

# SARAH LAWRENCE COLLEGE

## Office of Access and Disability Services

### Specialized Housing Documentation Form

Sarah Lawrence requires documentation from an appropriate professional (not a relative of the student) in order to accurately and equitably review this request. This documentation must relate the current impact of the disability to each requested housing accommodation. This form is to be completed by the provider. **It is important that all questions are answered thoroughly in order to review the request. Each requested housing accommodation must be addressed.**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Certifying Licensed Physician's, Psychiatrist's, Psychologist's, or Social Worker's information:

Provider's Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Address of Practice: \_\_\_\_\_  
(stamps welcome)

Signature: \_\_\_\_\_

Please complete all questions.

1. Under the ADA, this individual has (please select):
  - a. Disability
  - b. Temporary Impairment
  
2. Please indicate if the nature of the housing request is:
  - a. Medical
  - b. Food Related
  - c. Mental Health
  
3. Please cite the student's diagnosis, diagnostic code, and current level and severity for each:

Diagnosis 1: \_\_\_\_\_ Diagnostic Code: \_\_\_\_\_

Severity: Mild   
Moderate   
Severe

Diagnosis 2: \_\_\_\_\_ Diagnostic Code: \_\_\_\_\_

Severity: Mild   
Moderate   
Severe

Diagnosis 3: \_\_\_\_\_ Diagnostic Code: \_\_\_\_\_

Severity: Mild   
Moderate   
Severe

Diagnosis 4: \_\_\_\_\_ Diagnostic Code: \_\_\_\_\_

Severity: Mild   
Moderate   
Severe

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

Walking <input type="checkbox"/>	Eating <input type="checkbox"/>	Communication <input type="checkbox"/>
Reading <input type="checkbox"/>	Thinking <input type="checkbox"/>	Bending <input type="checkbox"/>
Lifting <input type="checkbox"/>	Seeing <input type="checkbox"/>	Operation of Bodily Functions <input type="checkbox"/>
Speaking <input type="checkbox"/>	Learning <input type="checkbox"/>	Performing Manual Tasks <input type="checkbox"/>
Self-Care <input type="checkbox"/>	Sleeping <input type="checkbox"/>	Breathing <input type="checkbox"/>
Hearing <input type="checkbox"/>	Standing <input type="checkbox"/>	Working <input type="checkbox"/>

5. Date of Diagnosis(es) \_\_\_\_\_

Did you make the initial diagnosis?

Yes   
No

6. Number of consultations with you in the past 3 years: \_\_\_\_\_

Most recent evaluation: \_\_\_\_\_

7. Length of time in your care: \_\_\_\_\_

Currently under your care:

Yes

No, care ended on: \_\_\_\_\_

8. Medical/therapeutic equipment needed: \_\_\_\_\_

9. Describe any relevant side effects of prescription medication:

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10. Please describe in detail how each current functional limitation interferes with the residential living environment.

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11. Please describe your recommendations for necessary accommodations.

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12. Please provide a rationale and explain how each accommodation would mitigate a functional limitation of the student's condition.

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13. Accommodations for this condition are recommended for:

One semester

Up to 6 months

12 months

The duration of the student's time in college

Duration is unknown at this time

14. Please indicate the level of need for the recommended configuration and the consequence of not receiving:

**Extremely High Need** – student would not be able to live in residence hall if request is not met because impact of not receiving request will have a permanent negative health impact

**High Need** – student would be able to live in residence hall but academic performance and/or social development and/or health will be negatively impacted

**Moderate Need** – one or more symptoms of the student's disability will be alleviated and it would make it more comfortable for student to live in residence hall

**Low Need** – student would be able to live in a residence hall but less comfortable than if request is met

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

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Other comments:

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