



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.

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.

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.

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.

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

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

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: _____