

DEAN OF STUDENTS SPECIAL HOUSING ACCOMMODATIONS REQUEST PROCESS

Dear Student,

If you have a medical, psychological condition, or other type of disability that requires special housing accommodations, we require you to participate in a three-step request process.

Step #1 of the process requires you to write a brief letter describing the type of accommodation you are requesting and the rationale of why you are making a request.

(Note: this letter must be written by the student, not a member of the student's family and be included when submitting this request.)

Step #2 of the process requires verification of your condition by your physician and/or mental health provider. Please have your physician and/or mental health provider complete page 3 of this form.

(Note: the student must complete page 2 before giving it to your physician and/or mental health provider.)

Step #3 of the process requires you to send your letter **and** your completed physician/mental health provider form to the Dean of Students – Heather Quire. You can mail, email, or fax this form to submit to the Dean of Students.

Mailing address: 982 Mansion Drive, Bennington, VT 05201 Attn: Dean of Students–Heather Quire

Fax number: 802-447-6330. Email: hquire@svc.edu Phone: 802-447-6323

When we receive your materials, your request will be evaluated by the Special Accommodations Committee. You will be notified via email of the Committee's decision.

This process is for the 2017-2018 academic year. You will need to complete this process again for each Academic Year. (Academic Year is defined as August–May {Summer =May-July included in previous academic year})

Submission deadlines:

- Returning students: March 31st for the Fall 2017 semester.
November 1st for the Spring 2018 semester.
- New students: July 1st for the Fall 2017 semester. (ASAP if Admission's deposit is after July 1st)
- Summer students: May 1st for all Summer 2017 programs & conferences.

If you have any questions regarding this process, please feel free to call the Dean of Students Office at 802-447-6323.

Sincerely,



Heather Quire M.S. Ed. | Associate Provost for Student Affairs & Dean of Students |
Southern Vermont College | 982 Mansion Drive Bennington, Vermont 05201 |

DEAN OF STUDENTS SPECIAL HOUSING ACCOMMODATIONS REQUEST PROCESS

In order to evaluate a student's need(s) for special housing accommodations, the College requires specific diagnostic information from a licensed health care provider or clinical professional. This physician or therapist should be familiar with the history and functional limitations of the student's physical or psychological condition(s).

The student must complete the section directly below, giving permission to the physician or therapist to provide information to the College and allowing the appropriate and qualified SVC staff member permission to discuss the student's condition and/or resulting determination with the physician or therapist filling out this form.

The physician or therapist must provide a document detailing information about to the student's medical or mental health need for special accommodation(s). If, for any reason, this form cannot be returned directly to the student for mailing, the physician or therapist may mail or fax the form to: Dean of Students: Special Housing Accommodations, 982 Mansion Drive, Bennington VT, 05201; Fax Number: 802-447-6330.

Student Name: _____

Cell Phone Number: _____ SVC E-Mail: _____

Birthdate: _____ Sex/Gender: _____

Are you a: New Student Returning Student

Request is for the following semesters: Fall 2017 Spring 2018 Summer 2018

***Please attach a **letter** that provides a description of the special housing accommodation you are requesting [e.g. single room, door handle change, Emotional Support Animal(ESA)] and explain how your ability to live in a community is impacted. Note: Please reference ESA Policy in Student Handbook for expectations.

I give my physician or mental health provider permission to provide information pertaining to my medical or psychological need for special accommodations. I also authorize my physician or mental health provider to discuss my condition(s) with the appropriate and qualified SVC staff member on an "as needed" basis.

Student Signature: _____ Date: _____

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Office Use only:			
Date Received _____			
Page 2 filled out completely <input type="checkbox"/>	Letter from Student <input type="checkbox"/>	Page 3 filled out by physician/mental health provider completely <input type="checkbox"/>	
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Email student notification of decision <input type="checkbox"/>	Date: _____

DEAN OF STUDENTS

SPECIAL HOUSING ACCOMMODATIONS REQUEST PROCESS

Physician/Mental Health Provider Section: Please Print or Type

The provider filling out this form cannot be a relative of the student. Please do not submit a prescription form or note in lieu of filling out this form. Complete all questions that relate to reason for submitting this request.

Student's Name: _____

1. How long have you known this patient? _____

2. State the symptoms and actual condition/diagnosis and explain in lay terms the medical/psychological rationale for the student's special housing accommodations request:

a. How long has the patient had this condition? _____

b. What is the severity of the condition? _____

c. In the last year, how many times have you treated this student for this condition? _____

d. How long is this condition likely to persist? _____

3. Have you seen this patient for any other related conditions pertinent to this request? If yes, how recently and what was the treatment?

4. List all medications, including OTC and non-medication treatment, which the student is currently using to manage this condition. Include dosage, frequency and adverse side effects.

5. Are there any significant limitations to the student's functioning directly related to the prescribed medications?

No Yes If yes, please describe:

6. Has the student ever been hospitalized as a result of the condition? If so, when was the last hospitalization?

7. What factor(s) improve and/or exacerbate this condition?

8. How frequently is the student affected by this condition?

Daily Weekly Monthly Seasonally

9. For asthma patients: Has the patient ever required prednisone to manage the disease? If so, when was the last time?

10. For allergy patients: Has the patient been skin tested by an allergy specialist? If so, what were the results?

11. If the requested accommodation is not possible, are there alternative accommodations that can address the stated needs?

The information provided above is true and accurate.

Physician/Mental Health Provider Signature: _____ Date: _____

Physician/Therapist's Name and Title: _____

License #: _____ State: _____

Full Address: _____

Phone: _____ FAX: _____