- **Learn Ways to Cope with Each Day to Get through the Semester.** Students talked about a number of ways to cope effectively and suggested these strategies: join a campus group, seek counseling services, find a support group on-campus/online, arrange for a private wake-up service, look into a parking space closer to classes, arrange alternative transportation so you don't arrive to campus exhausted, etc. For those students who worked with disability service providers, when academic demands overwhelmed them, the students checked in regularly with that office and considered options, such as adding academic adjustments to their current plan, dropping a class, changing status to part-time for the semester, etc. (See [#1 Student Guide to Thinking About Academic Adjustments](#), entries 6 & 11).
- **Know What Keeps You Going.** Students stressed the importance of knowing the time of day when they felt best, when they could get things done, and what they could do to make themselves be less sleepy and more focused. For some that meant pushing through, whether it was workouts in the gym, a run, or being on a sports or other team.
- **Access to Food and Other Necessities.** Waking when campus dining halls and convenience stores were closed presented challenges. Students had to plan ahead, but mustering the energy to act on those plans didn't come easy and wasn't always possible. Having a microwave oven and/or refrigerator in the dorm room was an option, as was living on campus in a suite arrangement that had a kitchen. Having dining hall meals available was the ideal, but students were very challenged to find ways to make that happen.
- **Having a Social Life.** If you can reach out to others socially, "do it" was the advice students gave, because finding the energy for a social life was very hard. For many, there was no life on campus beyond academics, at least not in undergraduate school. What defined a social life differed among students. For some, it was being involved with a group of friends or with those who shared interests; for others, it was not feeling isolated no matter how that happened. When the student with IH had a relationship with a significant other, that often was the extent of the student's social life on campus.

- **Roommates, Friends, and Peers -- to Tell or Not to Tell, and the Matter of Waking Up.** When living on-campus, roommates often were assigned randomly; some relationships worked, and others didn't. When students lived off-campus, they often lived with friends or students they knew and liked. Regardless, two issues often arose: disclosing the symptoms/diagnosis, and asking for help to wake.
  - **Disclosure.** Students struggled with whether or not to inform others of their diagnosis or have discussions about the symptoms. They tended to have reservations about what to share, when to share, and with whom to share.
    - **Roommates:** Whether you choose to disclose or not, students advised being considerate when your symptoms affect others. For example, inform roommates when not able to get chores done *and* what your plan is to do them; that can keep the living arrangements on track and prevent awkward feelings.
    - **Friends:** Some students didn't feel a need to explain themselves to friends because their friends accepted the symptoms and helped out when asked. Others had disappointing experiences when they disclosed to friends; they felt misunderstood, jaded, or pressured to socialize when unable.
    - **Peers:** When an explanation of the symptoms was necessary, some students informed their peers that the symptoms were "like having narcolepsy" or told them that it was narcolepsy. They found that using that approach addressed the need quickly, so the student could move on with what they were doing.
  - **Help Waking.** This is an issue the students struggled to manage. Needing help to wake every day, as opposed to once in a while (e.g., during emergencies or from naps), was a major source of that struggle. Students found that having someone – even if not living with them – who could wake them for class if they didn't respond to alarms was key. Some students arranged for a friend to stop by on the way to class, asking different friends for different days. For some students, asking a friend to help was easier than asking a classmate, but that didn't always result in the responses they hoped for from friends. Others asked no one, neither friends nor classmates, and relied on alarms and calls from loved ones. Some families considered hiring a wake-up service.

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### 3. Strategize for Academic Success

This section focuses on tips for succeeding in your studies. **Note:** Not included are academic adjustments. Information about requesting them can be found in the [#1 Student Guide to Thinking About Academic Adjustments](#), and examples can be found in the [#3 Guide to Requesting Academic Adjustments for College Students with Idiopathic Hypersomnia](#).

#### Relationships Can Make the Difference

- **Working with the Office that Provides Disability Services.** Students who worked well with this office found the relationships with its staff to be affirming and very important to their success on campus. Key to that relationship was working with the staff in *collaborative* ways. Sometimes the students needed to educate the staff about the diagnosis of IH because the staff had no knowledge about the diagnosis and were thus unaware of the symptoms and/or how the symptoms were evident in class, affected the student outside of class, or affected the student's ability to do the academic work.

**Note:** Not all students with IH chose to disclose the diagnosis or symptoms to the campus offices or professors. Some students were reluctant to have the diagnosis noted on their campus records because of concerns about how it could be interpreted. Some had a need for privacy. Some preferred no connections to the campus beyond attending classes.

