

SKIDMORE COLLEGE

STUDENT REQUEST FOR DISABILITY -RELATED HOUSING ACCOMMODATIONS

Name: _____ Class Year: _____

Permanent Address: _____

Cell Phone Number: _____ E-mail address: _____

This request is for housing for the FALL / SPRING semester of academic year 20__20__

Information for Students

of college life, including residential life. In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), Skidmore College has established procedures to ensure that students with documented disabilities have equal access to housing resources and receive housing assignments that reasonably meet their needs as required by law. According to the ADA, a disability is defined as any mental or physical impairment that substantially limits the individual in a major life activity compared to the average person.

Please sign and date the form below affirming agreement.

Student Signature: _____ Date: _____

Meg Hegener
Coordinator of Student Access Services
815 N. Broadway
Saratoga Springs, New York 12866
Phone: 518-580-8150
Fax: 518-580-8149
E-mail: mhegener@skidmore.edu

Skidmore College

PART 1

Student Questionnaire for Disability-Related Housing Accommodation

1. Please clearly describe the housing accommodation (s) you are requesting

2. What barriers does your disability/condition present for you that you believe will be removed by the implementation of your requested accommodation?
 - a. Please identify any space, equipment, or access needs that may accompany your request

3. What previous experiences have you had that suggest the requested accommodation is necessary for the Skidmore environment?

PART 2

Housing Accommodation Documentation Form

Please note that Skidmore College is committed to the full participation of students with disabilities in all aspects of college life. As a residential college, learning to live in a community and share space with others is an essential part of the educational experience. A standard housing assignment is a two or three-person room. Requests for housing accommodations are approved when it is determined that a standard housing assignment is not a viable living situation for a student.

This form should be completed by a qualified health care provider with experience and expertise in providing accommodations to students with disabilities. Please describe how the disability may impact the student's housing needs. Thank you in advance for providing such detail as possible in your responses.

Student Name: _____ Class Year: _____

Provider Name: _____ Phone: _____

6. Please describe in detail the symptoms currently experienced by the student, including the severity and functional impact of each

7. Please indicate the approximate frequency of symptoms experienced

8. Please describe in detail how the disability interferes with one or more major life activities that would be encountered in the residential living environment. (Attachments welcome if additional space is needed).

9. Given the standard housing assignment of a two o