

Housing Accommodations Documentation Form



As part of our mission to foster diverse and inclusive learning and living environments, Whitman College is committed to supporting students with documented disabilities. As a residential community, Whitman prioritizes the residential experience as an essential part of our institutional commitment to educating the whole person.

All students admitted to Whitman enjoy full access to its programs and services, including residence life. In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, Whitman has established procedures to ensure students with documented disabilities receive housing assignments that reasonably meet their needs as required by law.

Single rooms represent a small portion of available housing options and requests will be reviewed on a case-by-case basis. Housing accommodations should be requested by the Residence Life deadlines. Late requests will still be reviewed, though placements are dependent on remaining available spaces. Students with approved accommodations that are placed on a waitlist have a higher priority for any placements that may become available, though they are not guaranteed.

In some instances, information or documentation in addition to this form may be required. Our guidelines on disability documentation can be found on our website.

FOR STUDENTS: This documentation form is only for housing accommodation requests. If requesting academic accommodations, please view the documentation guidelines on our website. This form should be completed by your health care professional and returned directly to:

Disability Support Services
Whitman College
345 Boyer Avenue
Walla Walla, WA 99362
Email: dss@whitman.edu / Phone: 509-527-5898 / Fax: 509-527-5039

TO BE COMPLETED BY THE HEALTH CARE PROFESSIONAL:

This form is to be completed for students requesting housing accommodation from Whitman College based on a disability. The Americans with Disabilities Act defines an individual with a disability as “a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.”

Student Name: _____ Date: _____

Name and professional credentials of the provider making the recommendation (print):

Based on the above definition, does the individual have a disability? YES NO

If yes, please indicate the disability/disabilities: _____

Date of diagnosis: _____ Made by you? YES NO If not, by whom? _____

Number of consultations in past 3 years: _____ Date of most recent evaluation: _____

Length of time under your care: _____ Is student currently under your care? YES NO

Medical/therapeutic equipment needed (if any):

Please indicate which major life activities are substantially limited by the disability:

Please describe in detail how the disability/disabilities interfere(s) with any major life activity that would be encountered in a residential environment (please use additional space if needed, attachments are welcome):

Please discuss the status (current or changing) of the student's condition:

If the effect of a disability includes recurring symptoms, please indicate their approximate frequency:

- Periodic w/ _____ annual reported occurrences
- Every _____ months
- _____ times per month
- _____ times per week
- Most days
- Daily

Based on the information provided to you from the student and Residence Life's website regarding housing options at Whitman, please describe and provide your rationale for any modifications you recommend to accommodate the student's disability. Please explain the barriers due to a disability and how your recommendation(s) would remove any barriers to access or participation in the residential environment (use additional space as needed):

What are possible alternatives if meeting your primary recommendation(s) is not possible?

Accommodations for this disability are recommended:

___ for the next 3-5 months	___ for the duration of time in college
___ for the next 6-9 months	___ duration unknown
___ for the next year	other: _____

In case of an emergency, does this student have any specific evacuation needs? If yes, please explain:

I have attached supporting documentation for this diagnosis YES NO

Health Care Professional's Contact Information	
Office Address:	
License #:	
Email:	
Phone:	
Signature:	Date:
<i>My signature confirms that I am or have been this student's treating health care professional and that I am not a relative of the student.</i>	