

University of Wisconsin - Parkside

Disability Documentation Form Regarding College Housing

TO BE COMPLETED BY THE STUDENT'S HEALTH CARE PROFESSIONAL

Please Note: UW-Parkside is deeply committed to the full participation of students with disabilities in all aspects of college life. As a four-year residential college, learning to live in a community and share space with others is an integral part of our students' educational experience. A standard housing assignment is a two-person sleeping room where bathroom facilities are located on the same floor, but not in the room, and with access to a communal kitchen. There are numerous campus locations that provide quiet spaces for studying (including the library and several academic buildings).

Accommodations in the residential environment are not granted based on preference or a desire for a particular type of location or a quiet, undisturbed place to study, but rather when determined that a standard residential assignment is not a viable option for that student.

Student's Name: **Date of Birth:**

This form is to be completed by a qualified health care provider (who is not related to the student) with experience and expertise regarding the functional limitations of the student's disability and current symptomology that would impact the student's housing needs. Thank you in advance for providing as much detail as possible in your responses.

Care Provider Information

Practice Name and Address

Provider Name:

Credentials:

Email:

Telephone:

The student named above has requested a disability-based housing accommodation at UW-Parkside. A disability is defined under the Americans with Disabilities Act as "... a physical or mental impairment that substantially limits one or more major life activities." Examples of major life activities are listed in Item 3, below. A temporary impairment may include an injury, severe illness, recovery from surgery, or a condition caused by a traumatic event.

- 1. Under the ADA, this individual has a (select one):** **Disability** or **Temporary Impairment**
- 2. Please cite the student's diagnosis:**

Dx#1:

Diagnostic code:

Dx#2:

Diagnostic code:

Dx#3:

Diagnostic code:

From the:

DSM-IV-TR

DSM-V

ICD-9

ICD-10

3. Please check the major life activity/activities that are substantially limited by the disability/impairment:

Walking
Manual Tasks
Learning
Eating
Speaking
Communicating

Hearing
Reading
Breathing
Sleeping
Thinking
Bending

Seeing
Working
Lifting
Concentration
Standing
Self-care

The operation of major bodily functions:
Other:

4. Date of Diagnosis: **Made by you?** Yes

No, Dx made by:

5. Number of consultations with you in the past 3 years: **Date of most recent evaluation:**

6. Length of time under your care:

7. Currently under your care? Yes No, care ended on:

8. Medical/therapeutic equipment needed:

9. Describe any relevant side effects of prescription medication(s):

10. Please describe in detail the symptoms currently experienced by the student:

11. Please describe in detail how the disability interferes with one or more major life activities as would be encountered in the residential living environment. (Attachments are welcome if additional space is needed.)



12. Please indicate the approximate frequency of symptoms experienced:

Periodic - # of annual occurrences: X per month most days

Seasonal - # of annual occurrences: X per week daily

How long

do symptoms persist?



Other/Comments:

13. Given the standard housing assignment and study sites explained on page 1, please describe any modifications you are recommending to accommodate the student's disability. Please also explain how the modifications you recommend would assuage the functional limitations of the student's underlying condition.



14. What are some possible alternatives if meeting your primary recommendation is not possible?



15. Accommodations for this condition are recommended:

For several months - number of months:

For the next year

For the duration of the student's time in college

Duration is unknown at this time

Other/Comments:

16. If you are recommending a single room, please indicate whether and how there are any risks associated with isolation:

Please indicate whether and how this student may be at risk during an emergency evacuation (e.g. fire):

17. I have attached the supporting documentation for this diagnosis

Please print and manually sign here

Care Provider's Signature

Date

THIS COMPLETED FORM IS NOT TO BE GIVEN TO THE STUDENT. IT SHOULD BE SENT DIRECTLY TO THE UW-PARKSIDE OFFICE OF STUDENT ACCESSIBILITY SERVICES (SAS).

Thank you for printing, signing, and returning this form to UW-Parkside's Office of Student Accessibility Services (SAS) as soon as possible via:

Email: sas@uwp.edu Fax: (262) 595-2138

Questions? Call (262) 595-2372