

SKIDMORE COLLEGE

~STUDENT REQUEST FOR SPECIAL HOUSING ACCOMMODATIONS

Please complete all parts of this form and return to the Coordinator for Student Access Services in Student Academic Services.

Please type or print.

Name:
Class Year:
Cell Phone Number:
Permanent Address:
Skidmore email address:
This request is for housing for the following semester/year:
Fall:
Spring:
Academic year 20__ - 20__
Class Year:

Requests for a special accommodation forms will need to be submitted to the Coordinator for Students with Disabilities each academic year.

Students should be advised that accommodations for disability take priority over other considerations such as roommates, housing locations, etc.

Current, specific and appropriate documentation must be on file for consideration of each request.

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

Please sign and date the form below affirming agreement.

Student Signature: _____ **Date:** _____

Please type your answers to the following questions on separate paper. Be sure to include the entire form with your submission.

1. Please clearly describe the housing accommodation (s) you are requesting.
2. Please check if any of the following are part of your request:

Modified equipment for deaf or hard of hearing persons	
Wheelchair accessible residence hall	
Wheelchair accessible shower	
Shower seat	
Lowered closet rods	
Avoid stairs and/or must be on a lower level (ground floor, etc.)	
Must have wheelchair access to an elevator	
Wheelchair accessible furnishing	
Other:	

3. Explain how your request relates to your condition or disability
4. Is the impact of the condition life threatening if the request is not met?
5. Is there a negative health impact that may be permanent if the request is not met?
6. What barriers does your disability/condition present for you that you believe will be removed by the implementation of your requested accommodation?
7. Is the request an integral component of a treatment plan for the condition in question?
8. What previous experience do you have that make you believe your requested accommodation is necessary for the Skidmore environment?
9. What is the likely impact on academic performance if the request is not met?
10. What is the likely impact on social development if the request is not met?
11. What is the likely impact on the student's level of comfort if the request is not met?

Please return to:

Meg Hegener
Student Academic Services
815 N. Broadway
Saratoga Springs, New York 12866
Phone: 518-580-8150
Fax: 518-580-8149
E-mail: mhegener@skidmore.edu

SKIDMORE COLLEGE
Student Academic Services

**VERIFICATION OF PHYSICAL, MEDICAL, PSYCHOLOGICAL
CONDITION**

To be completed by the non-parental treatment provider

Date: _____

I, the undersigned, certify that:

Name of Student: _____

Date of Birth: _____

Address: _____

Phone: _____

Has the following diagnosis/condition:

Diagnosis/Description of Condition: **Include ICD-9 or DSM-IV Code**

Symptoms/Functional Limitations: (e.g., limited ambulation; poor visual acuity)

This individual's condition:

Substantially limits individual in a major life activity **YES** **NO**
If yes, what activities are significantly limited?

Current Treatment(s)/Therapy and Prescribed Medications and Dosage:

The medical condition or disability above is

- Permanent/Chronic**
- Long term: 6-12 months**
- Short-term/Temporary: 6 months or less**
Expected duration:_____

The condition or disability is

- Observable**
- Not observable**

Please use the space below (and additional sheets if necessary) to provide any information that will be helpful in considering the accommodations you are recommending.

Is impact of the condition life threatening if the request is not met?

Is there a negative health impact if the request is not met?

What is the likely impact on academic performance if the request is not met?

What is the likely impact on social development if the request is not met?

What is the likely impact on level of comfort if the request is not met?

Is the request an integral component of a treatment plan for the condition in question?

The credentials of the diagnosing professional:

Signature:_____

Date:_____

Name Printed:_____

Address:_____

Telephone Number:_____