



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: Counseling & Accommodation Services Center, Attn: Eric Petersen, Champlain College, P.O. Box 670, Burlington, VT 05402. Forms may also be sent via email to epetersen@champlain.edu.

The Counseling & Accommodation Services Center at Champlain College evaluates requests for housing accommodations for students 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.**

The Housing Accommodations Request Form **MUST BE SUBMITTED EACH YEAR** for review and renewal of appropriate accommodations related to Residential Life. Only students who have been notified they have received permanent disability-related housing accommodations are exempt from completing section B of this form.

This form is submitted as a:

NEW Request

Please complete Sections A and B.

RENEWAL of a Previous Request

If updated documentation was requested in your disability-related housing accommodations approval letter, please have Section B completed by a certified treatment professional and submit the updated form for review.

DEADLINES: Students admitted for August—**form is due June 01**. / Students admitted for January—**form is due December 15**.

SECTION A | NEW REQUESTS ONLY

Are you currently registered with the Office of Disability Services and have you already provided documentation that specifically addresses housing accommodations? Yes No

SECTION B | DOCUMENTATION

The following information **MUST** be completed by a **CERTIFIED TREATMENT PROFESSIONAL**

Student Name _____ Date of Birth: _____

Street Address _____

Phone Number _____

1. **DSM IV/ICD 9 Diagnosis:** _____

Date of Diagnosis _____ Date of 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 Counseling & Disability Services Center 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 Counseling & Accommodation Services Center 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 Counseling & Accommodation Services Center according to the guidelines of the Family Educational Rights and Privacy Act (FERPA).