

Yale Student Accessibility Services Housing Accommodation Form

Student Information

Name: _____ NetID: _____

Phone number: _____ Yale email: _____

Student (*please sign below before providing it to your provider to complete*): **By signing below, I consent to allowing my treatment provider to share any information relevant to my need for an accommodation, as shown on this form, with Yale SAS staff.**

Signature

Date

This portion of the form is to be filled out by a health professional who is CURRENTLY TREATING THE STUDENT.

The above-named student has indicated that you are the treatment provider who has suggested that having an accommodation in Yale housing will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. Generally, we accept documentation from providers that have a clinical relationship with the student. The named student has signed this form, giving written permission to share information in support of this request. If we need additional information, we may contact you later. Thank you.

(A person with a disability is defined as someone with "a physical or mental diagnosis that functionally limits one or more major life activities.")

So that we may better evaluate this request, please answer all of the following questions or provide a letter that addresses each of the questions:

Date of initial contact with student for this issue?

Date of most recent formal contact/appointment with student AND how often have you seen them in the past.

Student's diagnosis (-es) and date of original diagnosis (please attach any relevant evaluation)

To the best of your knowledge has any other treatment provider been involved in the student's care for this issue (e.g. YC3, previous therapist, etc.)?

Describe the student's current symptoms, needs/regimen pertaining to medication, therapy or other treatments.

Describe the settings in which these symptoms have been most evident:

Are there crisis episodes or past hospitalizations related to the student's disability? If yes, please describe.

Describe the impact of the student's functional limitations and the impact of these in a residential housing setting.

Please sign below and return to Yale Student Accessibility Services by email sas@yale.edu or fax at 203-432-8250

Name and Title: _____

Area of Expertise: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

License #: _____

Signature: _____ Date: _____