



Boston University Disability & Access Services
Accommodated Housing – Provider Disability Verification Form

**TO BE COMPLETED BY THE STUDENT’S HEALTH
CARE PROFESSIONAL**

Boston University is deeply committed to the full participation of students with disabilities in all aspects of University life. We believe that living on campus, learning to live in a community and sharing a space with others is an integral part of students’ educational experience. We strive to meet the needs of students with documented disabilities in accordance with applicable federal and state laws.

Students with a significant documented disability (or disabilities), including temporary injuries, impacting their residential environment must seek accommodations or modifications through the housing accommodation request process administered by BU Disability & Access Services (DAS). A disability is a physical or mental impairment that substantially limits one or more major life activities. Examples of major life activities are listed in Item 4, below. A temporary impairment may include a disabling injury, severe illness, recovery from surgery, or a condition caused by a traumatic event.

Disability-based housing accommodations might include single rooms, kitchen access, architectural modifications, assistance animals (service dog or emotional support animal), personal care attendants, and/or dining modifications. In order to obtain such accommodations or modifications, students are required to submit this **Accommodated Housing Request – Provider Disability Verification Form** in support of their request to DAS.

The University has a large variety of housing units available to its students. A traditional dorm room is a two-or three-person sleeping room where the bathroom facilities are located on the same floor, but not always in the room. There are apartment-style units, and some units have access to a communal kitchen. In addition, there are many campus locations providing quiet spaces for studying (including the library and many 24-hour study lounges).

Please note that accommodations in the residential environment are granted to students with significant documented disabilities only. Adjustments to a student’s residential space due to health-related symptoms that do not rise to the level of a significant disabling condition, such as living with a particular roommate or in a particular location or desire for a quiet or undisturbed place to study, are considered housing preferences and are evaluated separately by BU Housing.

DAS will not begin to review a student’s housing accommodation request until this **Form** is received by DAS. Also, the provision of accommodations in high school, other non-BU academic institution, or on any standardized test does not guarantee that the same or any accommodations will be awarded at Boston University.

*The student named below has requested a disability-based housing accommodation at Boston University. This form is to be completed by a **qualified health care provider** (who is not related to the student) with experience and expertise regarding the functional limitations of the student’s disability and current symptomology that impact the student’s housing needs. Thank you in advance for providing as much detail as possible in your responses.*

Student’s Name: _____ **Date of Birth:** _____

Medical Provider Information		Practice Name and Address (Stamps welcome)
Provider Name		
Credentials		
Email		
Telephone		

1. Under the ADA, this individual has a... (please select) **Disability** or **Temporary Impairment**

2. Please indicate if the nature of the housing request (check all that apply):
 Medical _____ Food Related _____ Mental Health _____

3. Please cite the student's diagnosis, Diagnostic code and circle current severity level for each:

Diagnosis #1		Diagnostic Code		Severity ⇄	Mild	Moderate	Severe
Diagnosis #2		Diagnostic Code		Severity ⇄	Mild	Moderate	Severe
Diagnosis #3		Diagnostic Code		Severity ⇄	Mild	Moderate	Severe
Diagnosis #4		Diagnostic Code		Severity ⇄	Mild	Moderate	Severe

4. Please check the major life activity(ies) that are substantially limited by the disability/impairment:

Walking		Hearing		Seeing		Performing manual Tasks
Reading		Working		Learning		Breathing
Lifting		Eating		Sleeping		Concentration
Speaking		Thinking		Standing		Communicating
Bending		Self-Care		Operation of Bodily Functions		
Other						

5. Date of diagnosis _____ Did you make the initial diagnosis? Yes/No, Diagnosis made by: _____

6. Number of consultations with you in the past 3 years: _____ Date of your most recent evaluation: _____

7. Length of time under your care: _____

8. Currently under your care? _____ Yes _____ No, care ended on: _____

9. Medical/therapeutic equipment needed: _____

10. Describe any relevant side effects of prescription medication(s):

11. Please describe in detail the student's current diagnosis, course of treatment and prognosis.

12. Please describe in detail how each current functional limitation will interfere the residential living environment.

(Attachments welcome if additional space is needed.)

13. Please indicate the approximate frequency of symptoms experienced:

- Periodic** Number of annual occurrences _____
- Monthly** Number of monthly occurrences _____
- Daily** Number of daily occurrences _____

- Seasonal** Number of annual occurrences _____
 Which Season _____
 How often per day _____
 How often per week _____

How long do symptoms persist? _____

14. Please describe your recommendations for necessary accommodations. Please include a rationale and explain how each accommodation would mitigate a functional limitation of the student's underlying condition.

15. What are some possible alternatives if meeting your primary recommendation is not possible?

16. Accommodations for this condition are recommended for:

- For one semester
- For up to 6 months
- For 12 months
- For the duration of the student's time in college
- Duration is unknown at this time

Other/Comments:

17. If you are recommending a single room, please describe any potential risks associated with isolation:

18. I have attached the additional supporting documentation for this diagnosis. Yes No

Please print and manually sign here

Care Provider's Signature _____ Date _____

THIS COMPLETED FORM IS NOT TO BE GIVEN TO THE STUDENT. IT SHOULD BE SENT DIRECTLY TO BOSTON UNIVERSITY

**Thank you for printing, signing and returning this form to Boston University's Office of Disability Services via
All documentation is considered confidential and can be mailed or faxed to:**

Disability & Access Services
25 Buck Street Suite 300
Boston, MA 02215
Phone: 617-353-3658
Fax: 617-353-9646
access@bu.edu
www.bu.edu/disability