- **Liaison and Advocate Roles:** Not all offices providing disability services take the same approach to working with students with disabilities. Students described significant differences in the philosophies of the offices with which they worked, and those differences can have substantial effects on the student's critical relationships on campus, e.g., with the disability service providers and with the professors. Some offices operate exclusively in the role of *liaison* between students and professors; others operate in the role of *advocate for the student*, which also includes being a liaison to the faculty.
  - **The Liaison Role.** When the liaison role was the operating philosophy of the offices providing disability services, students noted that the staff: 1) provided the student with all the required forms after determining academic accommodations; and 2) directed the student to give the forms to the professors if they so chose and to disclose their diagnosis only if they wanted to. The students also noted that they were advised to work on their own when it came to issues with their professors from that point forward, even when those issues were the consequences of their medical symptoms. Staff were available to provide *guidance* on how to work with professors, as well

as *support* in working with professors as needed. Some students had the distinct impression that the professors decided whether to honor the academic adjustments regardless of the determination and input of the disability services office. These students described feeling disempowered and frustrated at times, working alone with their professors. They wanted the disability services providers to communicate and work more closely with them and with the faculty on their behalf.

- **The Advocate Role.** When the operating philosophy of the disability services office was that of *advocacy*, students described a relationship in which the staff worked with the student *and* with the faculty when needed; relationships were strong and collaborative between the students and provider staff; and, there was a comprehensive review of academic adjustments at the beginning of each semester, ensuring that changes in symptoms were addressed with changes in the academic adjustments.

The students experienced these approaches as affirming and empowering. These providers wrote letters to the faculty *when requested by the student* at the beginning of each semester. Their correspondence informed the professors that the student with IH may fall asleep during class, be late to class, or not attend class; may not be able to participate in class activities or discussions; and may need extended time for assignments – noting that these behaviors are symptoms the diagnosis of IH and therefore are uncontrollable and unpredictable (See [#1 Student Guide to Thinking About Academic Adjustments](#)).

In the role of advocate, the providers become the “go-to” professionals on campus for the student with IH and, in some instances, for their supporters as well. The students indicated that the staff provided a myriad of services in addition to “being there for them with the professors,” including but not limited to working with the student’s off-campus vocational counselor and with the on-campus resources that the vocational office arranged for the student; guiding the student in scheduling classes and in working with other resources on campus; and, arranging and participating in meetings with faculty when requested by the student. If the student wanted the professor to know about the diagnosis of IH but wasn’t able to have that conversation with the faculty member, the provider would guide the student in legally authorizing the office to disclose the information to the professor.

- **Working with the Faculty.** Students who worked collaboratively with their professors believed that those relationships were very important to their success. Some of the classes were very demanding, especially given IH symptoms. The professors who were made aware of the IH diagnosis tended to welcome information to better understand the student's symptoms and their effects on the student's work. A common concern students had about faculty was their degree of flexibility when it came to the challenging issues of attendance, punctuality for class, class engagement/participation, meeting deadlines for assignments, the combination of heavy reading and writing assignments, etc.
  - **Unexpected Realities**
    - **Not All Faculty Are the Same.** Students did not describe their professors in the same ways when it came to working with them. Some professors were accepting and willing to have a relationship with students, and others were not. Some professors were described as helpful and respectful of students and their symptoms; others were not. One common complaint was professors asking *during* class for volunteer note-takers to "step up" in class (rather than making themselves known after class). When no one stepped up (which was often the case), students described feeling humiliated and ostracized, feelings that were made worse because of the way the professor handled the matter.
    - **Not All Advising Hours Are Accessible.** Students found that the availability of professors and academic advisors to meet with the students was often limited to 3 hours a week, and those 3 hours could be in the morning, which made it nearly impossible for some students with IH to have appointments. When disability services providers were actually doing the academic advising with the students, then the hours were flexible and accommodating.
    - **Not All Faculty Respond to Messages.** When students sent an email with private information, such as disclosing their diagnosis or describing difficulties that the student had meeting assignment deadlines, the students believed it was reasonable to expect a response within a short time (that week), which didn't necessarily happen.
  - **Welcomed Realities**
    - **Keeping Providers in the Loop Can Make a Difference.** Students found it important to keep their disability services provider aware of situations, such as the disappointing realities described above and other such incidents, so that the provider could help the student navigate those challenges.

- **Choosing Professors Carefully Can Make a Difference.** Some students with IH preferred faculty who worked off-campus in their professional fields and instructed classes as well, often part-time. The students liked the applied, practical approaches of these professors, finding their classes more interesting and engaging. Even though these professors had a limited time schedule to meet with students, the students found them easy to work with and accommodating.
- **Collaborating Can Make a Difference.** Students with IH who developed collaborative relationships with their professors did so by discussing their symptoms. If they wished to disclose their diagnosis, they did so in ways that the professor could understand (“it’s like narcolepsy” was a popular way). They kept the professor informed through emails, and pointed out to the professors how they could work best together from the student’s perspective, whether it was a “let me be” stance, a need for a discreet nudge in class if dozing off, or a heads-up if veering off-track in class assignments – all part of a working collaborative relationship. Students reported instances when professors connected students to a professor they knew who also had an invisible disability, including the diagnosis of narcolepsy.
- **Staying Private Is Okay!** Some students chose not to discuss their symptoms with the faculty, and that worked well for them.

