

Housing Accommodation Request Form

Dean College is committed to the full participation of students in all aspects of college life, including residential experiences. Dean College has established procedures to ensure that students with documented disabilities have access to reasonable on-campus housing accommodations. Virtually all student needs can be met through the standard room selection process. However, students with conditions whose needs cannot be met through this process may request special housing consideration. The submission of the Housing Accommodation Request Form and supporting documentation does not guarantee a specific request will be granted, but rather, will assist in evaluating accommodations. While every effort is made to honor a student's location preference, assignments are made based on the approved accommodation(s); specific residential areas are not guaranteed.

Procedures for Requesting Housing Accommodations:

Students are required to:

- Meet with the Disability Support Services Coordinator (DSS) to discuss the accommodation request process
- Complete and submit a Housing Accommodation Request Form
- Have the Housing/Meal Plan Accommodation Documentation Form completed by their licensed/qualified medical provider to the Review Committee
- Ensure that provider documentation is submitted to the Disability Support Services Coordinator. Please note that DSS may ask for additional information from the student and/or their practitioner.
- Submit their application/request in a timely manner
- Reapply for Housing Accommodations each year
- Forward questions regarding the process to the Disability Support Services Office

The Housing Accommodation Review Committee:

The committee can consist of members from any of the following offices: Disability Support Services, Sodexo, Student Development, Counseling Center, Health Services

The Committee:

- Will determine if additional information is needed to assess the requested accommodation(s)
- Will work with the student to determine what accommodation(s) would be appropriate to meet the student's needs
- Will promptly communicate its decision to the student in writing (or by email)

Student Contact Information

Name: _____ Today's date: _____
Campus Address: _____ Cell Phone: _____
Home Address: _____
Home Phone: _____
Email: _____

Semester requesting: Fall Spring Summer Academic Year

Disability-Related Information

1. Please identify your documented disability. Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Chronic Medical Condition: (Please specify)
_____ | <input type="checkbox"/> Visual Impairment or Blindness |
| <input type="checkbox"/> Allergy: (Please specify)
_____ | <input type="checkbox"/> Deaf or Hearing Impairment |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Substance Abuse (Recovery) |
| <input type="checkbox"/> Physical/Mobility Impairment | <input type="checkbox"/> Acquired or Traumatic Brain Injury |
| <input type="checkbox"/> Psychiatric/Psychological Disability | <input type="checkbox"/> Temporary Injury/Condition |
| <input type="checkbox"/> Neurological: (Please specify)
_____ | <input type="checkbox"/> Other: (Please specify) _____ |

Communication/Speech Impairment

2. Please list the accommodation(s) you are requesting.

3. Please provide a detailed personal statement as to why you are requesting the accommodation(s) and the intended therapeutic benefit that the accommodation will allow.

4. *For returning students only:* If you have a specific roommate request, please note the student's name(s):

Please note: roommate requests cannot be guaranteed.

Student Signature: _____ Date: _____

Committee Decision (for office use):

Date:

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| <input type="checkbox"/> Approved based on the following conditions: | Notes: |



Housing and/or Meal Plan Accommodation Documentation Form:
For the Licensed Medical Physician, Clinician or Allergist to complete

Student Name: _____

Date of Birth: _____

The above person is a current or entering student at Dean College and is requesting Housing and/or Meal Plan Accommodation(s) based on medical diagnosis(es). Please respond to the following questions regarding the student’s medical diagnosis to assist Dean College in our response to this request.

1. Student’s disability or chronic health condition diagnosis: _____
2. Date of the diagnosis: _____
3. How long is the condition likely to persist? _____
4. Is the student currently under your care? Yes_____ No_____
5. If yes, for how long have you cared for this individual? _____
6. Date of most recent treatment/contact: _____
7. What treatment or medications have been prescribed? _____

8. Does the student’s disability or chronic health condition significantly limit any major life activities?
Please explain. _____

9. Please state specific recommendations regarding the accommodation(s) this student needs in relation to their housing and/or meal plan and explain why such an accommodation is warranted based on their disability or chronic health condition. _____

Physician/ Clinician/Therapist signature

Printed Name of Clinician

State license number

Office Address

Office City State Zip

Office Telephone

Information may be forwarded to:
Office of Disability Support Services
Dean College
99 Main Street
Franklin, MA 02028
(f) 508-541-1829
(e) dss@dean.edu

Please note: General notes or statements without a specific diagnosis and list of necessary accommodations will not be accepted. Additionally, documentation statements from clinician parents/relatives will not be accepted.