PITZER COLLEGE

Pitzer Academic Support Services

Housing Accommodations Documentation Form

Description:

At Pitzer College, Pitzer Academic Support Services (PASS) approves academic and housing accommodations for students. Information provided on this form is only used to assist PASS in determining if this student's physical or mental health condition is a disability and which accommodations may be appropriate.

Instructions:

Please legibly and thoroughly discuss the educational and/or housing effects of the stated disabilities in this form. This form should only be completed by a qualified professional who is licensed and properly credentialed to diagnose and treat the stated condition(s). When completing this form please consider; does the student making the request have a diagnosis of disability which substantially limits their ability to equally access campus housing and do you believe that the recommended accommodations serve a role to successfully mitigate and contribute to the treatment of the impacts of the disability.

How to Submit:

Once this form has been completed it should be submitted to PASS. The student can upload this form to their PASS Housing Accommodation Application, or it can be returned to PASS directly by the student or healthcare/mental health provider via email to academicsupport@pitzer.edu. Please don't hesitate to contact our office with any questions or concerns (phone: 909-607-7621). Your assistance with our evaluation of the student's request is greatly appreciated.

Student Name:_____ **Date:**_____

Certifying Licensed Medical or Mental Health Professional

By signing below, you are verifying that you were solely responsible for completing this form, the information reflects your responses to the questions, you are treating this student, and are not a relative of the student.

Name:_____ **Title:**_____

Area(s) of Specialization:_____

State of licensure/Certification:_____ **License/Certification Number:**_____

Phone Number:_____ **Fax:**_____

Provider Signature:_____ **Date:**_____

Student Name: _____

1) Provide a description of the student's current diagnosis and disability-related symptoms. Please include frequency and duration of symptoms, if applicable.

2) The anticipated prognosis of the medical condition/disability:
   □ Permanent/chronic □ More than 6 months □ Short-term/temporary: 5 months or less
   □ Episodic: Expected duration:_____

3) Is the student currently under your care? □ Yes □ No

4) Date of most recent visit:_____

5) How long have you been working with the student regarding this diagnosis? _____

6) Does the student require ongoing treatment? Please explain.
   □ Yes:_____

   □ No:_____

7) Does the student's condition substantially impact a major life activity (e.g., seeing, hearing, eating, sleeping, walking, self-care, etc.) or bodily function (e.g., digestion, respiratory, circulatory, etc.)?
□ No (please explain):_____

□ Yes-If yes, please check only those areas of functioning and major life activities impacted by the student's condition, explain its impact on the identified areas/activities, and circle the level of severity.

Area of functioning/major life activities (check)	**How is this area of functioning/major life activity impacted by the diagnosed condition?**	**Severity of limitation**
□ Hearing		Mild Moderate Severe Do not know
□ Vision		Mild Moderate Severe Do not know
□ Speech		Mild Moderate Severe Do not know
□ Walking		Mild Moderate Severe Do not know
□ Sitting		Mild Moderate Severe Do not know
□ Standing		Mild Moderate Severe Do not know
□ Motor coordination		Mild Moderate Severe Do not know
□ Self-care activities		Mild Moderate Severe Do not know
□ Endurance		Mild Moderate Severe Do not know
□ Respiratory		Mild Moderate Severe Do not know
□ Cognitive functioning		Mild Moderate Severe Do not know
□ Sleep		Mild Moderate Severe Do not know
□ Eating		Mild Moderate Severe Do not know
□ Social interactions		Mild Moderate Severe Do not know

□ Other:		Mild Moderate Severe Do not know

8) What accommodations do you recommend in housing based on this student's diagnosis and functional limitations?

9) In what ways will the proposed housing accommodations help to alleviate symptoms and the impact of the student's disability?

10) In your professional opinion, how important is it for the student's well-being that these accommodations be provided in housing? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?