

# Dickinson College

## Disability Documentation Form for College Meal Plan (Dining)

TO BE COMPLETED BY STUDENT'S HEALTH CARE PROFESSIONAL

Dickinson College is committed to the full participation of students with disabilities in all aspects of College life, including dining experiences. A major facet of living at a residential college is dining together, and the opportunity for developing a sense of community that arises in this setting. To this end, all students living on campus at are required to purchase a Meal Plan. Occasionally, students have special needs based on documented health conditions, such as those resulting in certain dietary needs, which may necessitate an accommodation to the Meal Plan.

Dickinson College offers many dining options capable of accommodating many different dietary needs, including but not limited to gluten-free, vegan options and kosher dining, in addition to a wide array of healthy eating choices. Students living in housing with kitchens may opt for a reduced ("Apartment Flex") meal plan. There are a variety of atmospheres in which students can eat – ranging from a large Dining Hall to smaller venues, such as the Union Station Grill and Quarry cafe. Please visit <http://www.dickinson.edu/student-life/resources/dining-services/> to learn more. Dickinson's Wellness Center also has a dietitian on staff available to work with students with special dietary needs (for more information, go to: <http://www.dickinson.edu/student-life/resources/wellness-center/content/Nutrition-Services/>).

If you have any questions regarding the accommodation process, or have additional information to share, please contact Marni Jones, Director of Disability Services, at (717) 245-1734 or [jonesmar@dickinson.edu](mailto:jonesmar@dickinson.edu). Please confirm that this student has authorized you to provide the Dickinson Meal Plan Accommodations Committee with any follow-up information we may need regarding this students' meal plan accommodation request. Thank you for your responses to the questions below.

**Student Name:** \_\_\_\_\_

**Name and Credentials of the Professional Making the Recommendation:** \_\_\_\_\_

*A disability is defined under the Americans with Disabilities Act as "a physical or mental impairment that substantially limits one or more major life activities." Examples of major life activities are: seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, thinking, concentrating, learning, reading, communicating, working, performing manual tasks, caring for oneself, and the operation of major bodily functions. A temporary impairment may include an injury, severe illness, recovery from surgery, or a condition caused by a traumatic event.*

1. Based on this definition, does this individual have a disability or temporary impairment?  YES  NO

2. If yes, please cite this student's disability or impairment (using a DSM-IV diagnosis or ICD-10 code when appropriate):  
\_\_\_\_\_

3.  The condition is permanent (or)  The anticipated duration of the condition is: \_\_\_\_\_

4. Date of diagnosis: \_\_\_\_\_ Made by you?  If not, by whom? \_\_\_\_\_

Date of most recent evaluation: \_\_\_\_\_

5. Length of time under your care: \_\_\_\_\_ Currently under your care?  YES  NO  
If no longer under your care, when did care end? \_\_\_\_\_

6. Using as much space as needed, please describe the type, severity, and frequency of symptoms currently experienced by the student, and how the disability interferes with eating or dining in college facilities .

7. Please check any modifications you recommend to the Meal Plan to accommodate the student's medically necessary dietary needs:

- Gluten Free
- Dairy Free
- Vegetarian
- Vegan
- Kosher
- Diets for Gastrointestinal Diseases (e.g., Crohn's, Colitis, IBS)
- Diets for Diabetes
- Other (please describe the modification to the Meal Plan you believe is necessary):

8. Explain how this alternative to the standard meal plan would affect the student's underlying condition:

9. Any further comments you feel the Meal Plan Accommodation Committee should be aware of?

10.  I have attached the documentation with the results of evaluations which led to this diagnosis

**Health Care Professional's Contact Information**

(Stamp or write: office address, phone number, and email)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*My signature verifies that I am or have been this student's treating health care professional, that the contents are true and accurate, and that I am not a relative of the student.*

NOTE: THIS FORM IS NOT TO BE GIVEN TO THE STUDENT TO SUBMIT, BUT RATHER TO BE SENT DIRECTLY TO:

**Marni Jones,  
Director of Disability Services  
Dickinson College  
Biddle House  
PO Box 1773  
Carlisle, PA 17013**

[jonesmar@dickinson.edu](mailto:jonesmar@dickinson.edu)

**Fax: (717) 245-1618**

**Thank you for returning this form directly to Dickinson** as soon as possible via mail, fax, or as a scanned attachment.