Linfield University

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Learning Support Services
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Medical Provider Form
Disability-based Housing and/or Dining Requests

Student Name (Print): _____ Date: _____

Date of Birth: _____ Student ID: _____

The student named above has requested disability-related accommodations at Linfield University. Linfield University is attempting to determine whether this student has a condition or combination of conditions that constitute a disability, and whether the disability causes limitations for which the student requires reasonable accommodation(s). Documentation will assist appropriate staff in understanding how the disability impacts the student and the current impact of the condition(s) as it relates to housing or campus dining.

Documentation and all relevant information must be completed or provided by an appropriate qualified professional such as a treating or diagnosing health or mental health professional. Documentation completed by a family member is not acceptable. All documentation will be evaluated on a case-by-case basis. Linfield University maintains the ability to request additional documentation if the medical provider is not qualified to address functional limitations required to establish the need for an accommodation, or if the information is not sufficient to make a determination. Evaluations used to substantiate a student's diagnosis must be current. Current for this purpose is documentation within the last 3 years for conditions that are variable in nature. Older documentation will be considered for conditions that are well-established and where documented impacts are consistent.

On-campus Living Exemption Requests: Linfield University will make every effort to accommodate students to be able to live on campus in line with Linfield University Residence Life's live-on requirement. Exemptions will be approved in cases where a student's disability-related accommodations cannot be reasonably met, or a student is able to demonstrate they are not able to live on campus due to disability.

Meal Plan and Dietary Accommodations: Linfield University will make all reasonable attempts to accommodate students with disabilities and to have their dietary needs met. Reduction or exemptions to the meal-plan are not automatically granted and instead it must be clearly demonstrated that Dining Services is not able to meet a student's requirements. Student safety will be prioritized in determining appropriate actions regarding dining accommodations.

PLEASE PROVIDE DETAILED RESPONSES TO THE FOLLOWING QUESTIONS

Attached pages, letters, copies of evaluations, and other documentation will be reviewed if submitted.

1. **What is the diagnosis or conditions that impact the student's physical and/or cognitive function?** Please state the specific diagnosis, terms such as "suggest" or "is indicative of" are not acceptable.

2. **What is the evidence supporting the diagnosis (es)?** Please provide a copy of any test results supporting the diagnosis or other information used to reach the diagnosis.

3. **How long has the student experienced this condition and what is the expected duration?**

4. **Indicate the impact of the client's diagnosis(es) on each of the following major life activities:**

Life Activity	**Mild**	**Moderate**	**Substantial**	**Unknown**	**N/A**	**Additional Comments**
Bodily Functions	☐	☐	☐	☐	☐	
Fine motor tasks	☐	☐	☐	☐	☐	
Physical self-care	☐	☐	☐	☐	☐	
Seeing	☐	☐	☐	☐	☐	

Life Activity	Mild	Moderate	Substantial	Unknown	N/A	Additional Comments
Hearing	☐	☐	☐	☐	☐	
Breathing	☐	☐	☐	☐	☐	
Sleeping	☐	☐	☐	☐	☐	
Eating	☐	☐	☐	☐	☐	
Sitting	☐	☐	☐	☐	☐	
Standing	☐	☐	☐	☐	☐	
Lifting/ bending	☐	☐	☐	☐	☐	
Walking	☐	☐	☐	☐	☐	
Interacting with others	☐	☐	☐	☐	☐	
Unlisted (indicate):	☐	☐	☐	☐	☐	

5. **What accommodations are suggested for the functional impacts you have specified?** Please provide us with an indication of the level of need for the accommodation(s)and the consequences of not receiving it. *Due to the nature of residential and dining facilities, non-essential requests may not be able to be met.*

6. **Is there any additional information that might be helpful to us in working with this student?**

Please attach any other information (evaluations) relevant to the student's current condition that supports the student's request for accommodations at Linfield.

Provider Information

Print Name: _____

Date: _____

Signature: _____

License or Certification: _____

Phone: _____