

Disability Documentation Form For College Housing

Northwest College is deeply committed to the full participation of students with disabilities in all aspects of college life, including residential life. In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), Northwest College has established procedures to ensure that students with documented disabilities receive housing assignments that reasonably meet their needs as required by law. Requests for particular housing assignments based in a students' preference, rather than need, for a particular type of living environment, such as a certain type of room or location or site for a quiet, undisturbed place to study, will not be honored.

STUDENT NAME:

To be notified in case of emergency, please identify yourself to Campus Security Officer upon arrival at campus. Telephone Number (307) 754-6067.

9. Please describe in detail the symptoms currently experienced by the student, and how the disability interferes with one or more major life activities as would be encountered in a residential environment. (Attachments welcome. Please use additional space as needed.)

10. Please circle (and indicate, where relevant) the approximate frequency of symptoms experienced:

Periodic (____ annual reported occurrences)	Seasonal	Every ____ month(s)	____ x a month	____ x a week	Most days	Daily
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11. Given the standing housing assignment and study site options previously illustrated, please describe and provide rationale for any modifications to the standard assignment you recommend to accommodate the student's disability. Please explain how the modifications you recommend would assuage the functional limitations of the student's underlying condition. (Again, please use additional space, as needed.)

12. What are some possible alternatives if meeting your primary recommendation is not possible?

13. Accommodations for this condition are recommended...

____ for the next 3-5 months ____ for the next 6-9 months ____ for the next year

____ for the duration of the student's time in college ____ duration unknown at this time

____ Other: _____

14. If you are recommending a single room, please indicate whether and how there are any risks associated with isolation:

15. Please indicate whether and how this student may be at risk during an emergency evacuation (e.g. fire):

16. ____ I have attached the supporting documentation for this diagnosis.

Stamp or write:

Office address:

Email: _____ Telephone: _____

Signature: _____ Date: _____

My signature verifies that I am or t e(