



Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ OSU Student ID: \_\_\_\_\_

## DAS HOUSING DOCUMENTATION FORM

*Documentation, if requested, should be completed/provided by an appropriate qualified professional such as a treating or diagnosing health/mental health professional. Documentation completed by a family member is not acceptable. All information/documentation will be evaluated on a case-by-case basis.*

*The above-named student has requested housing accommodations for a disability at Oregon State University (OSU). Disability Access Services (DAS) 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 needs reasonable accommodation(s). Documentation will assist DAS in understanding how the disability impacts the student in the residence halls and the current impact of the condition(s) as it relates to the housing request.*

### **Single Room Accommodations:**

*Requests for a single room as an accommodation based solely on a desire to have a “quiet, undisturbed place to study” or as a need for a “reduced distraction environment” will not be granted. By virtue of the shared facilities, resources, and number of people living under one roof, it is unrealistic to assume that a private room would provide for such quiet, distraction-free space to any appreciable degree beyond living in a standard double room.*

<p><b>PLEASE INDICATE WHAT REASONABLE ACCOMMODATIONS WILL ENABLE THE STUDENT TO LIVE IN THE RESIDENCE HALLS</b></p>
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1. Students are typically living on the OSU campus between mid-September and Mid-June. How long do you expect the student to be limited by their disability-related impacts in their housing environment? (example: will this be ameliorated prior to coming to campus, within the first three months of being on campus, etc.)
  
2. Please summarize how the student is substantially limited in the housing environment by their disability-related impacts. What is the impact(s) of the disability in the living environment? And what is the severity of that impact(s) (mild/moderate/severe) please explain.

3. Considering the mental and physical requirements of being a student in college and life in the residence halls, what recommendations of accommodations or services do you recommend to address the functional impact 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).
  
4. How long have you been working with this student related to the specified disability-related impacts/symptoms?
  
5. Many students transitioning to living in an on-campus residential/communal living environment may experience anxiety/stress/nervousness, which may not rise to the level of a disability. OSU provides a variety of resources for students to access to address these types of needs. Please share which of the following you believe will be appropriate resources to address the disability-related impacts for **this student** in their transition to OSU.
  - Working with a Resident Director to build a roommate agreement regarding personal space and boundaries
  - Limiting the number of roommates in the room
  - Private spaces outside of the room for decompressing/relaxing/studying (Library, Cultural Centers, hall quiet rooms, etc.)
  - Time management coaching
  - Organizational skills coaching
  - Crafting and relaxation opportunities
  - Communication coaching
  - Other recommendations – please share below
  
6. Is there any other information you would like to add that might be helpful to us in working with this student?

**Evaluator Information**

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License or Certification

\_\_\_\_\_  
Date