Return form and relevant documentation to:
Chandra M. Shipley, Coordinator of Disability Services
Illinois Wesleyan University
PO Box 2900, Bloomington, IL 61702-2900
cshipley@iwu.edu
309-556-3231 (phone), 309-556-3436 (fax)

Housing/Meal Plan Accommodation Request

Students with diagnosed disabilities and/or medical conditions whose needs cannot be met through the standard room selection process and the standard meal plan options may request a housing and/or meal plan accommodation. To determine eligibility, current and comprehensive documentation of a disability(ies)/medical condition(s) from the diagnosing physician or other qualified professional is required. ***Submission of a request does not guarantee approval.***

Student's Name: ______________________________________ **Date of Birth:**_______________________

Academic Year Requesting For: 20 _____ **-** 20 _____ **IWU ID #:** ___________________________________

1. Provide a complete medical, ICD-10, or DSM-5 diagnosis. If this condition is temporary, provide an anticipated duration.

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2. Date of diagnosis: ____

3. Date of last contact with student: ____

4. Describe symptoms and severity of symptoms the student currently has that meet the criteria for this diagnosis.

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5. List current treatments, including therapy, assistive devices and medication (include dosage, frequency, and adverse side effects). Please include the degree to which symptoms have reduced with treatment.

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6. Describe if and how the diagnosis substantially impacts the student's major life activities.

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7. State your specific recommendations regarding housing and/or meal plan accommodations, ***and a rationale*** that is based on the student's academic and life functioning as to why these housing/meal plan accommodations are warranted based upon the student's diagnosis.

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8. Please indicate if/which of your recommendations you believe are medically necessary.

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9. How would not receiving these recommendations affect the student's academic and life functioning?

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I verify that the above-named student information is correct, the student is a patient or client that I have been treating, and I am not a relative of the student.

Print name and title: ______________________ License Number: ______________

Street Address: ______________________ City, State, Zip: ______________

Telephone No.: ______________________ Email: ______________

Signature: ______________________ Date: ______________