RESIDENCE LIFE DISABILITY RELATED ACCOMMODATION REQUEST FORM

CLINICIAN FORM

DISABILITY DEFINITION:
Under Section 504 of the ADA, disability is defined as a physical or mental impairment that substantially limits one or more major life activities, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working. "Substantially limited" generally means that a person is unable to perform a major life activity that the average person in a general population can perform. The definition also considers any mitigating measures, such as medication, therapy, etc., the person is engaging in that may relieve the substantial limitations caused by the impairment.

TYPE OF REQUEST

_____ Single Room  _____ Placement on First Floor  _____ Physical Modification to Room  _____ Air Conditioner

_____ Room Assignment Location  _____ Furniture/Equipment  _____ Other

RESIDENT DISABILITY RELATED INFORMATION

1. Does the resident have a disability under this definition? _____ Yes _____ No
2. DSM-5 Diagnosis: ____________________________________________________________
3. Date of Diagnosis: ____/____/____
4. What methods were used to evaluate the student? ______________________________
5. Date of Last Evaluation: ____/____/____
6. Does the resident require ongoing treatment? _____ Yes _____ No

7. What are the symptoms of this diagnosis/diagnoses, the magnitude, and the frequency?

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<th>Symptom</th>
<th>Magnitude</th>
<th>Frequency</th>
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8. Please describe how each diagnosed disability substantially limits the resident’s ability to perform a major life activity as compared to most people in the general population.

______________________________________________________________________________
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When completed, please fax to 715-425-0742 or send with the student. If you have questions, contact Alicia Reinke-Tuthill at 715-425-0740 or at ability.services@uwrf.edu.
9. Please explain how the accommodation is necessary for the resident to use and enjoy University housing as compared to the general campus student population?

______________________________________________________________________________
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______________________________________________________________________________
______________________________________________________________________________

10. Please describe what symptoms will be reduced by approving the requested resident housing accommodation?

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11. Please identify any other accommodation that may be equally effective in allowing the resident to use and enjoy University housing.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Clinician’s printed name ___________________________________________ Credentials _____

Professional license # ___________________________ Years in practice ___

Clinic/Agency name ___________________________________________ Phone _________

Address ___________________________________________________________________________

Clinician’s signature ___________________________ Date: ____________________

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