



Housing and/or Dining Accommodation Documentation Form

This information submitted to the Office of Academic Support & Accessibility should reflect the most currently available information. **This Housing and/or Dining Documentation Form must be:**

- a) ***Be completed by a qualified professional.***
- b) ***Be completed as clearly and thoroughly as possible.*** Incomplete responses and illegible handwriting may require additional follow up. A letter from the provider may be submitted but must addresses the same questions/topics in this packet.
- c) ***Be supplemented with reports which may include psycho-educational or neuropsychological reports.*** Please do not provide case notes or rating scales without a narrative that explains the results.
- d) Additional pages may be included to expand on any particular question.

How to submit documentation:

- Submit medical documentation in a secure electronic format by using an encrypted file share service such as WeTransfer (<https://wetransfer.com>) and send the link to the encrypted file and the decryption code to academicsupport@lyon.edu.
- Scan and then upload into your Self Report prior to submitting the Self Report
- Deliver in person to
Lyon College
2300 Highland Road
Batesville, AR 72501

Housing and/or Dining Accommodations Request Form

Lyon College makes reasonable housing and dining accommodations for students with documented disability needs. Requests are evaluated on a case-by-case basis. Accommodations are based on access and equal opportunity for participation; not on perceived needs, perceived benefit to the student, or preferences. Neither the presence of a disability nor approval for housing accommodations guarantees on-campus housing due to space limitations. ***Do *not* use this form to request an Emotional Support Animal (ESA) – USE THE ESA Packet.***

On-Campus Dining Accommodations: Lyon College Dining Services has numerous options for students with a variety of dietary needs, including vegan and vegetarian options and avoiding gluten stations. Any student may choose to meet with the Director of Dining Services to discuss options. If you need assistance in making an appointment, contact the Office of Academic Support & Accessibility.

Deadlines: Housing accommodation requests should be submitted by May 1st for the Fall semester and November 1st for the Spring semester. Requests received after the deadline will be reviewed but are subject to availability.

Student Completes: (Submit the Entire Form, Student Section + Provider Section)

Student Name: _____ **Student ID#:** _____

Requesting accommodations for: (Indicate semester/year) _____

In your own words, describe the barriers your disability presents in your pursuit of a Lyon education by sharing a room with a roommate:

Treating Medical Provider Completes:

DSM-V or ICD diagnosis: _____

Date of initial diagnosis: _____

Date of most recent office visit: _____

1. Describe the impact of the student's disability as it relates to on-campus communal living and/or on-campus dining. Include severity and duration of symptoms.

2. Explain in detail how the requested accommodation(s) relate to the student's disability. Include how the impact of the disability makes the requested accommodation(s) necessary for access to on-campus housing or on-campus dining.

3. If requesting a specific type of bedroom or bathroom configuration, please explain in detail how the requested configuration relates to access.

4. Physical Accessibility of Housing Unit: Review the list below of accommodations that specifically address physical accessibility and check all that are necessary for disability access. *Please note that all Residence Halls have air conditioning.*

4.a. ADA/Wheelchair Accessible unit is required

4.b. Specify ADA Shower Style Required (check all that apply):

- Shower with Grab Bars
- Shower Bench
- Wheelchair Accessible Transfer Shower
- Wheelchair Accessible Roll-In Shower
- Adjustable Sliding Bar Shower Head with Hand-Held Shower Wand

4.c. Specify Floor Access/Entry Required: No Stairs Lower floors (some stairs okay)

4.d. Required Housing Equipment for Deaf/Hard of Hearing Students

- Visual Strobe in Unit for Fire Alarm
- Doorbell with a Visual Strobe in Unit (to notify student of guests)

5. Specific Dietary Accommodation Needs

6. Other Needs Not Listed:

OTHER:

Medical/Health Care Provider Information:

Print Name of Medical Provider: _____

Signature: _____

Date: _____

License #: _____

Organization: _____

Phone: _____