

# Dickinson

## Disability Documentation Form Regarding College Housing

TO BE COMPLETED BY THE STUDENT'S HEALTH CARE PROFESSIONAL

Please Note: Dickinson College is deeply committed to the full participation of students with disabilities in all aspects of College life. As a four-year residential college, learning to live in a community and share space with others is an integral part of students' educational experience. A standard housing assignment is a two- or three-person sleeping room where bathroom facilities are located on the same floor, but not in the room, and with access to a communal kitchen. There are numerous campus locations that provide quiet spaces for studying (including the library and 24-hour access to several academic buildings).

Accommodations in the residential environment are not granted based on preference or a desire for a particular type of location or for a desire for a quiet, undisturbed place to study, but rather when determined that a standard residential assignment is not a viable option for this student.

Student's Name:

Date of Birth:

This form is to be completed by a qualified health care provider (who is not related to the student) with experience and expertise regarding the functional limitations of the student's disability and current symptomology that would impact the student's housing needs. Thank you in advance for providing as much detail possible in your responses.

### Care Provider Information

Provider Name:

Credentials:

Email:

Telephone:

Practice Name and Address  
(Stamps welcome)

The student named above has requested a disability-based housing accommodation at Dickinson College. 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 listed in Item 3, below. A temporary impairment may include an injury, severe illness, recovery from surgery, or a condition caused by a traumatic event.

1. Under the ADA, this individual has a... (please select)  Disability or  Temporary Impairment

2. Please cite the student's diagnosis:

Dx #1:

Diagnostic code:

Dx #2

Diagnostic code:

Dx #3

Diagnostic Code:

From the:

DSM-IV-TR

DSM-V

ICD-9

ICD-10

3. Please check the major life activity(ies) that are substantially limited by the disability/impairment:

walking  
 reading  
 lifting  
 speaking  
 bending  
 other:

hearing  
 working  
 eating  
 thinking  
 self-care

seeing  
 learning  
 sleeping  
 standing  
 the operation of major bodily functions

manual tasks  
 breathing  
 concentration  
 communicating

4. Date of diagnosis:  Made by you?  Yes  
 No, Dx made by:
5. Number of consultations with you in the past 3 years:  Date of your most recent evaluation:
6. Length of time under your care:
7. Currently under your care?  Yes  No, care ended on:
8. Medical/therapeutic equipment needed:
9. Describe any relevant side effects of prescription medication(s):

10. Please describe in detail the symptoms currently experienced by the student.

11. Please describe in detail how the disability interferes with one or more major life activities as would be encountered in the residential living environment. *(Attachments welcome if additional space is needed.)*

12. Please indicate the approximate frequency of symptoms experienced:

- periodic - # of annual occurrences:   X per month  most days  
 seasonal - # of annual occurrences:   X per week  daily

**How long do symptoms persist?**

**Other/Comments?**

13. Given the standard housing assignment and study sites explained on p.1, please describe and provide rationale for any modifications you are recommending to accommodate the student's disability. Please also explain how the modifications you recommend would assuage the functional limitations of the student's underlying condition.

14. What are some possible alternatives if meeting your primary recommendation is not possible?

15. Accommodations for this condition are recommended...

For several months... How many?

for the duration of the student's time in college

For the next year

duration is unknown at this time

**Other/Comments:**

16. If you are recommending a single room, please indicate whether and how there are any risks associated with isolation:

17. Please indicate whether and how this student may be at risk during an emergency evacuation (*e.g. fire*):

18.  I have attached the supporting documentation for this diagnosis. ([www.dickinson.edu/ADS-Guidelines](http://www.dickinson.edu/ADS-Guidelines))

Please print and manually sign here

Care Provider's Signature

Date

*THIS COMPLETED FORM IS NOT TO BE GIVEN TO THE STUDENT. IT SHOULD BE SENT DIRECTLY TO DICKINSON*

**Thank you for printing, signing and returning this form to Dickinson's Office of Disability Services as soon as possible via**

**Email:**  
[access@dickinson.edu](mailto:access@dickinson.edu)

**Fax :**  
(717) 254-8139

**US Mail:**  
PO Box 1773, Carlisle, PA 17013

**Questions? Call: 717-245-1734**