

WAGNER COLLEGE

Housing Accommodation Documentation Form

Please complete the following information fully and completely in order to ensure the applicant's accommodation is reviewed in a quickly and timely fashion.

_____ has requested a housing accommodation. In order to accurately and equitably evaluate this request, Wagner College requires documentation from an appropriate professional. This individual should not be (a) a relative of the student and/or (b) an employee of the Wagner College Center for Health & Wellness, Nursing Program, or any other affiliated office. This documentation must relate the current impact of the condition to the requested housing accommodation. Please complete the form and return it to:

Dina Assante

Associate Dean, Disability Specialist
Center for Academic & Career Engagement
Wagner College
One Campus Road
Staten Island, New York 10301
Phone: 718-390-3181
Fax: 718-420-4012
Email: dassante@wagner.edu

The student has requested the following Housing Accommodation:

To Be Completed by Licensed Medical Professional

Part I: Diagnosis Information

Student's Diagnosis:

Date of Original Diagnosis: ____/____/____ Date of Last Evaluation: ____/____/20____
Is this student current under your care? YES NO

How long has the student been under your care? _____

Summary of Most Recent Evaluation:

Please describe treatments and/or medications that are currently being prescribed or use to minimize the impact of this condition:

Describe the expected duration, stability or progression of the condition:

Describe the current limitation(s) imposed by the condition (academic, social, medical, etc.):

What steps has the student taken to address the conditions?

To ensure a full review, please make sure all questions are completed fully!

Part II: *Accommodation Recommendation*

Explain how the request housing accommodation will address the condition:

In your opinion, what are the possible consequences if the College is unable to meet the accommodation?

Can the student be successful if they are assigned to a housing environment with a student(s) of similar conditions? Why or why not?

In your opinion, should the student have any condition(s) listed in this request form registered with the Office of Disability Services? Why or why not?

In your opinion, should the student have any condition(s) listed in this request form registered with the Center for Health & Wellness?

What are possible alternatives if the request accommodation is not available?

To ensure a full review, please make sure all questions are completed fully!

Part III: *Licensed Medical Professional Information*

Name:	Phone: ()- -
Email:	Fax:
License #:	State of Practice:
Address:	
Signature:	Date: ____/____/20____

To ensure a full review, please make sure all questions are completed fully!