

## GRACELAND UNIVERSITY HOUSING ACCOMMODATION REQUEST FORM

### TO BE COMPLETED BY THE STUDENT'S HEALTH CARE PROFESSIONAL

Your patient/client has requested accommodations, either academic, housing or both through Student Disability Services at Graceland University. In order to provide reasonable accommodations, we require documentation of the specific functional limitations that result from the individual's disability. General statements about the disability do not help determine appropriate accommodations. Understanding the functional limitations of the disability allows us to understand the degree to which the disability substantially interferes with the living environment for our student. **We require clear documentation of limitations in function or performance specifically as it relates to the housing assigned. Substantiated need is constituted by a severe or chronic disabling condition that has been well-documented by an appropriate, qualified professional. The presentation of documentation and/or the recommendation of a care provider does not automatically guarantee disability status or specific accommodations.**

**As a four-year residential college, learning to live in a community and share space with others is an integral part of students' educational experience. Graceland University has a four-year residency requirement for full-time undergraduate students.** A standard housing assignment is a two-person sleeping room where bathroom facilities are located on the same floor, but not in the room, and with access to a communal kitchen in the residence hall. Additionally, apartments are available that have their own bathroom, with a common living area and small kitchen. A limited number of single rooms are available to juniors and seniors (and other students upon request) on a space-available basis. **A student can make a request for a specific room, a building, or room type though the disability housing accommodation process, but placements are based on available rooms.**

There are numerous campus locations that provide quiet spaces for studying (including lounge spaces in residence halls, late night access to the Library) that can also be reserved; therefore a request for a quiet, undisturbed space is considered a preference, not a medical necessity (i.e. including for ADHD and/or learning disability). A student's accommodation is considered after review of medical documentation, and when determined that a standard residential assignment is not a viable option for this student.

The healthcare professional completing this form must be actively treating the student for the disability that can impact the **student's** living experience. The form may not be completed by a family member, friend or office manager or staff.

**Graceland University Student Disability Services, in partnership with Residence Life (641-784-5107) can complete this form when the request is temporary (e.g. needed for under 30 days.)**

**GRACELAND UNIVERSITY HOUSING ACCOMMODATION REQUEST MEDICAL PROVIDER FORM**

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

CARE PROVIDER INFORMATION: (All boxes are required)

PROVIDER NAME:	CREDENTIALS/LICENSING:
PROVIDER PRACTICE NAME & ADDRESS (OFFICE STAMP ACCEPTABLE):	
OFFICE PHONE NUMBER:	OFFICE EMAIL:

Is this considered a temporary disability? (e.g. short duration of time, needing recovery from surgery, etc.)

\_\_\_\_\_ Temporary; If temporary, the anticipated duration of the condition is:

- Less than 30 days
- One semester
- One academic year (two semesters)
- Other: \_\_\_\_\_.

Note: Under ADA, chronic conditions can qualify as disabilities even when they are not active. A condition that causes periodic flare-ups (such as Crohn’s disease) will qualify as a disability if it meets the definition in its active state. Similarly, a person whose cancer is in remission will qualify as having a disability if that condition, when active, would the definition. **Accommodation decisions at Graceland University must be made on an individual basis, and will be determined by the nature and extent of a disabling condition as documented by the medical professional and will vary in each case.**

\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**Care Provider Signature**

The certifying professional must have expertise in the diagnosis of the documented condition(s) and follow established practices in the field. This person should not be related to the student/patient.

**Section must be completed:** A disability is defined under the Americans with Disabilities Act as “a physical or mental impairment that substantially limits one or more major life activities.” Examples of major life activities are: seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, thinking, concentrating, A temporary impairment may include an injury, severe illness, recovery from surgery, or a condition caused by a traumatic event. A personal aid requirement cannot be provided by Graceland University.

For this diagnosis, are you currently seeing this student on a scheduled basis? (Select one or explain other)

Diagnosis:	Diagnostic Code	Date of Initial Diagnosis	Diagnosis Made by You: (yes/no)	For this diagnosis, are you currently seeing this student on a scheduled basis? (Select one or explain other)
Dx #1:				Weekly Monthly Annually As needed Ended treatment Other:
For DX 1: Is the medical condition: <i>Please explain:</i>		Acute	Chronic	Episodic
Level of severity:		Mild	Moderate	Severe
Dx #2				Weekly Monthly Annually As needed Ended treatment Other:
For DX 2: Is the medical condition: <i>Please explain:</i>		Acute	Chronic	Episodic
Level of severity:		Mild	Moderate	Severe
Dx #3:				Weekly Monthly Annually As needed Ended treatment Other:
For DX 3: Is the medical condition: <i>Please explain:</i>		Acute	Chronic	Episodic
Level of severity:		Mild	Moderate	Severe

**Write N/A or leave blank if not applicable to your patient.**

1. Date of most recent evaluation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Not to include the date this form was requested completed unless seen for a session/treating appointment)

2. What factors (related to housing) could exacerbate this condition? (i.e. stairs, carpeting, accessible bathrooms, room space, etc.)

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3. If pertinent for the housing accommodation request, list any therapeutic treatment which the student is currently using to manage this condition (i.e. medication, therapy, other). Any medical or therapeutic equipment needed (This would NOT be provided by Graceland University but needs to be accommodation for in the student's residence.)

