

Disability Verification Form for Housing Accommodation Request

This form must be filled out by a qualified licensed or certified professional currently treating the student to evaluate each request accurately and equitably. Name, signature, title, and professional credentials must be provided. Please type your answers.

STUDENT INFORMATION

Student Name: _____

Student ID: _____

This accommodation request is for:

Academic Year: _____ Semester: _____

PROVIDER INFORMATION

Provider Name: _____ Title: _____

Professional Credential/State: _____

License/Certification number: _____ Expiration Date: _____

Business or Organization Name: _____

Phone Number: _____

Signature: _____ Date: _____

Purpose of This Form

The above-named student has requested housing accommodation(s) for a disability at DigiPen Institute of Technology. Disability Support Services (DSS) Office is collecting information to determine whether this student has a condition or combination of conditions that constitute a disability and whether the disability causes limitations for which the student needs reasonable accommodation.

The mission of DigiPen Housing is to equip residents with basic life skills and foster a sense of community while supporting their academic pursuits. DigiPen is committed to providing access for all students to a safe and supportive community living environment as participants in our established residence life program.

Please note that housing accommodations are provided on a case-by-case basis in accordance with the Americans with Disabilities Act, as amended in 2008. A diagnosis, in and of itself, does not automatically qualify one for accommodations.

Documentation and the disability verification form will help the DSS Office understand how the disability impacts the student in the community living environment and the current impact of the condition relating to the housing request. For the purposes of this document, the legal definition of a disability includes two elements:

1. a physical or mental impairment which
2. substantially limits one or more of the major life activities of the person in question.

Disability has both diagnostic and functional elements, and both elements need to be documented for effective determination.

Please submit BOTH documentation of disability and completed disability verification form to DigiPen Institute of Technology, Disability Support Services Office, via email to DSS@digipen.edu or mail to 9931 Willows Road NE Redmond, WA 98052 United States of America.

Documentation of Disability

Documentation and all relevant information must be provided by the student's qualified licensed or certified professional who are able to assess the disability, including but not limited to the student's physician, psychologist, or mental health professional.

Disability Verification Form

This form is designed to provide the DSS Office with information to evaluate an accommodation request of DigiPen Housing. The following form must be completed by the student's qualified licensed or certified professional who can assess the disability, including the student's physician, psychologist, or mental health professional.

PLEASE PROVIDE DETAILED ANSWERS TO THE FOLLOWING QUESTIONS.

1. Are you currently treating this student?

2. When did you first meet with the student regarding the disability and how many times did you provide treatment?

3. What is the student's disability and/or your diagnoses and severity level?

4. When was the condition first diagnosed?

5. What is the evidence supporting the diagnosis? Please provide a copy of any test results supporting the diagnosis (i.e., Audiogram/vision report, psycho-education evaluation, etc.) or other information used to reach your diagnosis.

6. Please describe how the student's major life activities are substantially limited due to their disability.

7. Please state specific recommendations for housing accommodations that this student needs and explain why these accommodations are necessary given their diagnosed condition and associated disability. If requesting a single medical bedroom, please indicate whether the student can share communal living space or bathroom with others in the apartment unit, with roommates.

8. What evidence is there that your recommended housing accommodation has helped this student in the past and currently?

9. How does the student mitigate the effects of the condition in their current living situation? How would it be different from living in DigiPen Housing?

10. What are the negative health impacts or life-threatening impacts of the disability if the housing accommodation request is not granted?

11. Please explain how the housing accommodation request is an integral component of a treatment plan for the condition in question.

12. Have you discussed with the student the pros and cons associated with residing in campus housing, which is fundamentally a community living environment, while engaging in rigorous college activities? Please share the key points from that discussion.

13. In your opinion, do you think that the responsibilities associated with living in campus housing could potentially worsen the student's symptoms in any manner? If so, what specific aspects of campus housing or community living do you believe might have this impact, and why?