



Rhode Island School of Design
 Office of Residence Life
 2 College St. Providence RI 02903
 Email: Housing@risd.edu
 Phone: 401-454-6650

Student Housing Medical Accommodation Request - Medical Provider Form

In order to accurately and equitably evaluate housing accommodations based on medical, psychological, or disability related conditions, documentation is required to establish the existence of the condition that necessitates accommodations. Documentation consists of a written evaluation by an appropriate professional (not a relative of the student) **that explains the nature of the condition and why the condition results in a need for housing accommodations.**

As relevant to the condition, documentation from physicians must include:

1. A diagnostic statement of the condition, including the date and a summary of the most recent evaluation
2. The current impact of (or limitation imposed by) the condition on the student as it relates to the need for housing accommodations (e.g. the student has limited mobility and requires grab bars for support in the restroom)
3. An explanation of how the condition relates to the request for housing accommodations
4. The housing features/elements that are required of the student as a result of the condition
5. An indication of the level of need for the requested housing accommodations (and the consequences for not receiving them)
6. Possible alternatives if the requested accommodations are not available
7. The expected duration of the condition
8. The credentials of the diagnosing professional

Please complete the entire form. The student's request may be denied if the physician form is not completed or lacks pertinent information as stated above.

TO BE COMPLETED BY STUDENT

Student Name			Student ID#:		
<i>Last,</i>	<i>First</i>	<i>Middle</i>			
Home Address:					
<i>Number</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
RISD email address: _____			Cell Phone _____		
Academic Term Applying for (i.e. Academic Year 2019-2020; Spring 2020): _____					
_____ has requested housing accommodations for a medical, psychological, or disability related condition. In order to accurately and equitably evaluate this request, Rhode Island School of Design requires documentation from an appropriate professional (not a relative of the student). This documentation must relate the current impact of the condition to the requested housing. Please complete the form below.					
The student has requested the following accommodations as they relate to Residential Life at RISD:					

TO BE COMPLETED BY TREATING LISENCE PHYSICIAN, PSYCHIATRIST, PSYCHOLOGIST, OR SOCIAL WORKER
ALL QUESTIONS MUST BE COMPLETED PRIOR TO REVIEW

Provider Name: _____ Phone#: _____
Last, First Middle Initial

Address: _____
Number Street City State Zip Code

Email: _____ Fax: _____

License #: _____ State of Practice: _____

I. What is the student's diagnosis? _____

II. Date of initial diagnosis: _____ Last Evaluation: _____

III. How long has the student been under your care for this diagnosis? _____

IV. Is the student currently receiving treatment for this diagnosis? Yes No
If yes, please describe:

V. Summary of the most recent evaluation:

VI. Describe the expected duration, stability, or progression of the condition.

VII. Describe the current impact of (or limitation imposed by) the condition as it relates to the student's need for Housing Accommodations.

VIII. Indicate the level of need for the recommended accommodation and the consequences of not receiving.

IX. What are the possible alternatives, should the requested accommodation not be available?

X. Please describe any additional accommodations that might be necessary in order for the student to live in campus housing.

Provider Signature _____ *Date* _____