



## HOUSING AND DINING ACCOMMODATIONS REQUEST FORM

As part of our mission to foster diverse and inclusive learning and living environments, Bates College is committed to supporting students with documented disabilities. As a residential community, Bates prioritizes the residential experience, including dining, as an essential part of our institutional commitment to educating the whole person.

All students admitted to Bates enjoy full access to its programs and services, including residence life and dining. In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, Bates has established procedures to ensure students with documented disabilities receive reasonable accommodations to meet their needs.

Students who encounter a disability related barrier to their housing or dining experience should submit this accommodation request form along with any supporting documentation. Please visit the [Accessible Education and Student Support website](#) for guidelines on disability documentation.

Note: A standard housing assignment is a two or three person sleeping room with bathroom facilities located on the same floor, but not in the room. Requests for particular housing assignments based on a student's preference, rather than need, for a particular type of living environment, such as a certain type of room or location or desire for a quiet place to study will not be honored. Single rooms represent a small portion of available housing options and are granted as accommodations only in rare circumstances. Such requests will be reviewed on a case-by-case basis.

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**FOR STUDENTS:** This form should be completed by your health care professional and returned directly to:

Office of Accessible Education and Student Support  
Bates College  
48 Campus Ave, Ladd Library G33  
Lewiston, ME 04240  
Email: [accessibility@bates.edu](mailto:accessibility@bates.edu) / Fax: 207-786-8290 / Phone: 207-786-6222

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### TO BE COMPLETED BY THE HEALTH CARE PROFESSIONAL:

This form is to be completed for students requesting a housing and/or dining accommodation from Bates College based on an asserted disability. The Americans with Disabilities Act defines an individual with a disability as "a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment." Major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of major bodily functions.

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

Name and professional credentials of the provider making the recommendation:

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Based on the above definition, does the individual have a disability?  YES  NO

If yes, please indicate the disability/disabilities: \_\_\_\_\_

Please provide the code(s) for the disability/disabilities (if applicable): \_\_\_\_\_

Code source(s):  DSM-V  DSM-IV-TR  ICD-9  ICD-10

Date of diagnosis: \_\_\_\_\_ Made by you?  YES  NO If not, by whom? \_\_\_\_\_

Number of consultations in past 3 years: \_\_\_\_\_ Date of most recent evaluation: \_\_\_\_\_

Length of time under your care: \_\_\_\_\_ Is student currently under your care?  YES  NO

Medical/therapeutic equipment needed: \_\_\_\_\_

Prescribed medications (include dosage): \_\_\_\_\_

Please check which of the following major life activities is substantially limited by the disability:

- Seeing
- Hearing
- Eating
- Sleeping
- Walking
- Standing

- Lifting
- Bending
- Speaking
- Breathing
- Learning
- Reading

- Concentrating
- Thinking
- Communicating
- Working
- Operation of bodily functions

Other(s): \_\_\_\_\_

**Please describe in detail how the disability/disabilities interfere(s) with any major life activity that would be encountered in a residential environment or affects their dining experience (please use additional space if needed, attachments are welcome):**

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**Please discuss the status (static or changing) of the student's condition:**

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**If the effect of a disability includes recurring symptoms, please indicate their approximate frequency:**

- Periodic w/ \_\_\_\_\_ annual reported occurrences
- Seasonal w/ \_\_\_\_\_ annual reported occurrences
- Every \_\_\_\_\_ months
- \_\_\_\_\_ times per month
- \_\_\_\_\_ times per week
- Most days
- Daily

**Please describe and provide your rationale for any modifications you recommend to accommodate the student's disability. Please explain how your recommendation(s) would remove any barriers to access or participation in the residential environment or dining experience (use additional space as needed):**

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**What are possible alternatives if meeting your primary recommendation(s) is not possible?**

**Accommodations for this disability are recommended:**

\_\_ for the next 3-5 months

\_\_ for the duration of time in college

\_\_ for the next 6-9 months

\_\_ duration unknown

\_\_ for the next year

\_\_ other: \_\_\_\_\_

**Would this student be at greater risk in a fire than a student without a disability? If yes, please explain:**

**I have attached supporting documentation for this diagnosis  YES  NO**

**Health Care Professional's Contact Information**

Office Address:

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

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

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

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

*My signature confirms that I am or have been this student's treating health care professional and that I am not a relative of the student.*