Disability Support Services
Lesley University
11 Mellen Street, Cambridge, MA 02138
(617) 349-8572 (via Relay 711)
(617) 649-3704 (fax)
dss@lesley.edu

Housing Accommodations Recommendation Form

The licensed clinician or health care provider **who is recommending the Housing Accommodations** for the student **must** complete this form.

INCOMPLETE FORMS WILL DELAY POTENTIAL SERVICES

Student's Name: _____ Date: _____

Clinician's Name: _____

State Licensure/ Certification #: _____

Area of Specialty: _____ Clinician's phone #: _____

Address: _____

The person named on this form is requesting housing accommodations based on your recommendation. Housing accommodations are provided to a student with a disability, where necessary, to afford an equal opportunity to use and enjoy the on-campus housing facilities in accordance with the Americans with Disabilities Act Amendments Act (ADAAA) of 2008 and the Fair Housing Act (FHA) amended in 1988. Such requirement must be documented by a licensed clinician or health care provider as needed due to one or more identified symptoms or effects of the person's disability.

1. What is the nature of the student's long term, permanent, or serious disability? Please provide pertinent background information.

2. How is the student substantially limited by this disability such that it necessitates adjustment(s) to the living environment?

3. Please describe specific symptoms that will be reduced by housing accommodations.

4. If the request is not met, what is the potential negative health impact?

5. Please describe alternative recommendation(s) for support.

6. Additional comments:

Clinician Signature: _____ Date: _____