



Dining Accommodations Provider Form

TO BE COMPLETED BY THE STUDENT'S HEALTH CARE PROFESSIONAL

Drake University is committed to the full participation of students with disabilities in all aspects of University life, including dining experiences. A major facet of living at a residential University is dining together, and the opportunity for developing a sense of community that arises in this setting. To this end, all students living on campus at are required to purchase a Meal Plan. Occasionally, students have special needs based on documented health conditions, such as those resulting in certain dietary needs, which may necessitate a dietary accommodation.

Drake University offers many dining options capable of accommodating many different dietary needs, including but not limited to vegan options and gluten-free dining, in addition to a wide array of healthy eating choices. There are a variety of atmospheres in which students can eat – ranging from a large Dining Hall to smaller venues, such as Quad Creek Cafe and the Starbucks Cafe. Please visit <https://drake.sodexomyway.com/dining-near-me/index> to learn more. Drake Dining also has a dietitian on staff available to work with students with special dietary needs (for more information, go to: <https://drake.sodexomyway.com/explore/nutrition>).

If you have any questions regarding the accommodation process, or have additional information to share, please contact Access and Success, at (515) 271-1835 or access.success@drake.edu. Please confirm that this student has authorized you to provide the Drake Dietary Accommodations Committee with any follow-up information we may need regarding this students' meal plan accommodation request. Thank you for your responses to the questions below.

Student's Name: _____

Date of Birth: _____

Health Care Provider Information

Provider Name: _____

Credentials: _____

Email: _____

Telephone: _____

Practice Name and Address
(Stamps welcome)

A disability is defined under the Americans with Disabilities Act as "a physical or mental impairment that substantially limits one or more major life activities." Examples of major life activities are: seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, thinking, concentrating, learning, reading, communicating, working, performing manual tasks, caring for oneself, and the operation of major bodily functions. Please answer the following questions:

1. Does this individual have a disability?

2. Please describe the nature of the disability/impairment:

3. Describe the duration of this impairment (e.g., long-term, permanent, recent, short-term):

OR: ____ # of weeks ____ # of months ____ permanently

4. Describe any relevant side effects of prescription medication(s):

5. Using as much space as needed, please describe in detail the effects or limitations this impairment has on the individual's dietary needs in University facilities.

6. Are you recommending any specific medically necessary accommodations(s) for this student's dietary needs?

Note: A connection must be established between the requested accommodations and the functional limitations on the student in the dining hall environment. In addition, a health care provider does not have to recommend accommodations; the student and University may determine reasonable accommodations based on the student's functional limitations.

- Access to the Gluten Free section (including baked goods, soups, sandwiches, etc.)
- Access to the Dairy Free menu options
- Access to Vegetarian menu options (including seasonal/organic/local produce)
- Access to Vegan menu options (including seasonal/organic/local produce)
- Access to Kosher menu options
- Specialized diets for Gastrointestinal Diseases (e.g., Crohn's, Colitis, IBS)
- Specialized diets for Diabetes
- Menu planning consultation with Dining Services Staff
- Consultation with staff Nutritionist
- Bulk purchasing program
- Other (please describe the dietary access accommodation you believe is necessary):

7. Explain how any recommended accommodations would alleviate the effects of the student's underlying disability/impairment:

8. Any further comments you feel the Dietary Accommodation Committee should be aware of?

9. I have attached supporting documentation for the responses in this form.

I confirm the validity of all information herein and attest that I am not related to this student.

Please print and manually sign here

Care Provider's Signature

Date

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

Thank you for printing, signing, and returning this form to Drake University Access and Success via:

Email:
access.success@drake.edu

Secure Fax :
(515) 215-9436

Questions? Call: 515-271-1835