



Disability Documentation Form For College Housing

TO BE COMPLETED BY STUDENT'S HEALTH CARE PROFESSIONAL

Northwest 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), Northwest College has established procedures to ensure that students with documented disabilities receive housing assignments that reasonably meet their needs as required by law. Requests for particular housing assignments based in a students' preference, rather than need, for a particular type of living environment, such as a certain type of room or location or site for a quiet, undisturbed place to study, will not be honored.

STUDENT NAME: _____ **DOB:** _____

Name of the Professional Making the Recommendation: _____

Credentials: _____

The student named above has requested a residential accommodation from Northwest College based upon an asserted disability. 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, speaking, breathing, eating, sleeping, walking, standing, lifting, bending, learning, reading, communicating, working, performing manual tasks, caring for oneself, thinking, concentrating, and the operation of major bodily functions. A temporary impairment may include an injury, severe illness, recovery from surgery, or a condition caused by a traumatic event.

1. Based on this definition, does this individual have a disability or temporary impairment? YES NO

2. If yes, please cite the student's disability(ies) or impairment(s): _____

The code for this is _____ from the ___ DSM-IV-TR ___ DSM-V ___ ICD-9 ___ ICD-10

3. Date of diagnosis: _____ Made by you? _____ If not, whom? _____

4. Number of consultations in the past 3 years: _____ Date of most recent evaluation: _____

5. Length of time under your care: _____ Currently under your care? YES NO

If no longer under your care, when did care end? _____

6. Medical/therapeutic equipment needed: _____

7. Prescribed medication(s) (indicate dosage): _____

8. Please check which of following major life activities this condition(s) substantially limits:

- | | | | |
|--------------|---------------|---|-------------------|
| ___ walking | ___ hearing | ___ seeing | ___ manual tasks |
| ___ reading | ___ working | ___ learning | ___ breathing |
| ___ lifting | ___ eating | ___ sleeping | ___ concentrating |
| ___ speaking | ___ thinking | ___ standing | ___ communicating |
| ___ bending | ___ self-care | ___ the operation of major bodily functions | |

Other(s)? _____

To be notified in case of emergency, please identify yourself to Campus Security Officer upon arrival at campus. Telephone Number (307) 754-6067.

9. Please describe in detail the symptoms currently experienced by the student, and how the disability interferes with one or more major life activities as would be encountered in a residential environment. (Attachments welcome. Please use additional space as needed.)

10. Please circle (and indicate, where relevant) the approximate frequency of symptoms experienced:

Periodic (___ annual reported occurrences)	Seasonal	Every ___ month(s)	___ x a month	___ x a week	Most days	Daily
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11. Given the standing housing assignment and study site options previously illustrated, please describe and provide rationale for any modifications to the standard assignment you recommend to accommodate the student's disability. Please explain how the modifications you recommend would assuage the functional limitations of the student's underlying condition. (Again, please use additional space, as needed.)

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

13. Accommodations for this condition are recommended...

___ for the next 3-5 months ___ for the next 6-9 months ___ for the next year

___ for the duration of the student's time in college ___ duration unknown at this time

___ Other: _____

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

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

16. ___ I have attached the supporting documentation for this diagnosis.

<p style="text-align: center;">Health Care Professional's Contact Information <i>Stamp or write:</i></p> <p>Office address: _____</p> <p>Email: _____ Telephone: _____</p> <p>Signature: _____ Date: _____</p> <p><i>My signature verifies that I am or have been this student's treating health care professional, that the contents are true and accurate, and that I am not a relative of the student.</i></p>	<p style="text-align: center;">NOTE: THIS FORM IS NOT TO BE GIVEN TO THE STUDENT TO SUBMIT, BUT RATHER TO BE SENT VIA EMAIL, FAX OR MAIL TO:</p> <p style="text-align: center;">kim.fletcher@nwc.edu Fax: (307) 754-6157</p> <p style="text-align: center;">Disability Support Services Student Success Center 231 W. 6th Street Powell, WY 82435</p> <p style="text-align: center;">Questions? Call: (307) 754-6227</p>
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Thank you for returning this form directly to Northwest College as soon as possible via mail, fax, or as a scanned attachment.