



Learning Support and Disability Services Department

REQUEST FOR HOUSING ACCOMMODATION

The student named below has applied for a housing accommodation at The College of Idaho. In order to determine the student's eligibility for reasonable and appropriate accommodations, please provide current and comprehensive information attesting to the student's disability and documenting the functional impact of the disability. The information you provide will be kept confidential in the student's file in the Office of Learning Support and Disability Services.

Please take into consideration when completing this form:

1. All parts of the form must be completed as thoroughly as possible. Inadequate information, incomplete answers and/or illegible handwriting may delay the eligibility review process by necessitating follow up contact for clarification.
2. Healthcare provider should attach any reports which provide additional related information. If a comprehensive diagnosis report is available that provides the requested information, copies of that report can be submitted for documentation as well.

Student's Name: _____
(Last) (First) (Middle)

C of I ID #: _____ Cell Number: (_____) _____

Email(s): _____

Time period requested for housing exception: _____ (START) to _____ (FINISH)

Please respond to the following items regarding the above named student:

1. Is this student currently under your care? Yes _____ No _____
2. When did you last see this student? _____
3. What is the diagnosis/medical condition? _____

- a. Date of Diagnosis _____
4. How long is this condition likely to persist? _____

5. Describe the symptoms related to the student's conditions which substantially limit one or more major life activities:

6. If the student is currently undergoing medical treatment, please describe and indicate how this treatment might impact their living environment (i.e. medical devices, refrigeration, etc.)

7. List the student's current medication(s), dosage, frequency and the adverse side effects.

Are there any significant limitations to the student's functioning directly related to prescribed medications? Yes _____ No _____

If yes, please describe: _____

8. Please state specific recommendations to be considered by the College regarding housing and a rationale as to why these housing needs are necessary based on the student's medical (physical or emotional) condition. Also, please identify and explain if there are any housing environments that might lead to an exacerbation of the condition/impairment (i.e. room temperature, room location, etc.)

9. Please provide specific housing accommodation recommendations with justification as to why these accommodations would be appropriate for the student.

a. Accommodation: _____

Justification: _____

Necessary _____ Beneficial but not necessary _____

b. Accommodation: _____

Justification: _____

Necessary _____ Beneficial but not necessary _____

c. Accommodation: _____

Justification: _____

Necessary _____ Beneficial but not necessary _____

Provider Name & Title: _____

Address: _____

Phone: _____

License #: _____ Date: _____

Signature of Provider: _____

Please Note: *The provider completing this form cannot be a relative of the student*

Please return form and direct any questions to:



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