

# STETSON UNIVERSITY

Residential Living & Learning

## Accommodations Request – Health Care Provider Information

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

### **For Providers:**

Residential Living and Learning is committed to providing a healthy, inclusive and safe environment that supports the growth and development of all students. We recognize that some residential environments and configurations may not be completely accessible to all students. Therefore, students may request consideration for their housing assignment in order to have equal access to the residential experience.

The individual above has requested housing accommodation in residential facilities based on a documented medical or psychological need. To determine if the individual is eligible for this request, the following documentation must be completed by a Licensed Health Care Provider (e.g. physician, psychologist, licensed mental health counselor) who has training and experience in the field of disability. The Provider should not be related to the individual and should have a relationship with the individual which ensures an understanding of their disability.

Housing accommodation is provided to best ensure equal access to a student's living and learning environment. The staff within Residential Living and Learning provide accommodations that correlate to a functional limitation rather than a diagnosis, so there should be a clear connection between the limitation and the recommended accommodation. Suggestions for housing accommodation should be made based on need rather than preference. The below information will be used to determine the eligibility for accommodation but is not a guarantee that accommodations will be provided.

### **Health Care Provider Information**

Provider Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

License or Certification #: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This section is to be completed by a Licensed Health Care Provider**

1. Diagnosis and symptomology (Please be specific):

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Level of Severity (circle one):    Mild            Moderate            Severe

Date of initial diagnosis: \_\_\_/\_\_\_/\_\_\_\_      Date of last contact: \_\_\_/\_\_\_/\_\_\_\_

How often do you meet with this student? \_\_\_\_\_

2. What is the expected duration, stability, or progression of the condition?

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3. Please list the functional impact(s) of the individual due to the above diagnosis and the frequency that they experience the impact(s). To minimize these impacts, please provide a description of what type of accommodation and/or a suggested environment you would recommend and a rationale for how the requested accommodation will reduce those limitations.

Functional Impact	Frequency (Circle One)	Suggested Accommodations & Rationale
	Occasionally Weekly Daily	
	Occasionally Weekly Daily	
	Occasionally Weekly Daily	
	Occasionally Weekly Daily	

4. How will the above impacts interfere with this student's ability to reside in a residential community (Be specific)?

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5. What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

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6. Describe your follow-up plan with the student for the recommended housing accommodations.

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7. What indicators will you use to determine if the student is progressing along on the prescribed treatment?

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8. Does the student plan to and/or have you recommended that the student seek services from the University's Counseling Services? Yes \_\_\_\_\_ No

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**Return to:**

**Residential Living and Learning, Stetson University**

**ATT: Associate Director for Housing Operations & Administrative Services**

University Hall, 644 N Woodland Blvd (Unit 8338), DeLand, FL 32720  
P: 386-822-7201 | F: 386-740-2105 | Email: [reslife@stetson.edu](mailto:reslife@stetson.edu)