



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): _____					
<p>(Student Name) _____ 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.</p>					

*TO BE COMPLETED BY TREATING LISENCEED 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. Is the student currently receiving ongoing treatment for this diagnosis under your care or another provider? YES NO

IV. State specifically how the accommodation requested is part of the treatment plan.  
\_\_\_\_\_  
\_\_\_\_\_

V. Describe the students symptoms/limitations, prognosis and plans for care. Information about duration, stability, and progression of condition is also helpful.  
\_\_\_\_\_  
\_\_\_\_\_

VI. What identified symptoms and/or effects of the disability will be alleviated by this specific accommodation?  
\_\_\_\_\_  
\_\_\_\_\_

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

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* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*TO BE COMPLETED BY STUDENT*

**FOR ESA REQUESTS ONLY:**

If you are not requesting an ESA, please proceed to the Provider Form on the next page.

Breed of Animal: \_\_\_\_\_

Species of Animal: \_\_\_\_\_

Weight of Animal in Pounds: \_\_\_\_\_