





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 note** 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 [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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