



Housing Accommodation Provider Form

TO BE COMPLETED BY THE STUDENT'S HEALTH CARE PROFESSIONAL

Please Note: Drake University is deeply committed to the full participation of students with disabilities in all aspects of University life. As a four-year residential University, learning to live in a community and share space with others is an integral part of students' educational experience. A standard housing assignment is a two- or three or four-person sleeping room where bathroom facilities are located on the same floor, but not in the room, and with access to a communal kitchen. There are numerous campus locations that provide quiet spaces for studying (including the library and 24-hour access to several academic buildings).

Accommodations in the residential environment are not granted based on preference or a desire for a particular type of location or for a desire for a quiet, undisturbed place to study, but rather when determined that a standard residential assignment is not a viable option for this student.

Student's Name: Date of Birth:

This form is to be completed by a qualified health care provider (who is not related to the student) with experience and expertise regarding the functional limitations of the student's disability and current symptomology that would impact the student's housing needs. Thank you in advance for providing as much detail possible in your responses.

Care Provider Information	Practice Name and Address (Stamps welcome)
Provider Name: <input type="text"/>	<input type="text"/>
Credentials: <input type="text"/>	<input type="text"/>
Email: <input type="text"/>	<input type="text"/>
Telephone: <input type="text"/>	<input type="text"/>

The student named above has requested a disability-based housing accommodation at Drake University. 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 listed in Item 3, below. A temporary impairment may include an injury, severe illness, recovery from surgery, or a condition caused by a traumatic event.

1. Under the ADA, this individual has a... (please select) Disability or Temporary Impairment

2. Please cite the student's diagnosis:

Dx #1: <input type="text"/>	Diagnostic code: <input type="text"/>
Dx #2 <input type="text"/>	Diagnostic code: <input type="text"/>
Dx #3 <input type="text"/>	Diagnostic Code: <input type="text"/>

From the:

DSM-IV-TR DSM-V ICD-9 ICD-10

3. Please check the major life activity(ies) that are substantially limited by the disability/impairment:

<input type="checkbox"/> walking	<input type="checkbox"/> hearing	<input type="checkbox"/> seeing	<input type="checkbox"/> manual tasks
<input type="checkbox"/> reading	<input type="checkbox"/> working	<input type="checkbox"/> learning	<input type="checkbox"/> breathing
<input type="checkbox"/> lifting	<input type="checkbox"/> eating	<input type="checkbox"/> sleeping	<input type="checkbox"/> concentration

speaking
 bending
 other: _____

thinking
 self-care

standing
 the operation of major bodily functions

communicating

4. Date of diagnosis: _____ Made by you? Yes
 No, Dx made by: _____
5. Number of consultations with you in the past 3 years: _____ Date of your most recent evaluation: _____
6. Length of time under your care: _____
7. Currently under your care? Yes No, care ended on: _____
8. Medical/therapeutic equipment needed: _____
9. Describe any relevant side effects of prescription medication(s):

10. Please describe in detail the symptoms currently experienced by the student.

11. Please describe in detail how the disability interferes with one or more major life activities as would be encountered in the residential living environment. *(Attachments welcome if additional space is needed.)*

12. Please indicate the approximate frequency of symptoms experienced:

periodic - # of annual occurrences: X per month most days
 seasonal - # of annual occurrences: X per week daily

How long do symptoms persist?

Other/Comments?

13. Given the standard housing assignment and study sites explained on p.1, please describe and provide rationale for any modifications you are recommending to accommodate the student's disability. Please also explain how the modifications you recommend would assuage the functional limitations of the student's underlying condition.

14. What are some possible alternatives if meeting your primary recommendation is not possible?

15. Accommodations for this condition are recommended...

For several months... How many?

for the duration of the student's time in University

For the next year

duration is unknown at this time

Other/Comments:

16. If you are recommending a single room, please indicate whether and how there are any risks associated with isolation:

17. Please indicate whether and how this student may be at risk during an emergency evacuation (*e.g. fire*):

18. I have attached the supporting documentation for this diagnosis.

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's Office of Access & Success as soon as possible via

Email: access.success@drake.edu

Secure Fax: (515) 215-9436

Questions? Call: (515) 271-1835