

## Practitioner's Verification of Diagnosis for Residential or Dining Accommodations

Documentation must be provided by a non-related licensed or credentialed professional with specific training or expertise related to the condition being diagnosed for review of accommodation eligibility. This form must be fully legible and complete in order to be processed.

### STUDENT AND DIAGNOSIS INFORMATION

- Student Name:
  - Date of initial diagnosis:
  - 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** ☐
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### DISABILITY/DIAGNOSIS STATUS, SYMPTOMS, AND STUDENT'S FUNCTIONAL LIMITATIONS

1. Diagnostic Statement: Identify the diagnosis and diagnostic codes (e.g. DSM-V) and does the condition rise to the level of a disability:
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?
  
  
  
  
  
  
  
  
  
  
5. Describe all current and past interventions—including medications, evidence of a documented assessment, and/or a treatment plan—as well as the subsequent effectiveness of these interventions for treating the symptoms 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. **Please see questions below if the recommended accommodations are related to a single room or a private bathroom.**

7. Please review the information below if you are recommending a **single room** or a **private bathroom**. If not, please skip to question 8.

Living on campus means being part of a vibrant community where shared spaces, social engagement, and varying levels of noise and interaction are expected. While we understand that personal space is important, our residence halls are designed for students to connect and learn together. Single Rooms and Private Bathrooms are limited and reviewed on a case-by-case basis and approved when significant access barriers prevent participation in the residential experience or there is a serious risk to health due to sharing a living space.

#### **FOR SINGLE ROOMS:**

Roommate conflicts, adjusting to shared living, different sleep schedules, program of study, Telehealth use, the desire for a quiet/private space or the reduction of stress, even with a documented disability, are generally not functional limitations in themselves and thus don't generally fall in the realm of reasonable accommodations for a single room.

*Please describe in detail* the need for a single room directly related the functional limitations of the of the student's disability and how they significantly impact a daily life function. Please discuss how the student is not able to access residential living on campus without the accommodation. Please consider alternative recommendations if a single room is not available.

## FOR PRIVATE BATHROOMS

Private bathrooms in our residence halls are extremely limited and are most often reserved for students with serious health risks related to sharing a bathroom. We do offer accommodations for close proximity to the bathroom, lower occupancy bathrooms, and placement near accessible bathrooms.

*Please describe in detail* the need for a private bathroom in relation to the student's disability, discuss how definitively the student is not able to access residential living on campus without the accommodation, and how lack of access would result in a serious health concern. Please consider alternative recommendations such as those listed above.

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

## 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 [secure file transfer portal](https://filetransfer.simmons.edu/form/OAS-Academic) (<https://filetransfer.simmons.edu/form/OAS-Academic>). If you have questions about this form, please reach out to the OAS at [access@simmons.edu](mailto:access@simmons.edu).

## Office of Accessibility Services

*Center for Student Success | Simmons University*

300 The Fenway

Boston, MA 02115

617-521-2658

[Simmons.edu/access](https://simmons.edu/access)

Office of Accessibility Services

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