

PROVIDER VERIFICATION OF DISABILITY-RELATED NEED FOR HOUSING ACCOMMODATIONS

*******TO BE COMPLETED BY A CERTIFIED PROFESSIONAL*******

Southern Methodist University believes that community is so essential to the academic experience that we require first and second-year students to live on campus. Thankfully, most students' disability-related housing needs can be met on campus through reasonable accommodations recommended by the DASS office (Disability Accommodations & Success Strategies). DASS makes recommendations to RLSH (Residence Life & Student Housing) in order for them to implement the recommendations.

When considering your patient's disability-based needs for housing or dining, please keep in mind that SMU offers a wide range of options and accommodations, including (though not comprehensive):

Suite-style rooms	Single rooms	First-floor rooms
Community kitchen	Shared kitchen	Wheelchair accessible room/bathroom
Community bathroom	Suite-style bathroom	Visual alert system
Private bathroom	Ongoing consultation with campus dietitian	Central campus location for mobility issues
Allergen kits in dining hall	Gluten-free pantry	Meal plan modifications
Non-carpeted room	Additional air vent cleaning	Emotional Support Animal

Many of these options are limited. To ensure availability, students should submit complete information to us in a timely way, considering priority deadlines established by our office and RLSH. Requests made after priority deadlines or in the middle of a semester may be delayed. A diagnosis alone does not always necessitate a need for an accommodation, so please be explicit in describing the severity of the condition and how it directly ties to the housing-related accommodation being requested. Once a student's request and complete documentation have been received, DASS will consider all other reasonable on-campus configurations. If a student believes that no on-campus configuration will meet their needs, the student should contact RLSH to discuss an exemption.

STUDENT NAME:

1. When did you first meet with the student regarding this disability?
2. When did you last interact with the student regarding this disability?
3. What is the frequency of your interactions in the past 6 months regarding this disability?

4. Diagnoses (Please use DSM-5 or ICD-10 diagnoses and codes, if applicable):

Primary Diagnosis & Code + date of diagnosis:

Secondary Diagnosis & Code + date of diagnosis:

Tertiary Diagnosis & Code + date of diagnosis:

5. How did you arrive at your diagnosis? Please check all that apply. *

Behavioral Observation

Developmental History

Educational History

Medical history

Clinical Interview (Structured or Unstructured)

Interviews with others

Lab/medical testing

Rating Scales (Please Specify Types):

Neuropsychological or Psychoeducational Testing (Dates of testing):

Other (Please Specify):

* The student should still include all applicable evaluations and/or summaries related to the above diagnoses, such as psycho-educational reports, audiology reports, food allergy testing, etc.

6. Please list the specific symptoms of the diagnoses that will likely impact the student in the campus residential setting.

7. Please list and specify how severe the symptoms are as well as the frequency and duration of the symptoms.

8. Please describe in detail how these symptoms create functional limitations for this student in a campus residential setting.

9. Are there any situations or environmental conditions that might lead to exacerbation of the condition(s)?

10. Please describe your recommendations that would meet the student's housing needs as well as the rationale, strongly considering on-campus configurations first. If no on-campus configuration is suitable to meet the disability-related need, the student should contact Residence Life & Student Housing to request an exemption.

11. What treatment is the student receiving to address the symptoms and severity of the conditions described above (therapy, medication, etc.).

12. Please explain the health impact to this student if the recommended housing accommodations are not met.

Provider Information:

Provider Name: _____
Type of License: _____ Licensure State: _____
License # and Expiration: _____
Address: _____
Phone: _____ Fax: _____
Email: _____ Date form completed: _____

We encourage our students to complete a "Release of Information" with their providers in order for DASS staff to contact the provider if more information is needed. Thank you for your assistance in supporting our students.