

Practitioner's Verification of Diagnosis for Residential or Dining Accommodations

Documentation must be provided by a licensed or credentialed professional with specific training or expertise related to the condition being diagnosed (e.g. documentation for an anxiety disorder provided by a licensed psychiatrist) for review of accommodation eligibility. This form must be fully legible in order to be processed.

STUDENT AND DIAGNOSIS INFORMATION

- Student Name:Simmons ID #:
- Date of initial diagnosis:

 Date of last evaluation with you:
- Diagnosing practitioner's name:
- Diagnosis in the area(s) of: Psychiatric Physical Medical Learning
- Severity of current symptoms: Mild
 Moderate
 Severe
- Condition is: Stable Prone to exacerbation Permanent/Chronic Temporary

DISABILITY/DIAGNOSIS STATUS, SYMPTOMS, AND STUDENT'S FUNCTIONAL LIMITATIONS

1. Diagnostic Statement: Identify the diagnosis and diagnostic codes (e.g. DSM-V):

2. Describe the diagnostic methodology that led to the diagnosis (e.g. testing, clinical narrative, observation, etc.).

3.	Describe the student's current functional limitations due to the disabling condition, including how a major life activity is significantly limited by the frequency and pervasiveness of the condition and how it relates to the student's access to Simmons University housing or dining. What parts of the student's academic, residential, or social life will the student be unable to access without the recommended accommodation(s)?
4.	What is the expected prognosis or stability of the diagnosis?

6. Provide a list of recommended accommodations and describe how they will address the student's specific residential or dining needs and access relative to their diagnosis. Please provide clear rationale between symptoms/ functional limitations and how the accommodation will address them. <u>Please note</u> that roommate conflicts, a need for a quiet space or virtual therapy visits are not generally reasons for seeking a reasonable accommodations for housing.

7. Without the requested accommodation(s), will the student be able to access residential living on campus?

PRACTITIONER'S INFORMATION

By completing this form, I understand that the information provided will become part of the student's record with the Office of Accessibility Services and may be released to the student upon the student's written request.

•	Name of Practitioner:
•	Title:
•	License Number:
•	Practitioner's Signature:
•	Date:
•	Phone Number:
•	Email Address:
•	Street Address:

Please return this completed form to the student for submission to the OAS, or submit this form to the OAS directly through our <u>secure file transfer portal</u> (https://filetransfer.simmons.edu/form/OAS-Academic). If you have questions about this form, please reach out to the OAS at access@simmons.edu.

Office of Accessibility Services

Center for Student Success | Simmons University
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617-521-2658
Simmons.edu/access

Office of Accessibility Services