



SOUTHWESTERN UNIVERSITY

Center for Academic Success

Provider Verification of Disability-Related Need for Housing Accommodations

Southwestern University (SU) believes that community is so essential to the academic experience that we require first- and second-year students to live on campus. Thankfully, most students' disability-related housing needs can be met on campus through reasonable accommodations recommended by SU's Center for Academic Success (CAS). The CAS makes recommendations for reasonable accommodations for implementation by Residence Life/Student Housing. Requests to live off campus should first be made to the Office of Residence Life.

When considering your patient's disability-based needs for housing or dining, please keep in mind that SU offers a wide range of options and accommodations, including but not limited to:

Fire Drill Notifications	Single Bathroom	ADA Accessible Rooms
Community Kitchens	Access to Elevator	ADA Accessible Bathroom
Community Bathrooms	Private Common Areas	Visual Alert System
Single Rooms	First-Floor Rooms	Meal Plan Exemptions (please see available supports)
Access to Dietician	Emotional Support Animal (please see separate form)	Service Animal

Many of these options are limited by capacity at SU. So, to help ensure availability, students should submit complete information in a timely manner, keeping in mind priority deadlines established by the CAS. The ability of the CAS and Residence Life/Student Housing to address requests made after a priority deadline or mid-semester may be delayed or not possible. Please note that a diagnosis alone does not always necessitate the need for accommodation, so please be explicit in explaining the severity of the condition and how it directly ties to the housing-related accommodation being requested.

Southwestern University's Center for Academic Success encourages students to complete a "Release of Information" form with their licensed healthcare provider so that CAS staff members can contact the provider for additional information, if needed. Thank you for your assistance as we strive to support our students.

The remainder of this form must be completed by the student's licensed healthcare provider. Please note that the student must not be an immediate family member of the healthcare provider.

Student Name: _____

Student SU ID number: _____

Please check the most appropriate description for this individual.

- Meets the definition of a disability as defined by the Americans with Disability Act Amended (2007) & Section 504 of the Rehabilitation Act (1973); that is, a physical or mental impairment that substantially limits one or more major life activities.
- Has a medical condition that is not a disability but may warrant consideration for special housing modifications.
- Does not have a condition that would require the requested modifications.

Diagnosis: (Please use DSM-5 or ICD-10 diagnosis and codes, if applicable.)

- Primary diagnosis, diagnostic code, and date of diagnosis:

- Secondary diagnosis, diagnostic code, and date of diagnosis:

- Tertiary diagnosis, diagnostic code, and date of diagnosis:

The disabilities/conditions listed above are considered:

- Permanent/chronic
- Long Term: 6-12 months
- Short Term/Temporary: 6 months or less

1. **When did you first meet with this individual regarding the above-named diagnosis/diagnoses?**

2. What is the frequency of your interactions with your patient in the past 6 months regarding this disability?

3. Please list any necessary assistive devices and/or services currently prescribed for, or in use by, the patient.

4. Please list the specific symptoms of the diagnosis that likely will impact your patient in the university's on-campus residential setting.

5. Please list and specify how severe the symptoms are as well as the frequency and duration of the symptoms.

6. Please describe in detail how these symptoms likely would create functional limitations for your patient in the university's on-campus residential setting.

7. Are there any situations or environmental conditions that might lead to exacerbation of your patient's symptoms?

8. Please describe your recommendation(s) for addressing your patient's housing

needs as well as the rationale for your recommendation(s). If no on-campus configuration is suitable for your patient's needs, please explain why a potential housing exemption might be necessary.

9. Please explain the health impact to your patient if the housing accommodations you recommend cannot be provided.

10. With respect to any recommendation(s) for meal plan exemptions, does your patient have a medical condition that cannot be addressed by access to allergen-free foods or meal planning by a dietician? Please elaborate as to how your patient's health concern would be exacerbated by eating on-campus food.

Provider Information:

Provider Name: _____

Type of License: _____ State of Licensure: _____

License Number: _____

Office Address: _____

Office Phone: _____

Email: _____ Fax: _____

Signature: _____ Date: _____

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