



## Documentation Guidelines for Housing Accommodations

Students with a documented disability who are requesting a housing accommodation (such as a single room), must provide documentation along with their application. The housing application process must be completed, including providing updated documentation, annually during the spring semester to receive fall accommodations.

Documentation is required to provide adequate information that establishes the presence of a disability and the functional impact on major life activities, specifically related to housing. The disabling condition must substantially restrict access to the residential educational environment and/or residential activities unless reasonable accommodations are provided.

A diagnosis alone will not necessarily establish disability status or warrant accommodations under state and federal laws. A letter simply stating the student has a diagnosis of X and has a medical need for Y will not provide enough information. A clear link between the student's functional limitations and the requested accommodations is important. Accommodations must be necessary, reasonable, and appropriate.

### Professionals who can provide documentation

Professionals preparing and providing documentation must have:

- Comprehensive training and experience in the relevant specialty and hold appropriate licensure and/or certification.
- An established professional care relationship with the resident, and a familiarity with their case beyond assessment for the sole purpose of making an accommodation recommendation.

Documentation from a family member or someone with a personal relationship with the student (even though they may be qualified by training and licensure) will not be accepted.

Documentation must be typed on official letterhead with the title and credentials (including licensure information) of the professional writing the report, dated, and signed.

### Requested Contents of Documentation

1. A summary of the professional relationship to the student, including duration of time providing care and any relevant treatment information.

2. A specific diagnosis utilizing categorization or classification from the DSM-V or ICD-10. The diagnosis should indicate primary, secondary, etc., conditions and significant findings specifically relevant to the presenting problem(s), and the extent to which the diagnosis is temporary or permanent.
3. Date the examination/assessment/evaluation was performed for the presenting diagnosis; or, if following the student for an extended period of time, date of onset of condition and most recent date that demonstrates current functioning level.
4. A description of the functional limitations experienced as a result of the condition. This should address the student's disability experience in such a way that adequately illustrates substantial limitations on one or more life activities.
5. Information regarding severity of the disorder, medication and side effects, prescribed treatment plan information is helpful. Documentation that both names the condition and describes the student's disability experience is best.
6. Recommended accommodations and rationale that directly tie the accommodation to the student's disability. In some cases, the relationship between the disability and the accommodation is straightforward; in some cases, it is not. If your patient's case is the latter, please explain how your recommendation is necessary to mitigate the student's functional limitations in the residential postsecondary education environment. This may include an explanation of potential consequences if the accommodation were not provided or possible alternative accommodations, as specific requests may not be available or supported by Access Resources but will help significantly in the determination of appropriate accommodations.

## Important Notes

Accommodations are meant to offset the impact of the disabling condition and do not include interventions that are remedial; needed for personal study; or designed to ensure desired outcomes. They are to remove a barrier in order to provide access.

Self-report, self-assessment, or brief screening tools alone are not sufficient sources of documentation of a disability.