

**Office of Disability Services Housing Documentation Form**

Students' full name:	Students' WOU V#:	Date:
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The person named above is a student at Western Oregon University (WOU) and is requesting housing accommodations due to a disability. Documentation and information provided will assist the Office of Disability Services (ODS) in understanding how the disability impacts the student living in the residence halls and the current impact of the disability, as it relates to the housing request. All documentation is reviewed, evaluated and accommodations are determined on a case-by-case basis.

The form below has been created as a courtesy for the Qualified Licensed Professional (QLP)\* to complete, however, if preferred, the questions listed below could be addressed in a signed, formal letter submitted on professional letterhead. Documentation and all relevant information must be provided by an appropriate QLP\*. A Qualified Licensed Professional\* must have expertise in the disability diagnosis and follow established best practices in the field. *Documentation completed by a family member will not be accepted.*

Requests for a single room as an accommodation based *solely* on a desire to have a quiet, undisturbed or reduced distraction environment will not be granted as there are additional resources on campus to meet the need of a quiet and reduced distraction environment for the sole purpose of studying.

The QLP\* should respond to all questions with as much detailed information as possible.

1. Please provide the specific disability diagnosis that impact the students' physical and/or cognitive function in the residence halls. Vague statements such as 'suggest' or 'is indicative of' will not be accepted.
2. What is the evidence supporting the diagnosis?
3. How long has the student experienced this condition and what is the expected duration?
4. How long has the student worked with you as the diagnosing and treating professional?

5. What is the impact of the disability in a shared living environment? What is the severity of the impact (mild, moderate, severe)? Please explain.
  
6. Noting the impact of the diagnosis above and requirements for a college student living in the residence halls, what accommodations would you recommend to mitigate the impact in a shared living environment?
  
7. What additional information would you like to add that you believe would be beneficial to determine housing accommodation(s) at WOU?

Please attach any other information, including evaluation or additional supporting documentation, relevant to the students' diagnosis in order to support the students' request for accommodations in University Housing at WOU.

Qualified Licensed Professional\* information:

I, the undersigned, certify that 1) I am the Qualified Licensed Professional\* responsible for determining the diagnosis and/or treating the student for the condition/disability identified above; 2) the information contained in this form was written by me; and 3) the information is an accurate description of the students' diagnosis and current functional limitations.

Signature of Qualified Licensed Professional:	Date:
Printed Name:	Title and License #
Address:	Telephone #:
City, State, Zip code:	Fax #:

\*Qualified Licensed Professional must have expertise in the disability diagnosis and follow established best practices in the field.