



Disability-Related Housing Accommodations *Request Form*

In order to request an accommodation for your on-campus housing assignment, please complete this form in its entirety. This form must be submitted directly to the Office of Disability Services, Champlain College.

The Office of Disability Services at Champlain College evaluates requests for housing accommodations for students with disabilities on behalf of the Department of Residential Life. Documentation must substantiate a diagnosed impairment that is a *current substantial limitation to a major life activity* as it relates to housing needs. To ensure provision of reasonable and appropriate accommodations for students, this office and the Department of Residential Life require *current and comprehensive documentation of the disorder from a current treatment/assessment professional who is legally qualified to make the diagnosis*.

This request form must be submitted each year in order to review and renew as appropriate accommodations related to Residential Life. The only exception is for students who have been notified that they have received a permanent accommodation.

A. This review is a:

New Request

- Please complete or have completed Sections B and C.

Renewal of Previous Request

- If updated documentation was requested in your disability-related housing accommodations approval letter, please submit with this form. Use Section C of this form to have your documentation updated.

B. For a new request – *If you are currently registered with the Office of Disability Services and you already provided documentation that specifically addresses housing accommodations*, please check this box:

C. **Documentation** (The following is TO BE COMPLETED BY A CERTIFIED TREATMENT PROFESSIONAL)

Name of Student: _____ D.O.B. _____

Address: _____

Phone Number: _____

1. DSM IV/ICD 9 Diagnosis:

Date of Diagnosis: _____ Last Contact with Student _____

2. Please describe symptoms that meet the criteria for this diagnosis and report evaluation and assessment results.

A. Severity _____

B. Duration _____

C. Expected long-term impact _____

3. What instruments, test/assessments, diagnostic procedures were used to diagnose the medical condition? Please attach relevant results (i.e. audiogram, functional capacity evaluations, diagnostic test results, etc.).

4. Describe prognosis (short/long term) for this condition.

5. Please list his/her current prescribed medication(s), dosage, frequency and possible adverse side effects *as they may relate to the need for college residential housing accommodations.*

6. Please describe how this disorder exhibits itself as a *current substantial limitation to a major life activity* in a college residential/housing environment.

7. Please list the recommendations you have for housing accommodations that would help this student access the college residential environment.

Please note: The Office of Disability Services will not accept disability-related documentation from treatment professionals who are related, in any way, to the student requesting services. In order to provide the appropriate analysis to documentation received, the Office of Disability Services must be able to rely on the treatment professionals with the highest capacity for objectivity.

Signature: _____ Date: _____

Print name and title: _____

Address: _____ Phone: _____

The information that you provide is maintained in the Office of Disability Services according to the guidelines of the Family Educational Rights and Privacy Act (FERPA).

**Please return this form to:
Office of Disability Services
Champlain College
P.O. Box 670
Burlington, VT 05401**