

If this form is

completed by anyone other than an appropriate and qualified licensed healthcare professional, the information provided may not be used to support your accommodation request and Russell Sage College reserves the right to request additional documentation. Since a request for additional information can result in a delay in your request for accommodations, you are strongly urged to have the form completed by an appropriate and qualified licensed health care professional who will include all requested information.

To the Evaluator: The student named below has represented that they have a disability which will require a housing accommodation at Russell Sage College. The information you provide will be used to determine the appropriateness of the requested accommodation(s). Please take the time to complete this form and thoroughly answer all questions. We must receive an original form with your signature. We cannot accept substitutions for this and you will be requested to provide supplemental information on official letterhead. Please contact us with any questions. All information provided to us is confidential. With the student's permission, we may contact you directly for additional information to assist us in making a determination. Part III requires you to provide supplemental information.

Please contact the Office of Accessibility Services with any questions.

Student Name: _____

Which housing accommodations are the student requesting?

Health Care Provider: Please respond to the following questions regarding the above named student.

1. Please identify the physical or mental impairment for which you are treating the student (the student's diagnosis or disability):

2. Please list date of onset and severity: _____

3. How long have you been treating the student? _____

4. When was the last date of treatment you had with the student? _____

5. Please list any current functional limitations and impact on activities of daily living in residence halls: _____

6. For each accommodation requested above, please describe why the requested accommodation is necessary:

7. How does each requested accommodation impact the current treatment plan for the student? _____

8. If single housing or private bathroom is requested, please identify alternative accommodations that would address the student's needs in the event that the requested accommodation cannot be provided. _____

Healthcare Professional Name: _____

Professional License: _____ State: _____ License Number: _____

Signature: _____ Date _____

Address: _____