

REQUEST FOR INFORMATION RE: HOUSING ACCOMMODATION

Student's Full Name: _____

Type of Housing Accommodation Requested: _____

The above-named Doane University student has indicated that you are the (physician, psychiatrist, social worker, mental health professional) who has suggested that having a housing accommodation will be helpful in alleviating one or more identified symptoms or effects of the student's disability. So that we may better evaluate the request for this accommodation, please answer the following questions:

Information About the Student's Disability

(A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")

1. What is the nature of the student's physical or mental health impairment, i.e., how is the student substantially limited?
2. Does the student require ongoing treatment?
3. How long have you been working with the student regarding this physical or mental health diagnosis?

Information About the Proposed Housing Accommodation

4. Is this a housing accommodation that you specifically prescribed as part of treatment for this student, or is it an accommodation that you believe will have a beneficial effect for the student while a student at Doane University?
5. What symptom(s) will be reduced by the requested housing accommodation?
6. Is there evidence that this type of housing accommodation has helped this student in the past or currently?

Importance of Housing Accommodation to Student's Well-Being

7. In your professional opinion, how important is it for the student's well-being that the requested housing accommodation is granted?

8. What consequences, in terms of symptomology, may result if the requested housing accommodation is not approved?

9. Describe triggers or conditions in university housing that specifically relate to the student's request for housing accommodation. Are there situations or conditions in the residence hall that are contributing to the student's inability to thrive and fully participate in our educational program?

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. We recognize that having a housing accommodation can be a real benefit for someone with a disability, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for a housing accommodation on both the requesting student and the campus community.

Please provide contact information, sign and date this form (below) and return it to:

Residential Life and Education
Doane University
1014 Boswell Avenue
Crete, NE 68333
doanehousing@doane.edu

Your Contact Information

Name and title:

Address:

Telephone:

FAX and/or e-mail address:

Professional's Signature: _____

License Number:

Date: _____