

Health Care Provider Completes this Section

Student's Name: _____

Pratt Institute provides accommodations and support services to students diagnosed with disabilities. A student's documentation regarding their condition must demonstrate they have a disability covered under the Americans with Disabilities Act (ADA; 1990). The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. To determine eligibility for services and accommodations, this office requires current and comprehensive documentation of the student's disorder from the diagnosing physical or mental health care provider (the provider filing out this form cannot be a relative of the student). Items 1 through 6 must be completed in full. If space provided is not adequate, please attach additional sheets. The provider may also attach a report providing additional related information.

1) What is the student's medical condition/diagnosis?

a) How long has the student had this condition?

b) What is the severity of the condition?

c) How long is this condition likely to persist?

2) Describe the symptoms related to the student's condition that cause significant impairment in a major life activity?

3) List the student's current medications(s), dosage, frequency and possible adverse side effects.

a) Are there significant limitations to the student's functioning directly related to the prescribed medications?

Yes No

b) If yes, please describe.

4) Does the student have a disability, as defined in the first paragraph, as a result of this condition? Yes No

If yes, please state the specific recommendations regarding housing and dining accommodations for this student and a rationale as to why these accommodations are warranted based on the student's functional limitations. Indicate why the housing accommodations you recommend are necessary. (If you suggest a private bathroom, for example, state the reasons for this request as related to the student's disability.)

If current treatments (e.g., medications) are successful, why are the above accommodations necessary?

Please attach any additional information you may feel helpful to us in assisting the student.

Signature of provider _____

Date _____

License # _____

State _____

Please print the following:

Name/Title _____

Address _____

Phone _____

Fax _____

REQUEST FOR SPECIAL HOUSING AND DINING ACCOMMODATION

Vice President for Student Affairs
(718) 636-3639

Director of Residential Life and Housing
(718) 399-4550

Director of Disability Services
(718) 636-3711

Pratt Pratt Institute
200 Willoughby Avenue
Brooklyn, NY 11205

4779_07.10

Pratt

Pratt Institute strives to provide the best housing and dietary arrangement to suit your particular needs. A variety of housing options already exist to accommodate special needs and it is important when making housing decisions to consider your needs carefully. We understand that there are exceptions and circumstances in which particular requests and accommodations need to be considered. Your requests for exceptions are evaluated carefully. To proceed with the evaluation process, a completed *Request for Special Housing and Dining Accommodations* packet must be submitted to the coordinator of Disability Services no later than date shown in the *Documentation* section.

This packet includes:

1. Documentation of the condition or need that is the basis of the request.
2. A clear description of what type of housing configuration and/or dining option is being requested.
3. An explanation of how the request relates to the impact of the condition.
4. Possible alternatives if the recommended assignment is not possible.

DOCUMENTATION

To accurately and fairly evaluate requests for housing and dining options based on disability needs, Pratt Institute will need documentation. This documentation consists of an evaluation by an appropriate professional that relates the current impact of the condition to the request. This documentation will serve as supplement to previously submitted Health Care Forms and gives the Director of Disability Services and Health and Counseling Services staff permission to discuss your specific needs with medical/psychological professionals.

*** Please note that, while your preferences will be considered, specific areas and types of rooms or meal plan options are not guaranteed.

Documentation Guidelines

1. A diagnostic statement including the date of the most recent evaluation.
2. The current impact or limitations imposed by the condition.
3. Medications, treatments, devices, or services currently prescribed or used to minimize the impact of the condition.
4. The expected duration of the condition.
5. The credentials of the diagnosing professional.
6. Recommendations from the professional about the housing configuration or dining option, and a statement of the level of need for (or consequences of not receiving) the recommendation.

So that you receive full consideration of your request, please submit documentation according to the following deadlines:

Continuing Students:
March 15 for following fall semester
November 15 for following spring semester

New Students:
May 1 for following fall semester
November 15 for following spring semester

Any requests received after the dates listed above or during the course of a semester will be given consideration, but it must be acknowledged that accommodation is difficult in the middle of an academic year.

HEALTH CARE FORM FOR STUDENTS REQUESTING SPECIAL HOUSING OR DINING ACCOMMODATION

Student Completes this Section

(Please print or type.)

Student Name _____

Last _____ First _____ MI _____

Pratt ID# _____

Date of Birth _____

Sex Male Female

First Semester Enrolled at Pratt _____

Current Class Status _____

Home Address _____

Home Phone _____

Local Address (If different than above) _____

Local Phone _____

Please answer the following questions
(Attach additional sheets as needed):

What specific type of housing and/or dining option do you require? _____

Explain how the stated request above relates to your condition. _____

Are there possible alternatives if the recommended assignment and/or dining option are not possible? _____

Authorization to Receive Information:

I authorize members of the staff of the Vice President for Student Affairs, Health and Counseling Services, and the Office of Residential Life and Housing to receive information from the provider below, specific to this request. I also authorize my provider to discuss my conditions(s) with the Director of Disability Services (or his/her designee) and the professional staff of Health and Counseling Services.

Name of Provider _____

Provider Phone _____

Address (Street, City, State and ZIP Code) _____

Student Signature _____

Date _____

(Parent, if under 18) _____

Continued on reverse.