

**Student Accessibility Center Housing Accommodation Verification Form
(To be completed by the student's healthcare provider)**

To help determine reasonable accommodations, qualified professionals may submit documentation on behalf of students. This information will be used in conjunction with the student's self-report to determine reasonable accommodations on an individual basis. Medical information will be considered but is not the definitive information that informs our final decisions. We consider a multitude of factors. A medical provider's recommended accommodation does not automatically bind SAC/AU to approve the accommodation as being reasonable. When recommendations within documentation would primarily enhance success or are considered outside the scope of what is necessary for equal access, the student will be referred to other resources and or given options that may be able to address the specific need.

If you have questions regarding this form, please contact Julie Donatini, Director, Student Accessibility Center at: 419-289-5904 or email at jdonatin@ashland.edu.

STUDENT INFORMATION

First Name: _____ **Middle Init:** _____ **Last:** _____

Please check which of the following **University-provided accommodations** you are recommending for the student due to the specific nature and impact of their diagnosis:

Campus Housing Accommodation	✓
Single Dorm Room	
Air-Conditioned Room	
ADA Accessible Suite with building entrance ramp, roll-in shower & private bathroom	
Shared Bathroom (with 1 roommate)	
Private Bathroom (no roommate)	
Lower floor dorm room access - first or second floor	
Enhanced cleaning prior to arrival	
Apartment living with a full kitchen, private or roommate-shared bathroom	
Other:	

1. Does this student have a disability (physical or mental impairment that substantially limits one or more major life activities)? ___ Yes ___ No

Primary Diagnosis: _____ DSM/ ICD Code: _____

Additional Diagnosis: _____ DSM/ ICD Code: _____

Additional Diagnosis: _____ DSM/ ICD Code: _____

2. When did you **first** meet with the student regarding this disability?

3. When did you **last** interact with the student regarding this disability?

4. What is the **frequency** of your interactions in the past 6 months regarding this disability?

5. Please list the specific symptoms of the diagnoses that will likely impact the student in the campus residential setting.

Symptoms	Severity (mild, moderate, severe)	Frequency	Duration

According to the Americans with Disabilities Act, a disability is a physical or mental impairment that substantially limits one or more major life activities. Below is a non-exhaustive list of major life activities (MLAs). For each relevant MLA, please describe an example of how the student's condition limits this activity. If not relevant, mark N/A (not applicable).

Eating	
Sleeping	
Seeing	
Hearing	
Gross motor skills	
Fine motor skills	

Stress management	
Social interactions	
Concentrating	
Communicating	
Managing internal distractions	
Managing external distractions	
Organization	
Other:	
Other:	

6. Are there any situations or environmental conditions that might lead to exacerbation of the condition(s)?

7. Please describe your recommendations that would meet the students' housing needs, as well as the rationale.

8. Please indicate the treatments, medications, devices, or services currently prescribed, or used in the past to minimize the impact of the student's diagnosis:

9. Please explain the health impact to this student if the recommended housing accommodation is not met.

HEALTHCARE PROVIDER INFORMATION

(Please sign & date below and completely fill in all other fields using PRINT or TYPE)

Provider Signature: _____ Date: _____

Provider Name (Print): _____

Provider Title: _____

License or Certification #: _____

Address: _____

Phone Number: _____ FAX Number: _____

Email: _____

Please return completed form to: Julie Donatini, Director

Student Accessibility Center Ashland University

401 College Ave

Ashland, OH 44805

Email Julie Donatini at jdonatin@ashland.edu or fax to 419-289-5294