Form UMass | Dartmouth

Reasonable Accommodation Form

This form should be completed by a qualified provider. This information will be used to determine eligibility for reasonable accommodation while attending the University of Massachusetts Dartmouth. To qualify for accommodations under the Americans with Disabilities Act, the documentation must establish a specific disability that substantially limits one or more major life activities. **A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations**. The documentation must support the request for accommodation. Please complete all sections of this form thoroughly. Please attach additional information to this form, as needed.

The Accessibility Committee, comprised of representatives from Health Services, Counseling Center, Office of Student Accessibility Services, Housing, and the Office of the Vice Chancellor for Student Affairs, is responsible for reviewing forms submitted for housing accommodations, including emotional support animals, for students with diagnosed disabilities and accessibility needs.

First Name_____ Middle_____ Last Name_____

Address_____ City_____ State_____

UMass ID#_____ Cell Phone_____ UMass E-mail_____@umassd.edu

Year: □ first-year □ sophomore □ junior □ senior year

□ graduate □ law

Reasonable accommodations are good for the current academic year. If you submit for the current term, you will need to re-submit for the next academic year.

I give permission for a qualified provider to disclose and verify medical, disability, and accessibility information with employees of UMass Dartmouth.

This form is for documenting a student's disability to determine eligibility for housing accommodations or an emotional support animal. **This form does not guarantee the approval of the requested accommodation.**

Student Signature_____

This section is to be completed by a qualified provider. ***Please print legibly or type responses.***

1. Please provide the date of first contact with the student. _____

2. Please state the specific diagnosed disability, including DSM coding, if applicable.

   _____

   _____

   _____

3. What accommodation(s) are you requesting for the student?

   □ housing □ emotional support animal: _____ □ academic

   Please give detailed information on the housing that is requested.

   _____

   _____

   _____

4. Is the student/patient currently under your care? □ yes □ no

5. Is the student currently receiving medical care or counseling? □ yes □ no

6. What is the severity of the diagnosis or disorder? □ mild □ moderate □ severe □ permanent □ temporary
   Please describe response.
   _____
   _____
   _____

7. What specific symptoms does the student have that may necessitate their accommodation?
   _____
   _____
   _____

8. Describe in detail how you evaluated and determined this diagnosis. What instruments or assessments were used?
   _____
   _____
   _____

9. What are the significant limitations to the student's functioning directly related to the disability? Please describe in detail:
   _____
   _____
   _____

10. What medications and/or what therapies does the student receive?
    _____
    _____
    _____

11. Please add any additional information or comments that might be helpful in planning support for the student.
    _____
    _____
    _____

Provider Printed Name_____ Date _____

Provider Signature_____

Title_____ License or Certification Number _____

Address _____ City _____ State _____

Office Phone _____ Office Fax _____

THANK YOU FOR SUPPORTING OUR STUDENTS AT THE UNIVERSITY OF MASSACHUSETTS DARTMOUTH!

Students: Please upload the completed form and any supplemental documentation to the Accommodate Platform, https://shibboleth-umassd-accommodate.symplicity.com/sso/