



LAKE FOREST  
COLLEGE

## Instructions for Completing the Verification of Need for Accessibility Services form

*Please read these instructions carefully.*

Some information that students and their providers include here is usable for multiple types of accommodations, such as academic accommodations and residence life accommodations.

Some accommodations will also have their own, specific information requests.

Please read over all of the pages carefully if you are requesting multiple types of accommodations.

This form has three portions:

- Pages 1-2: To be completed by the student,
- Pages 3-5: To be completed by one or more medical, psychological, and/or educational professional(s) to verify the information provided by the student on pages 1-2 (You may submit multiple copies, completed by different providers, if necessary.), and
- Pages 6-10: To be completed by one or more medical, psychological, and/or educational professional(s) if you are making one of the following types of requests:
  - Support Form A: Support for Parking Pass Request – page 6
  - Support Form B: Support for Emotional Support Animal Request – page 7
  - Support Form C: Support for Single Room Assignment Request – page 8
  - Support Form D: Support for Release from Housing Contract Request – page 9

The student should print their name at the top of each page.

**Students who do not have access to professional documentation but who have academic accessibility needs should schedule an appointment to discuss their individual situations and next steps. Please email Stephanie Edgar [sedgar@mx.lakeforest](mailto:sedgar@mx.lakeforest) for such an appointment.**

**PLEASE NOTE:** Not every condition meets the threshold of being a disability at the college level.

*Last update: 1 April 2019*



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COLLEGE

## Verification of Need for Accessibility Services

### Part 1: To be completed by the student – *This portion must be completed for all requests*

Student Name: \_\_\_\_\_

Pronouns:

she/her/hers    he/him/his    they/them/theirs    Other: \_\_\_\_\_

I am (please check one):

A current Lake Forest College student    An incoming new or transfer student

I am requesting these accommodations (please check all that apply):

Academics    Parking Permit    Residence Life (includes: air conditioning, single room, release from housing contract, meal plan exemption<sup>1</sup>, bathroom proximity, and emotional support animal<sup>2</sup>)

I request the following information from my health and/or educational professional be used as verification of my need for accessibility services. I understand this and other verification/documentation may be reviewed and discussed with members of the Accessibility Services Consultation Team as appropriate. I understand that a member of the Accessibility Services Consultation Team may contact me for further information and/or to discuss options related to my request(s). Furthermore, I give my consent for the appropriate clinician or professional, acting on behalf of Lake Forest College, to contact the professional(s) completing this form for additional information as needed.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

<sup>1</sup> Exemptions from the meal plan are only granted when there are documented restrictions that our campus dining service is unable to accommodate.

<sup>2</sup> Emotional support animals (ESAs) and service animals are different. ESAs are allowed only in a student's residence hall room and must be approved through this process before they will be allowed on campus. Additional documentation and animal registration is required for both ESAs and service animals.

Student Name: \_\_\_\_\_

**Part 1: To be completed by the student**

1. Please describe the disability(ies)/condition(s) for which you are providing verification.

2. If you have received accommodations in the past, what has proven most successful for you? Why?

3. **For Residence Life accommodation requests:** What accommodation(s) are you requesting?

I am requesting (please check all that apply):

Single room       Emotional support animal       Air-conditioning       Bathroom proximity       Meal plan exemption

Release from housing contract       Other: \_\_\_\_\_  
\_\_\_\_\_

Student Name: \_\_\_\_\_

**Part 2: To be completed by the health care and/or educational professional**

The student should ask a professional (medical, mental health, educational) who is familiar with the student's disability and accommodation requests to complete Part 2. The professional completing this form may not be related to the student, and we do not accept personal notes from health care providers.

If the person completing this section is **not** the diagnosing professional, please attach a copy of the original diagnostic report. If that information is contained within an IEP or 504 Plan, please attach those documents. Documents that address these questions can be submitted in place of pages 3-5.

The student's disability/diagnosis is:

The disability/diagnosis was determined according to criteria/symptoms from:

DSM-IV       DSM-V       Medical diagnostic criteria

Other: \_\_\_\_\_

The student meets these criteria/symptoms:

Methodology used:

Interview     Diagnostic assessments: \_\_\_\_\_

Other: \_\_\_\_\_

Student Name: \_\_\_\_\_

This student's disability creates barriers to the following activities:

- |   |                                  |  |                                    |
|---|----------------------------------|--|------------------------------------|
| <input type="checkbox"/> Walking                | <input type="checkbox"/> Hearing | <input type="checkbox"/> Seeing                | <input type="checkbox"/> Breathing |
| <input type="checkbox"/> Speaking               | <input type="checkbox"/> Reading | <input type="checkbox"/> Writing               | <input type="checkbox"/> Learning  |
| <input type="checkbox"/> Processing information | <input type="checkbox"/> Memory  | <input type="checkbox"/> Executive functioning |                                    |

Physical health: \_\_\_\_\_

Other: \_\_\_\_\_

What recommendations do you have for accommodations that could ameliorate the barriers created by the student's disability?

