

Dickinson

Dietary-Based Disability Documentation Form

TO BE COMPLETED BY THE 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 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 a dietary accommodation.

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/homepage/346/campus_dining 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/info/20243/wellness_center/1591/nutrition_services).

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

Student's Name: _____

Date of Birth: _____

Care Provider Information

Provider Name: _____

Credentials: _____

Email: _____

Telephone: _____

Practice Name and Address
(Stamps welcome)

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. 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. This condition is...

Permanent

Temporary. The anticipated duration of the condition is _____

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. 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.

11. **Please indicate which modifications you believe are necessary to accommodate the student’s medically necessary dietary needs:**

Access to the Gluten Free section (including baked goods, soups, sandwiches, etc)

Access to the Dairy Free menu options

Access to Vegetarian menu options (including seasonal/organic/local produce)

Access to Vegan menu options (including seasonal/organic/local produce)

Access to Kosher menu options

Specialized diets for Gastrointestinal Diseases (e.g., Crohn’s, Colitis, IBS)

Specialized diets for Diabetes

Menu planning consultation with Dining Services Staff

Consultation with staff Nutritionist

Bulk purchasing program

Other (please describe the dietary access modification you believe is necessary):

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

14. Any further comments you feel the Dietary Accommodation Committee should be aware of?

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

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.

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 Access and Disability Services as soon as possible via

Email:
access@dickinson.edu

Fax :
(717) 254-8139

US Mail:
PO Box 1773, Carlisle, PA 17013

Questions? Call: 717-245-1734