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## Understand Yourself as a Student with IH

- **Know Your Challenges**
  - **Brain Fog and Sleep Drunkenness.** Students noted how these symptoms left them feeling self-conscious as a student, knowing that they tended to get things wrong and took longer to get things done when they had these symptoms. Additionally, students noted that they didn’t necessarily remember attending their morning classes, or the content covered in those classes, when experiencing those symptoms.
  - **Waking for Classes, Group Meetings, or Study Time.** Many students noted how they couldn’t wake on their own, regardless of the number of alarms or how those devices were configured to get them out of bed and functioning. When they had to depend on others’ help to wake, many students felt like a burden to others.

- **Overwhelming Expectations.** Many students described reading as very challenging due to the difficulty of staying focused. They noted that substantial amounts of reading for multiple classes, when combined with writing assignments, were overwhelming.
  - **Mega Time-consuming Assignments.** Students reported that it took vastly longer for them to read, take notes, draft outlines, write papers, plan, organize, or develop a project for class than it took students without IH.
  - **Tutors Are Not the Answer!** Students indicated that the “problem” was not that they cannot learn or understand the class material, but that they are too tired to think or even to try to understand it at times.
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- **Know Your Study Habits.** Many students reported that reading and writing induced sleep. Many also reported that when they did their academic work near/where they slept, it inevitably led to sleeping for hours or functioning in a stupor; that included using the computer for assignments near where they slept. Though students found reading in a chair better than reading near where they slept, they also found it could induce sleep. Reading close to bedtime tended to induce sleep as well. Students did find that **sleeping when they needed to** and **waking early to work on assignments** were good strategies, as was **trying to do assignments ahead of time** when they had the energy. To stay focused while studying, some needed **music**, and some needed to **play video games**. **Studying in their own room** where they could move around and have background noise was better for many students than studying in a public place such as a library (too quiet + no movement = induced sleep).
  - **Know Your Ways of Working.** The symptoms of IH varied across students, and in turn, the students had different ways of working on their studies. For example, some procrastinated until there was no choice but to do the work; some worked best with short-term deadlines and timelines for group and project work; and, some needed help organizing class notes, readings, assignments, and course materials in order to get their work done.
  - **Know Your Need for Sleep.** Students found it helpful to know when they typically needed to sleep, whether it was between classes, during study time, and/or very long night sleeps. One strategy students used to manage their daytime sleeping was picking where they wanted to nap, such as in the campus library or in student lounges, so they would be close to classes or where they met classmates to work together. Another strategy was to stay away from the dorm or apartment when they had to study or be involved in a group activity for class.
  - **Know Your Sources of Strength.** The students underscored the importance of knowing what provided them emotional strength and a sense of empowerment, and what stimulated them to do what needed to be done. They stressed the following:

- **Stay on Top of Your Medications.** Be sure to renew prescriptions on time. If you feel a medication adjustment might be necessary, contact your physician to discuss it.
- **Create Routines.** It is the routine that is critical to managing your daily life, e.g., waking 2 hours before you need to be in class or meet peers for group assignments.
- **Relay on Alarms that Work.** Be sure your support network is in place, such as your phone's alarm system, your family's phone calls, your friends stopping by, friends or peers in class who nudge you awake, etc.
- **Live the Ways You Need to Live.** Sometimes it means having your own room or living with good friends; sometimes it means living on campus or in off-campus housing.
- **Be in the Academic Major of Your Choice.** And, be on the campus you want...if possible.
- **Develop Collaborative Relationships with Disability Services Providers.**
- **Develop Collaborative Relationships with Your Professors.**
- **Know and Do What Makes You Feel Better.** Tune into what makes you feel physically stronger, allows you to accomplish something, lets you be more focused, makes you feel more awake, and puts you in touch with inner strengths such as will power, determination, and perseverance. Be as active as you can by exercising, running, playing select video games that stimulate your focusing skills, etc.
- **Stay Connected.** Keep your network alive by staying connected with supporters--family, loved ones, friends, and with those that provide support on campus or otherwise, e.g., disability services providers, vocational advisors, counselors, coaches, professors, RAs, Facebook groups, etc.

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### **Manage Academic Issues**

- **Scheduling Classes.** Although *your* scheduling needs may differ from those of other students with IH, most students with IH did not want morning classes, and all who had "priority" or "early" scheduling for the next semester's classes believed it benefitted them (i.e., requesting permission through the office providing disability services to register for courses during the earliest advising period to ensure the schedule you need). Other options students considered were: a maximum of 12 hours of classes weekly; classes during their most awake hours – day or evening; a 3 or 4-day schedule so as to have class-free days; back-to-back classes OR classes

spread throughout the day – whichever worked with the sleep needs in a given semester.

