



**Disability Access Services**

Oregon State University, A200 Kerr Administration, Corvallis, Oregon 97331-2133

T 541-737-4098 | F 541-737-7354 | <http://ds.oregonstate.edu>

[Disability.Services@oregonstate.edu](mailto:Disability.Services@oregonstate.edu)

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

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

**DAS HOUSING DOCUMENTATION FORM**

*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.*

*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. For psychological disabilities, evaluation and documentation should be within the last six months unless the condition is one that does not change over time. All documentation will be evaluated on a case-by-case basis.*

**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.*

**PLEASE INDICATE WHAT REASONABLE ACCOMMODATIONS WILL ENABLE THE STUDENT TO LIVE IN THE RESIDENCE HALLS**

- 1. **What is the diagnosis or conditions that impact the student’s physical and/or cognitive function? You must 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 (es) (i.e. audiogram/vision report, psycho-educational evaluation, etc.) or other information used to reach the diagnosis.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

---

---

---

**4. What is the impact of the condition in the living environment? And what is the severity of that impact (mild/moderate/severe) please explain.**

---

---

---

**5. 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).**

---

---

---

**6. Is there any other information you would like to add that might be helpful to us in working with this student?**

---

---

---

*Please attach any other information (evaluations) relevant to the student's current condition and supports the student's request for a housing accommodation at OSU.*

**Evaluator Information**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Phone #