Office of Residence Life
Rhode Island School of Design
20 Washington Place, Providence, RI 02903
Email: Housing@RISD.edu
Phone: 401-454-6650

Student Housing Medical Accommodation Request - Medical Provider Form

In order to accurately and equitably evaluate housing accommodations based on medical, psychological, or disability related conditions, documentation is required to establish the existence of the condition that necessitates accommodations. Documentation consists of a written evaluation by an appropriate professional (not a relative of the student) **that explains the nature of the condition and why the condition results in a need for housing accommodations.**

As relevant to the condition, documentation from physicians must include:

1. A diagnostic statement of the condition, including the date and a summary of the most recent evaluation
2. The current impact of (or limitation imposed by) the condition on the student as it relates to the need for housing accommodations (e.g. the student has limited mobility and requires grab bars for support in the restroom)
3. An explanation of how the condition relates to the request for housing accommodations
4. The housing features/elements that are required of the student as a result of the condition
5. An indication of the level of need for the requested housing accommodations (and the consequences for not receiving them)
6. Possible alternatives if the requested accommodations are not available
7. The expected duration of the condition
8. The credentials of the diagnosing professional

Please complete the entire form. The student's request may be denied if the physician form is not completed or lacks pertinent information as stated above.

TO BE COMPLETED BY STUDENT

Student Name _____ Student ID#: _____
Last, First Middle

Home Address: _____
Number Street City State Zip Code

RISD email address: _____ Cell Phone _____

Academic Term Applying for (i.e. Academic Year 2023-2024; Spring 2024): _____

(Student Name)_____ has requested housing accommodations for a medical, psychological, or disability related condition. In order to accurately and equitably evaluate this request, Rhode Island School of Design requires documentation from an appropriate professional (not a relative of the student). This documentation must relate the current impact of the condition to the requested housing. Please complete the form below.

TO BE COMPLETED BY TREATING LISENCED PHYSICIAN, PSYCHIATRIST, PSYCHOLOGIST, OR SOCIAL WORKER
ALL QUESTIONS MUST BE COMPLETED PRIOR TO REVIEW

Provider Name: _____ Phone#: _____
Last, First Middle Initial

Address: _____
Number Street City State Zip Code

Email: _____ Fax: _____

License #: _____ State of Practice: _____

I. What is the student's diagnosis? _____

II. Date of initial diagnosis: _____ Last Evaluation: _____

III. Is the student currently receiving ongoing treatment for this diagnosis under your care or another provider? ☐ YES ☐ NO

IV. State specifically how the accommodation requested is part of the treatment plan.

_____

_____

V. Describe the students symptoms/limitations, prognosis and plans for care. Information about duration, stability, and progression of condition is also helpful.

_____

_____

VI. What identified symptoms and/or effects of the disability will be alleviated by this specific accommodation?

_____

_____

VIII. Indicate the level of need for the recommended accommodation and the consequences of not receiving the requested accommodation.

_____

_____

IX. What are the possible alternatives, should the requested accommodation not be available?

_____

_____

X. Please describe any additional accommodations that might be necessary in order for the student to live in campus housing.

_____

_____

Provider Signature *Date*

_____ _____

TO BE COMPLETED BY STUDENT

FOR ESA REQUESTS ONLY:

If you are not requesting an ESA, please proceed to the Provider Form on the next page.

Breed of Animal:_____

Species of Animal: _____

Weight of Animal in Pounds: _____