ACADEMIC SUPPORT AND ACCESS CENTER

DOCUMENTATION FOR REQUESTING DISABILITY-RELATED HOUSING ACCOMMODATIONS

To consider requests for disability-related housing accommodations, American University requires detailed and relevant documentation from a licensed clinical professional or health care provider. The provider must be familiar with the history and functional limitations of the student’s condition and provide detailed information about the substantial nature and level of the impairment and its impact on major life functions. The provider must also make a recommendation for accommodation, and describe the nexus between the recommendation for accommodation and the impairment. The documentation provided cannot be from a relative or friend of the student or student’s family.

The documentation provided can either be in the form of a report or letter and must be on professional letterhead, signed, and include the license number of the provider and address. The information provided must include the following:

1. a) diagnosis, if made  
   b) date diagnosed  
   c) last contact with student  
2. a rating of the severity of the impairment on a scale of 1 (very mild) to 10 (very severe)  
3. a) whether the condition is chronic, intermittent or expected to be temporary  
   b) if the condition is not chronic, the expected recovery time  
4. length of time the student has been under the provider’s care  
5. a description of any history that is relevant to the student’s current functioning as it relates to housing  
6. a description of the housing configuration recommended as an accommodation  
7. if relevant to the student’s housing accommodation request, a description of any medication the student takes and its side effects  
8. a specific description of the impact of the student’s impairment in a residential hall environment  
9. a description of how the housing configuration sought is the only way for access to residential housing  
10. a description of possible alternative residential living configurations  
11. any additional information relevant to the student’s housing accommodation request

Alternatively, the student’s provider can complete the following Functional Impact Form in its entirety (11 questions) and return it by email to asac@american.edu, fax to 202-885-1042, or mail to the address below.

Thank you for your time and support in providing assistance to this student.
ACADEMIC SUPPORT AND ACCESS CENTER

Functional Impact Form/Disability-Related Housing Accommodation

Student Name: ____________________________ AUID#: ___________ DOB: ___________

Provider Name: ____________________________ Title: ____________________________

Credentials: ______________________________ License #: _______________________

Address: __________________________________________

Phone: ______________________________ Email address: ____________________________

1. Diagnosis, if made:

________________________________________________________________________

________________________________________________________________________

Date diagnosed: ______________ Last contact: ______________________________

2. Please rate the severity of the disability on a scale of 1 (very mild) to 10 (very severe). _______

3. Is the condition chronic?     Yes_____ No_____ 

If NO, expected recovery time: ______________________________

4. How long has the student been under your care? ______________________________
5. Please describe the current diagnosis and history that is relevant to the student’s current functioning as it relates to housing:

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6. Please describe the housing configuration recommended as an accommodation:

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7. If medication side effects are relevant to the request, please describe:

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8. a) Please check which of the following life functions, if any, are impacted enough to rise to the level of a substantial impairment.

- Speaking
- Breathing
- Listening
- Eating
- Concentration
- Social Interactions
- Other (please describe below)
- Mobility/Physical Activity
- Sleeping
- Vision
- Hearing
- Stress management
- Physically caring for self

b) Describe in detail how each of the functions checked are impacted, specifically in a residential hall environment:

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9. Please describe how the housing configuration sought is the only way for the student to have access to residential housing.

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10. Please include a description of possible alternative residential living configurations.

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11. Please add any additional information that may be relevant.

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Signature of Student’s Provider: ____________________________________________

Date: ______________________________

Please attach any test reports or other relevant information and return to the ASAC by email to asac@american.edu, FAX to 202-885-1042, or mail to the address below.

Mary Graydon Center 243
4400 Massachusetts Avenue, NW  Washington, DC 20016-8027  202-885-3360  Fax: 202-885-1042  asac@american.edu