

## Medical Provider Form

Quinnipiac University is committed to providing equal educational opportunities and full participation for students with disabilities. Consistent with its responsibilities to comply with the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973, Quinnipiac University provides reasonable accommodations to promote equal educational opportunity. Documentation from a licensed evaluator is required to substantiate the presence of a disability, defined by the ADA as “a physical or mental impairment that substantially limits one or more major life activities,” and to establish the need for reasonable accommodations at Quinnipiac University.

### Guidelines for Medical Accommodations

Documentation **must** be dated and signed with the appropriate credentials by the providing professional.

- A diagnostic statement identifying the disability from a licensed/certified professional: The diagnosis should include a description of diagnostic methods, including the DSM-5 diagnosis if applicable, and criteria utilized along with the date of evaluation. The licensed professional providing the diagnosis **cannot** be a family member.
- Current functional impact of the condition: Describe the current relevant functional impact of the disability in an educational setting.
- The expected progression of the disability over time: Provide a description of the expected change in the functional impact of the condition over time. If the condition is variable, describe the known factors that may exacerbate the condition.
- Treatment: List treatments, medications, accommodations/auxiliary aids and/or services currently in use and their estimated effectiveness in addressing the impact of the condition. Include any significant side effects that may affect physical, perceptual, behavioral or cognitive performance.
- Supporting documents: You are encouraged to submit any past documentation or materials that establish a history of receiving appropriate accommodation in a previous academic setting when available. Secondary school accommodation plans such as IEPs or 504 Plans are helpful, but often do not provide sufficient information to establish eligibility for the requested accommodations at the university level when submitted without a corresponding evaluation.

### Housing Accommodation Request Deadlines

Completed form and documentation must be received by the respective deadlines below to be considered for housing accommodations. Forms submitted after these dates will be reviewed, following the process discussed in the Guidelines and Procedures for Students with Disabilities. All other accommodation requests can be submitted at any time and will be reviewed in a timely fashion.

#### Housing Deadlines:

- **November 1** – Current Juniors
- **March 1** – Current First-Year Students/Sophomores
- **May 26** – Incoming First-Year Students/Transfer Students

## The Office of Student Accessibility

The Office of Student Accessibility is composed of professional staff members working with students who choose to disclose a disability. They evaluate all student accommodation requests and contact the appropriate departments or resources to help facilitate reasonable accommodations as necessary. Students will receive an email notification of the outcome of the request. Reasonable accommodations are granted for the time period specified in the decision letter. Depending on the nature of the accommodation, students may need to reapply each semester; staff will discuss the possibility with students. *Please understand that submission of this form does not guarantee the specific accommodation requested will be granted.*

Name: \_\_\_\_\_

QU ID#: \_\_\_\_\_ QU email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_

### Current status: (Check all that apply)

- |   |                                    |   |                                  |
|---|------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Transfer student   | <input type="checkbox"/> Sophomore | <input type="checkbox"/> Senior           | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> First-year student | <input type="checkbox"/> Junior    | <input type="checkbox"/> Graduate student |                                  |

### Type of accommodation being requested: (Check all that apply)

- |                                   |                                  |                                    |                                  |
|-----------------------------------|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Housing | <input type="checkbox"/> Meal plan | <input type="checkbox"/> Parking |
|-----------------------------------|----------------------------------|------------------------------------|----------------------------------|

### Term for which accommodation is being requested:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Fall semester | <input type="checkbox"/> Spring semester | <input type="checkbox"/> Academic year                           |
| <input type="checkbox"/> January term  | <input type="checkbox"/> Summer term     | <input type="checkbox"/> Temporary: _____<br>(Please list dates) |

### Consent for release of information

I authorize \_\_\_\_\_  
physician/evaluator's name

to disclose the information requested in this form to Quinnipiac University for the purpose of evaluating my request for reasonable accommodations. Additionally, I acknowledge that the information provided in this form may be shared on a need-to-know basis with appropriate Quinnipiac University staff and faculty who have a legitimate educational interest in order to make a proper determination of necessary accommodations, to facilitate my accommodation request and/or coordinate services.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Required Disability Information (to be completed in full by physician/evaluator)**

1. Diagnosis/description of disability: \_\_\_\_\_

2. Please provide full DSM or ICD-9 code: \_\_\_\_\_

3. Initial date of diagnosis: \_\_\_\_\_

4. Date of last clinical contact: \_\_\_\_\_

5. What is the frequency and duration of symptoms of the student's condition?

- a.  Daily       1x/week       1-3x/week       1x/month       1-3x/year       Seasonal
- b.  None – symptoms under control with medication

6. Is the student's disability:

- Permanent       Temporary       Episodic

7. Assessment instruments used to arrive at diagnosis:

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8. Describe the substantial limitation of one or more life activities as a result of the disability associated with academics and/or residential life (residential life specific to housing request only):

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9. List current and past treatment for this student's disability including medications, dosage frequency and potential adverse side effects of these:

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10. What specific, college-based accommodations would you recommend for this student based on the disability-related impairments you indicated above? Please explain how these accommodations will reduce the effects that the student's impairment may have on performance and functioning:

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11. Please include any other information that may help us understand this student's impairment/needs.

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**Healthcare Provider Information (to be completed by physician/evaluator)**

Name and title: \_\_\_\_\_

Office address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

License/certification number: \_\_\_\_\_ State of license/certification: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed Forms:**

Completed forms and any supplemental documentation should be emailed to the Office of Student Accessibility at [access@qu.edu](mailto:access@qu.edu). Questions regarding the completion of this form should be directed to 203-582-7600.