- **Coursework Options.** Beyond classroom-based courses, the options students used included on-line classes, experiential coursework (internships, practicum), independent study, and learning abroad.
  - **On-line classes** can be a viable option, provided the classes are interactive, stimulating, and a good fit in the approach to course content. Otherwise, these classes will induce sleep for many students with IH.
  - **Internship & Classes with Practicums** can be viable options so long as they are engaging. Consider one with a short commute, where the staff respects the student's diagnosis and/or symptoms, where the student can "bank hours" for those days when being on-site is not possible, and one that builds private time into the schedule. Taking a class with a part-time internship can be a viable option, depending on the class and hours at the internship site.
  - **Independent Study (IS)** is an option available on some but not on all campuses. It often entails meeting academic restrictions and working closely with a professor.
  - **Learning Abroad** is possible. Consider the following suggestions from a student with IH who successfully completed a learning abroad experience. Find a good match with a country, e.g., mornings with late starts, afternoon breaks, and late night work; be sure it has classes that use an experiential approach to learning, e.g., excursions and tours for getting an overview of the historical, sociological, and architectural aspects of the host country; look for programs that have projects that keep you actively involved and physically moving, NOT sitting at desks; and, look at the flexibility of the staff.
- **Switching Majors.** Students with IH often switched majors. There were varied reasons, such required labs, studio time, or other applied sections of courses in the academic major that made it hard to make up time due to space availability on campus and a limit on excused absences.
- **Incomplete Grades.** Requesting a grade of Incomplete (I) is allowed on some campuses. When colleges allowed it, students who were given a grade of Incomplete tended to have good relationships with their professors. If the student doesn't meet the academic requirement for an Incomplete grade, the professor may need to request special considerations of the Dean on the student's behalf.

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## **Consider the Instructional Methods**

The focus of this section is on the methods – teaching approaches, student activities in and outside of class, course design – used by professors to ensure the expected learning outcomes for the course. Some approaches may fit well with your learning needs and style and with your symptoms – some of the time. **Note:** Not included are academic adjustments. Information about requesting them can be found in the [#1 Student Guide to Thinking About Academic Adjustments](#), and examples can be found in the [#3 Guide to Requesting Academic Adjustments for College Students with Idiopathic Hypersomnia](#).

- **Those Methods That Tend to “Work” for Many Students with IH:**

- **PowerPoint Presentations (PPPs)** for classes, discussions, and lectures
- **Take home exams** (“open book” exams)
- **Weighted final exams**, so failing the exam doesn’t mean failing the course
- **Interactive classes**
- **Experiential courses**
- **Teaching Assistants (TA)** who work with the student to: (1) stay on top of assignments and make-up work and exams; (2) provide PPPs before class; and, (3) be an intermediary with the professor.

- **Those Methods That Tend to “Work” for Some Students with IH:**

The reasons vary as to why the methods below worked for some, but not for many, students with IH. Sometimes it was a matter of the semester’s schedule, i.e., it may work one semester but not another; other times it was a matter of sleep and nap times being at odds with the schedule for outside-of-class activities. When it came to group formats, some struggled to stay up with their peers, some felt self-conscious about peers waiting for them to catch up with the work or observing them doze off, and some were concerned they were holding back their peers.

- **Group Work**

- Study groups
- Group exams
- Group projects
- Option of *not* participating in group projects

- **Classes**

- Videos/podcasts of classes
- Live-streaming classes
- Lecture-type classes
- Small class size
- Large class size
- Note-taking expected in class
- Class projects
- Requirement of active class participation

- Seat-based classes, which are taught in such a way that thinking and listening are expected, as opposed to highly interactive classes (with peers and/or faculty) or experientially based classes
- **Exams**
  - Multiple-choice questions
  - Discussion questions
  - Extended time
- **Those Methods That Tend *Not* to “Work” for Students with IH:**
  - **Early morning**
    - **Classes or labs** (mandatory attendance)
    - **Tests/exams or final examinations**
    - **Meetings** with professors (e.g., advising or class consultations) or with peers (e.g., group activities)
  - **Some AT devices**, e.g., recording pens

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**Source:** In 2015-16, the *Higher Ed Conversations Project* was undertaken in response to a need to identify potential academic adjustments for college students with idiopathic hypersomnia (IH). The “tips” provided in this guide are derived from an analysis of the content of the students’ interviews for that project.

**Approved by the Hypersomnia Foundation Board of Directors and Education Legal Counsel.  
Vetted by student participants in the *Higher Ed Conversations Project*.**

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