

**PROVIDER VERIFICATION OF DISABILITY-RELATED NEED
FOR HOUSING ACCOMMODATIONS**

*******TO BE COMPLETED BY A CERTIFIED PROFESSIONAL*******

Southern Methodist University believes that community is so essential to the academic experience that we require first and second-year students to live on campus. Thankfully, most students' disability-related housing needs can be met on campus through reasonable accommodations recommended by the DASS office (Disability Accommodations & Success Strategies). DASS makes recommendations to RLSH (Residence Life & Student Housing) in order for them to implement the recommendations.

When considering your patient's disability-based needs for housing or dining, please keep in mind that SMU offers a wide range of options and accommodations, including (though not comprehensive):

Suite-style rooms	Single rooms	First-floor rooms
Community kitchen	Shared kitchen	Wheelchair accessible room/bathroom
Community bathroom	Suite-style bathroom	Visual alert system
Private bathroom	Ongoing consultation with campus dietitian	Central campus location for mobility issues
Allergen kits in dining hall	Gluten-free pantry	Meal plan modifications
Non-carpeted room	Additional air vent cleaning	Emotional Support Animal

Many of these options are limited. To ensure availability, students should submit complete information to us in a timely way, considering priority deadlines established by our office and RLSH. Requests made after priority deadlines or in the middle of a semester may be delayed. A diagnosis alone does not always necessitate a need for an accommodation, so please be explicit in describing the severity of the condition and how it directly ties to the housing-related accommodation being requested. Once a student's request and complete documentation have been received, DASS will consider all other reasonable accommodations before a residency requirement exemption.

STUDENT NAME:

1. When did you **first** meet with the student regarding this disability?
2. When did you **last** interact with the student regarding this disability?
3. What is the **frequency** of your interactions in the past 6 months regarding this disability?

4. Diagnoses (Please use DSM-5 or ICD-10 diagnoses and codes, if applicable):

	DSM-5 or ICD-10	Date of diagnoses	Diagnosing Provider of DX
Primary			Yes/ No
Secondary			Yes/ No
Tertiary			Yes/ No

5. How did you arrive at your diagnosis? Please check all that apply. *

- Behavioral Observation
- Developmental History
- Educational History
- Medical history
- Clinical Interview (Structured or Unstructured)
- Interviews with others
- Lab/medical testing
- Rating Scales (Please Specify **Types**):
- Neuropsychological or Psychoeducational Testing (Dates of **testing**):
- Other (Please **Specify**):

* The student should still include all applicable evaluations and/or summaries related to the above diagnoses, such as psycho-educational reports, audiology reports, food allergy testing, etc.

6. Please list the specific symptoms of the diagnoses that will likely impact the student in the campus residential setting.

Symptoms	Severity	Frequency	Duration

7. Please describe in detail how these symptoms create functional limitations for this student in a campus residential setting.

8. Are there any situations or environmental conditions that might lead to exacerbation of the condition(s).

9. Please describe your recommendations that would meet the student's housing needs as well as the rationale, strongly considering on-campus configurations from page #1. If no on-campus configuration is suitable to meet the disability-related need, please explain why an exemption to the 2-year on-campus University policy is necessary.

10. What treatment is the student receiving to address the symptoms and severity of the conditions described above (therapy, medication, etc.).

11. Please explain the health impact to this student if the recommended housing accommodations are not met.

~Skip to Provider Information if NOT requesting an ESA~

REQUEST FOR INFORMATION Re: Emotional Support Animal

NOTE: An Emotional Support Animal (ESA), defined by The Fair Housing Act, provides therapeutic emotional support for individuals with a documented history of disability. Students who request ESAs must provide reliable documentation of their disability from a licensed healthcare provider. Documentation must verify the student has a history of a physical or mental impairment that substantially limits at least one major life activity and that the ESA is part of a treatment plan designed to alleviate symptoms.

**Please note that certificates and letters purchased from websites following brief questionnaires or limited interactions intended solely for creating such letters are not considered sufficient or reliable documentation of a disability.*

1. How often have you seen the student after they requested an ESA and what is the plan to see the student for further counseling/treatment?

2. How will symptoms listed in question #6 be mitigated by the presence of the ESA?

3. Is there evidence that an ESA has helped this student in the past or currently? If not, why do you believe this may be an effective support for the student now?

4. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way?

Type of animal:

Age of animal:

Size of the cage/crate needed for containment:

Provider Information:

Provider Name: _____

Type of License: _____ Licensure State: _____

License # and Expiration: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Date form completed: _____

We encourage our students to complete a "Release of Information" with their providers in order for DASS staff to contact the provider if more information is needed. Thank you for your assistance in supporting our students.