



## Disability Documentation Form Regarding University Housing

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 fundamental part of students' educational experience. A standard housing assignment is a two-, 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, but rather when determined that a standard residential assignment is not a viable option for a student based on a disability and a reasonable accommodation/modification is available.*

**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 impact the student's housing needs. Thank you in advance for providing as much detail possible in your responses.*

Health Care Provider Information		Practice Name and Address (Stamps welcome)
<b>Provider Name:</b>	<input type="text"/>	<input type="text"/>
<b>Credentials:</b>	<input type="text"/>	<input type="text"/>
<b>Email:</b>	<input type="text"/>	<input type="text"/>
<b>Telephone:</b>	<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: 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. Please describe in detail the effects or limitations this impairment has on the individual's activities in a residential setting, if any:

5. Medical/therapeutic equipment needed in a residential setting, if any:

6. 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 disability/impairment.

7. Other Comments:

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's Office of Disability Services as soon as possible.**

**Email:**

[SDS@Drake.edu](mailto:SDS@Drake.edu)

**US Mail:**

2507 University Avenue Old Main 107, Des Moines, IA 50311

**Questions? Call: 515-271-1835**