

SKIDMORE COLLEGE

STUDENT REQUEST FOR DISABILITY-RELATED HOUSING ACCOMMODATIONS

Name: _____ Class Year: _____

Permanent Address: _____

Cell Phone Number: _____ E-mail address: _____

This request is for housing for the FALL / SPRING semester of academic year 20__20__

Information for Students

Skidmore College is deeply committed to the full participation of students with disabilities in all aspects of college life, including residential life. In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), Skidmore College has established procedures to ensure that students with documented disabilities have equal access to housing resources and receive housing assignments that reasonably meet their needs as required by law. According to the ADA, a disability is defined as any mental or physical impairment that substantially limits the individual in a major life activity compared to the average person.

Requests for housing accommodations will be reviewed by a committee comprised of representatives from the following departments: Office of Residential Life, Counseling Center, Health Services, Student Academic Services, and, where applicable, Dining Services. It is important that the student must agree that any information relevant to the request for accommodation may be reviewed by the special housing accommodation committee.

Please sign and date the form below affirming agreement.

Student Signature: _____ **Date:** _____

Meg Hegener
Coordinator of Student Access Services
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Saratoga Springs, New York 12866
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Skidmore College

PART 2

Housing Accommodation Documentation Form

Please note that Skidmore College is committed to the full participation of students with disabilities in all aspects of college life. As a residential college, learning to live in a community and share space with others is an integral part of a student’s educational experience. A standard housing assignment is a two or three-person room. Requests for housing accommodations are approved when it is determined that a standard housing assignment is not a viable living situation for a student.

This form should be completed by a qualified health care provider with experience and expertise regarding the functional limitations of the student’s disability and current symptomology that would impact the students housing needs. Thank you in advance for providing as much detail as possible in your responses.

Student Name: _____ Class Year: _____

Provider Name: _____

Credentials: _____

Email: _____

Telephone: _____

The student named above has requested a disability-based housing accommodation at Skidmore College. 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”. A temporary impairment may include an injury, severe illness or recovery from surgery.

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

2. Please indicate the student’s diagnosis including ICD-9 or DSM-V code

3. Date of diagnosis: _____ Made (or confirmed) by you? Yes _____ No _____

4. Length of time under your care: _____

5. Please detail the current treatment plan, including frequency of treatment contact.

6. Please describe in detail the symptoms currently experienced by the student, noting the severity and functional impact of each.

7. Please indicate the approximate frequency of symptoms experienced.

8. 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.)

9. Given the standard housing assignment of a two or three person room, 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.

10. In situations where the primary recommendation is not feasible, what alternatives would you recommend?

Provider Signature: _____

Date: _____