



Healthcare Documentation for Housing Accommodations

Dear Medical/Clinical Provider:

The student named below has requested housing accommodations from the Office of Accessibility Services (OAS) at Curry College. By providing a full and complete response, you will help to expedite the processing of this student's accommodation request and reduce the need to return to you for additional information. Under the Americans with Disabilities Act (Amendments Act) of 1990 (2008) and Section 504 of the Rehabilitation Act of 1973, otherwise qualified individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is protected under the law, documentation must indicate that a ***specific disability exists*** and that the identified disability ***substantially limits one or more major life activities*** and impacts a student's ***living environment*** in such a manner that accommodations are medically necessary.

Documentation and all relevant information must be completed or provided by an appropriate qualified professional. Documentation completed by a family member is not acceptable. For psychological disabilities, evaluation and documentation should be within the last year unless the condition is one that does not change over time. All documentation will be evaluated on a case-by-case basis.

Single Room Accommodations: Requests for a single room as an accommodation based solely on a desire to have a "quiet, undisturbed place to study" or as a need for a "reduced distraction environment" will not be granted. By virtue of the shared facilities, resources, and number of people living under one roof, it is unrealistic to assume that a private room would provide for such quiet, distraction-free space to any appreciable degree beyond living in a standard double room. In addition, Curry has libraries and designated study spaces for all students available 24/7.

All sections of this form must be completed and returned as soon as possible so that OAS may verify eligibility. Providers may also use their own format only if the requested information is included, and the letter meets the documentation guidelines. Incomplete or illegible requests may be returned, which will delay processing. This form and any other relevant documentation should be faxed or emailed to the listed information below. Thank you in advance for your time and support.



Student Information - Completed by the Provider ONLY

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Last Contact: _____

Diagnostic Information

Primary Diagnosis: _____ Diagnostic Code: _____

Date of Diagnosis: _____

Severity: Mild Moderate Severe

How was this Diagnosis Determined?

- o Structured or unstructured interview
o Behavioral observations
o Developmental history
o Educational history
o Medical history
o Neuropsychological testing (Please provide testing)
o Psycho-educational testing (Please provide testing)
o Standardized or non-standardized rating scales (Please provide rating scales)
o Other (please specify):

Secondary Diagnosis: _____ Diagnostic Code: _____

Date of Diagnosis: _____

Severity: Mild Moderate Severe

How was this Diagnosis Determined?

- o Structured or unstructured interview
o Behavioral observations
o Developmental history
o Educational history
o Medical history
o Neuropsychological testing (Please provide testing)
o Psycho-educational testing (Please provide testing)
o Standardized or non-standardized rating scales (Please provide rating scales)
o Other (please specify):



Please indicate the level of need for the accommodations listed below. Further detail is required on the questions listed below and on the next page.

Housing Accommodation	Minimal	Moderate	Medically Necessary	Unsure
First Floor/Access to Elevator				
Single Dorm				
Private Bathroom				
Auditory/Visual Safety Alarm				
Personal Refrigerator				
Height Adjusted Room Furniture				
Proximity to Health Center, Dining Hall, etc.				
Other:				

- 1. Please describe in detail the student's current diagnosis, severity, frequency of symptoms, course of treatment, and prognosis.**



- 2. Please describe your recommendations for necessary accommodations. Please include a rationale and explain how each accommodation would mitigate a functional limitation of the student's underlying condition.**

- 3. How will the student manage these symptoms in other campus settings (i.e. classrooms, dining halls, libraries, etc.)?**

- 4. What are some possible alternatives if meeting your primary recommendation is not possible?**



5. If other treatments are currently mitigating the limitations of the student's impairment, please provide rationale for further accommodations.

6. Please provide any additional information that you feel would be helpful for the College to evaluate this student's request for a housing accommodation.

THIS COMPLETED FORM IS NOT TO BE GIVEN TO THE STUDENT. IT SHOULD BE SENT DIRECTLY TO CURRY COLLEGE.

PLEASE NOTE: To provide healthcare documentation for a housing accommodation, the diagnosing professional must be a physician or other clinician or medical specialist, who is not a family member, with experience and expertise in the area related to the student's disability.

Clinician name: _____

Clinician's state licensure/certification: _____

Specialty: _____ **Phone:** _____

Signature: _____