**Academic**

- |  |           |  |
|--|-----------|--|
| <input type="checkbox"/> Extended test time (1.5x)               | <b>OR</b> | <input type="checkbox"/> Extended test time (2.0x)         |
| <input type="checkbox"/> Distraction-reduced testing environment |           | <input type="checkbox"/> Note-taking assistance/peer notes |
| <input type="checkbox"/> Assistive technology                    |           | <input type="checkbox"/> Audiobooks/electronic texts       |
| <input type="checkbox"/> Other:                                  | _____     |  |

**Residence Life**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Single room      | <input type="checkbox"/> Bathroom proximity  | <input type="checkbox"/> Emotional support animal      |
| <input type="checkbox"/> Air-conditioning | <input type="checkbox"/> Meal plan exemption | <input type="checkbox"/> Release from housing contract |
| <input type="checkbox"/> Other:           | _____  |  |

**Additional recommendations**

- |                                       |
|---------------------------------------|
| <input type="checkbox"/> Parking pass |
| <input type="checkbox"/> Other: _____ |

Student Name: \_\_\_\_\_

Additional information about this student relevant to the request(s)

Please see the following pages for additional information related to the following requests:

- Support Form A: Support for Parking Pass Request – page 6
- Support Form B: Support for Emotional Support Animal Request – page 7
- Support Form C: Support for Single Room Assignment Request – page 8
- Support Form D: Support for Release from Housing Contract Request – page 9

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send to (via fax, email, or postal mail):**

Accessibility  
Mail Stop: H & W  
555 N. Sheridan Rd  
Lake Forest, IL 60045  
fax: 847-735-6098  
Email: [healthandwellness@lakeforest.edu](mailto:healthandwellness@lakeforest.edu)

**Provider's Clinic Stamp or License  
Number, or attach business card here:**

Student Name: \_\_\_\_\_

**Support Form A: Support for Parking Pass Request**

When considering a student for a parking pass through the Accessibility Services process, we request that the information from a student’s provider answer the questions below.

**PLEASE NOTE:** Approved requests **usually require** weekly visits that are at least 10 miles away from the College and that are not accessible by public transportation. Requests for monthly doctor’s appointments or prescription pick-up are usually not supported.

Frequency of appointments (weekly, biweekly, etc.),

Estimated duration of appointments (3 months, academic year, indefinitely, etc.), and

Address of the location where the appointments will take place.

I am the provider who completed pages 3-5 of this form.  
*If you are not the provider who completed pages 3-5 of this form, please provide your information on page 10.*

Student Name: \_\_\_\_\_

**Support Form B: Support for Emotional Support Animal Request**

When requesting an emotional support animal as an accommodation, we use the American Psychological Association’s guidelines on what appropriate documentation should include. This portion of the student’s Verification form should be completed by a mental health practitioner.

The student should have a DSM-IV or DSM-V diagnosis listed on page 4.

**PLEASE NOTE:** Requests that do not meet all of these criteria may not be considered.

How does the animal help alleviate the condition and contribute to the student’s treatment?

How do the student and animal interact, and for how long have you observed them?

What are the possible negative effects to the student if they do not have the animal with them?

Has the animal received training from a qualified trainer, and if so, what training has it received?

I am the provider who completed pages 3-5 of this form.  
*If you are not the provider who completed pages 3-5 of this form, please provide your information on page 10.*



Student Name: \_\_\_\_\_

### Support Form C: Support for Single Room Assignment Request

When considering a single room as a housing accommodation, there is no one set of information necessary for determination. A student's Verification form and interview should make the case as to why **no other living arrangement in our residence halls can meet the student's needs**. Approved students' requests are contingent on the availability of a room that will meet the student's need, which may not be immediately available.

Single room accommodations could be approved in situations like:

- a student with severe anxiety and obsessive-compulsive disorder, who needs control over the environment;
- a student on the autism spectrum who needs an environment in which they can control stimuli and decompress from the daily overstimulation being in the college environment creates; and/or
- a student with severe and frequent migraine headaches, who needs to control the residence hall room environment (temperature, light, etc.).

Why do you support this student's request for a single room?

I am the provider who completed pages 3-5 of this form.

*If you are not the provider who completed pages 3-5 of this form, please provide your information on page 10.*

Student Name: \_\_\_\_\_

### Support Form D: Support for Release from Housing Contract Request

In most cases, a student's disability can be accommodated within our residence halls. If Residence Life can meet a student's accommodation needs, the request for a release from the housing contract will be denied.

When considering the release from a housing contract as an accessibility request, there is no one set of information necessary for determination. A student's Verification form and interview should make the case as to **why no living arrangement in our residence halls can meet the student's needs**, which may include a room type the student has not yet tried, such as a single room and/or a room with air conditioning.

Here are a few examples of requests for release from the housing contract that **would not** be immediately approved:

- A student who needs strict control of the environment in which they live but who has not tried living in a building with air conditioning and/or a single room, and/or
- A student who makes a request based on severe anxiety but who has never tried living in a single room.

In these situations, the student may be offered an alternative accommodation, rather than the release from the housing contract.

Why do you support releasing this student from their housing contract?

I am the provider who completed pages 3-5 of this form.

*If you are not the provider who completed pages 3-5 of this form, please provide your information on page 10.*

Student Name: \_\_\_\_\_

**To be completed by the health care and/or educational professional**

I have completed the following support forms for the student named above:

- Support Form A: Support for Parking Pass Request – page 6
- Support Form B: Support for Emotional Support Animal Request – page 7
- Support Form C: Support for Single Room Assignment Request – page 8
- Support Form D: Support for Release from Housing Contract Request – page 9

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send to (via fax, email, or postal mail):**

Accessibility  
Mail Stop: H & W  
555 N. Sheridan Rd  
Lake Forest, IL 60045  
fax: 847-735-6098  
Email: [healthandwellness@lakeforest.edu](mailto:healthandwellness@lakeforest.edu)

**Provider's Clinic Stamp or License  
Number, or attach business card here:**