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4. Please indicate whether and how this student may be at risk during an emergency evacuation of the residence hall (e.g. fire):

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5. Provide information about how the student will manage these symptoms in other areas of the campus. Are there any further comments you feel **Graceland University's Student Disability Services** should be aware of?

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Student Disability Services  
[sds-info@graceland.edu](mailto:sds-info@graceland.edu)

**IMPORTANT INFORMATION CONCERNING SINGLE ROOM REQUESTS:**

## Housing Accommodation General Information

A reasonable housing accommodation for a documented disability is not the same as needing a quiet space to study or the student having living preferences. Additionally, roommate differences can be addressed by residence life staff through mediation, roommate contract agreements, and when necessary, a room change can be made. This process does not need to go through the disability housing accommodations process.

Typically, residence halls are environments in which large groups of students live that encompass shared living spaces, common-access bathrooms, and a wide variation of noise. **Student residence rooms are not designed as academic spaces; as such, students needing quiet study spaces would use a residence hall lounge space, the library, or alternative quiet spaces.** The Student Disability Services and Residence Life Staff can assist a student in finding a quiet environment to study and/or reserving a room, if necessary.

Aspects of campus living may pose challenges for students with disabilities. Please be advised that requests for housing assignments based on a student's preference, rather than need, for a particular living environment or located will not be approved. Specifically, single room accommodations are reserved for individuals whose documentation illustrates clear and substantial needs, and for whom a standard housing assignment with a roommate is not viable. Generally, a student with ADHD or a learning disability seeking a single room to serve as a quiet, undisturbed place to study represents a preference, but not a medical necessity, and therefore, not approved.

On the next page, please complete your medical recommendations for reasonable housing accommodations. **Examples:**

### **Example Reasonable Accommodation:** Furniture

→ **Example Reason:** Due to mobility, the student needs a lower bed (wider frame), no carpeting, etc.

### **Example Reasonable Accommodation:** Hearing- impaired strobes

→ **Example Reason:** Due to a hearing impairment, the student needs to be alerted to alarms, a person knocking at a door, etc.

### **Example Reasonable Accommodation:** Bathroom accessibility

→ **Example Reason:** Due to a medical condition (or mobility issue), the student needs a shower grab bar, or wide stalls, or in a room near a bathroom.

### **Example Reasonable Accommodation:** Elevator Accessible Room/First or Ground Floor Room

→ **Example Reason:** Due to mobility issues, the student needs to be near the elevator or on an entry floor.

### **Example Reasonable Accommodation:** Single Room (no roommate)

→ **Example Reason:** A request for a single room must clearly demonstrate how a shared sleeping space would adversely impact the student's ability to live and perform successfully at Graceland University. The request must demonstrate that alternative adjustments would be insufficient.

## Single Room Accommodations:

A reasonable housing accommodation for a documented disability is not the same as needing a quiet space to study or the student having living preferences. Additionally, having never shared a room or not wanting a roommate are considered preferences and would not alone warrant a disability housing accommodation. Likewise, roommate differences can be addressed by residence life staff through mediation, roommate contract agreements, and when necessary (and space availability), a room change can be made. These residential supports can be provided directly through residence life and the student would not need to go through the disability housing accommodations process if that is the sole reason for a single request.

**If you are prescribing a single room for housing, please complete the following questions in detail:**

→ **A. In your professional opinion, what symptoms will be reduced for this individual and how important is it for the individual's well-being by having a single room (placed without a roommate)? Are there any risks associated with the student and Isolation?**

→ **B. Please describe in detail how the disability interferes with one or more major life activities as would be encountered in the residential room/living environment.**

→ **C. Do you believe a single room is medically necessary for your patient/client? (please select one)**

(i) Recommended, but these alternative accommodations would support the student if a single accommodation is not possible:

→ \_\_\_\_\_  
\_\_\_\_\_

(ii) **Not** a medical necessity

(iii) A single is a medical necessity for this student

→ **D. Since single room accommodations are reviewed annually, in your professional opinion would you recommend (circle one):**

(i) A single for one semester

(ii) A single for academic year

(iii) A single for remaining time as a resident student at Graceland University

(iv) I would like to discuss with the student before the next academic year, and will provide an updated letter if changes are recommended

## For housing accommodations other than a single room:

**(NOT for Emotional Support Animal--- for ESA recommendation please see Page 8)**

What specific housing accommodation(s) do you recommend? Please list each reasonable accommodation and the reason for each. (Use additional paper if necessary.)

Reasonable Accommodation: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

Is this accommodation a medical necessity? \_\_\_\_\_

If the above accommodations are not possible, what reasonable alternative accommodations can address the student's needs?

\_\_\_\_\_

Is this accommodation a medical necessity? \_\_\_\_\_

Student Disability Services  
[sds-info@graceland.edu](mailto:sds-info@graceland.edu)

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

THIS FORM SHOULD NOT BE RETURNED TO THE STUDENT

Submit completed requests in an envelope marked “confidential” to:

Graceland University  
Student Disability Services  
1 University Place  
Lamoni, IA 50140

**OR**

Email to [sds-info@graceland.edu](mailto:sds-info@graceland.edu)

**OR**

**Confidential Fax # 515-414-2910**

Name and Position of Medical Provider (print): \_\_\_\_\_

Signature of Medical Provider: \_\_\_\_\_

Credentials / License: \_\_\_\_\_

Address: (office stamp permitted)

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Telephone: \_\_\_\_\_