

Disability Documentation Form Regarding College Housing

TO BE COMPLETED BY THE STUDENT'S HEALTH CARE PROFESSIONAL

Please Note: Rosemont College is deeply committed to the full participation of students with disabilities in all aspects of College life. As a residential college, learning to live in a community and share space with others is an integral part of students' educational experience.

Student Name:

Student ID:

This form is to be completed by a qualified health care provider (who is not related to the student) with experience and expertise regarding the functional limitations of the student's disability and current symptomology that would impact the student's housing needs. Thank you in advance for providing as much detail possible in your responses.

Care Provider Information

Practice Name and Address (Stamps welcome)

Provider name: _____

Credentials: _____

Email: _____

Telephone: _____

The student named above has requested a disability-based housing accommodation regarding an Air Conditioning unit at Rosemont College. Please provide as much detail as possible based on the need to of the patient.

1. Date of diagnosis: _____ Made by you? Yes No, Dx made by: _____

2. Number of consultations with you in the past 3 years: _____
Date of your most recent evaluation: _____

3. Length of time under your care: _____

4. Currently under your care? Yes No, care ended on: _____

5. Please describe in detail the symptoms currently experienced by the student.

6. Please describe in detail how the air condition accommodations will support the student.

(Attachments welcome if additional space is needed.)

7. If the accommodation is not attainable, please indicate whether and how there are any risks associated with the lack of the accommodation:

Care Provider's Signature: _____

Date: _____

THIS COMPLETED FORM IS NOT TO BE GIVEN TO THE STUDENT. IT SHOULD BE SENT DIRECTLY TO ROSEMONT COLLEGE

Thank you for emailing or printing, signing and returning this form to The Office of Residential Life as soon as possible via;

Email: reslife@rosemont.edu

US Mail: 1400 Montgomery Ave. Bryn Mawr PA 19010 Questions? Call: (610) 527-0200 ext. 2435