



**SPECIAL ACCOMMODATION REQUEST: RESIDENCE HALLS
EVALUATOR FORM**

The University of Northern Iowa, in compliance with the Americans with Disabilities Act (ADA), will provide window air-conditioners or single/special room assignments as a reasonable accommodation in select residence hall rooms of students with documented disabilities. In order to access this accommodation, an individual must present documentation indicating that the condition substantially limits some major life activity. Typically, allergies are not considered disabling, however all accommodations are determined on a case-by-case basis.

Once completed, this form and all additional documentation (optional), along with a completed *Request for Services and Documentation Review* form, should be submitted to:

**Student Disability Services
103 Student Health Center
University of Northern Iowa
Cedar Falls, IA 50614-0385**

OR

(319)-273-6884 (Fax)

Please have your health care professional provide the following information. **This form must be completed in full or it will be returned to you.**

STUDENT NAME: _____ **STUDENT UNI ID#:** _____

1. CREDENTIALS OF THE HEALTH CARE PROFESSIONAL

The best quality documentation is provided by a licensed or otherwise credentialed professional who has undergone appropriate and comprehensive training, has relevant experience, and has no personal relationship with the individual being evaluated.

Name: _____ Title: _____

License or Certification: _____

Area of Specialization: _____

State in which Individual Practices: _____

2. DIAGNOSTIC STATEMENT IDENTIFYING THE CONDITION

Please include a clear diagnostic statement that describes how the condition was diagnosed, provide information on the functional impact, and detail the typical progression or prognosis of the condition.

3. DESCRIPTION OF THE DIAGNOSTIC METHODOLOGY USED

Please provide a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results.

4. DESCRIPTION OF THE CURRENT FUNCTIONAL LIMITATIONS

Please include information on how the condition currently impacts the individual. A combination of the results of formal evaluation procedures, clinical narrative, and the individual's self report is the most comprehensive approach to fully documenting impact. The best quality documentation is thorough enough to demonstrate whether and how a major life activity is substantially limited by providing a clear sense of the severity, frequency and pervasiveness of the condition.

5. DESCRIPTION OF THE EXPECTED PROGRESSION OR STABILITY OF THE CONDITION

Please provide information on expected changes in the functional impact of the condition over time and context. Information on the cyclical or episodic nature of the condition and known or suspected environmental triggers to episodes provides opportunities to anticipate and plan for varying functional impacts. If the condition is not stable, information on interventions (including the individual's own strategies) for exacerbations and recommended timelines for re-evaluation are most helpful.

6. DESCRIPTION OF CURRENT AND PAST ACCOMMODATIONS, SERVICES, AND OR MEDICATIONS

Please include a description of both current and past medications, auxiliary aids, assistive devices, support services and accommodations, including their effectiveness in ameliorating functional impacts of the condition.

7. RECOMMENDATIONS FOR ACCOMMODATIONS, ADAPTIVE DEVICES, ASSISTIVE SERVICES, COMPENSATORY STRATEGIES, AND/OR COLLATERAL SUPPORT SERVICES

It is most helpful when recommended accommodations and strategies are logically related to functional limitations; if connections are not obvious, a clear explanation of their relationship can be useful in decision-making.

Evaluating Professional's Signature

Date