

Office Use Only:

Date Received: \_\_\_\_\_ Decision: \_\_\_\_\_ Response Sent: \_\_\_\_\_

## WALDORF UNIVERSITY HOUSING & MEAL PLAN ACCOMODATION OR DISABILITY REQUEST FORM

It is a goal of Waldorf University to provide housing and a meal plan to all students within the bounds of typical university policies and requirements. If a disability or impairment exists to substantiate exceptions to Waldorf's Room and Meal Plan Agreement, an adjustment to this policy will be taken into consideration.

In order for Waldorf University to provide disability-related services, we need to establish that the student has a disability. A disability is defined as impairment that substantially limits a major life activity. This form is designed to help us make this assessment. Eligibility for exceptions is based on professional verification that the disability substantially impairs the ability to perform major life functions and that accommodations ensure equal access and educational opportunity.

Waldorf University and federal disability law emphasize that students are responsible for making timely requests for accommodations and services. It is the student's responsibility to request accommodations and services as needed. No accommodations or services will be implemented unless initiated by the student.

The information requested in this form is for the sole purpose of gathering information about a disability or special need that requires extra accommodations above the normal accommodation provided to all students. Information gathered will help us determine your need, and provide reasonable accommodation to you for living on campus. All disabilities-related requests require appropriate and complete documentation at least three weeks prior to the time the accommodation needs to be made.

Please complete this form in its entirety and attach a doctor's report as necessary. The information will be protected as part of your confidential file in the Office of Student Life. Please print or type your answers (you may use extra sheets of paper and attach them to this form for submission). The Disability and Accommodation Committee will review your final request and respond in a timely manner. Thank you.

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

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Gender    M    F    Date of Birth: \_\_\_\_\_    Major: \_\_\_\_\_

Class Status (Please circle one):    FR    SO    JR    SR

1. Please give a description of your accommodation need, indicating any disability diagnosis.

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2. Is the impairment temporary (less than 6 months) or persistent?

3. What are your current and present functional issues related to your condition(s)?

4. Please list current treatment related to your condition(s).

5. What would be reasonable recommendations to meet your needs?

6. What kind of adjustments have been made in your home residence to accommodate your condition(s)?

**MEAL ACCOMODATION ONLY (Question #7)**

7. Provide a typical one-week menu that represents your desired diet, food preparation and your plan for meals while you are on the Waldorf University campus.

8. When do you need the accomodation? Please provide specific date or start of specific semester.

***Please have the attached form (Physical Referral Form) completed by a Healthcare Professional that specifically outlines your condition, your needs, any concerns, of which we should be aware and specific recommendation on how your needs can be met by the university.***

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**WALDORF UNIVERSITY  
OFFICE OF STUDENT LIFE**

**Physician Referral Form** (Please add additional sheet or documentation as needed)

Healthcare professional's name and title: \_\_\_\_\_

Healthcare professional's signature: \_\_\_\_\_

Healthcare professional's email: \_\_\_\_\_

Facility's name, address and phone number: \_\_\_\_\_

\_\_\_\_\_

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

What is the diagnosis and treatment?

When was the diagnosis originally made?

Is the patient currently under your care?

When did you last see the patient?

Is the impairment temporary (less than 6 months) or persistent?

Based upon the major life activities affected by the impairment, are there any accommodations within the context of a university environment that you can recommend for this student? Please explain in as much detail as possible.

**Please return to:**

Office of Student Life  
106 S. 6<sup>th</sup> Street  
Forest City, IA 50436  
Fax: 641-585-8208

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**Signature of Release**

I have completed this form accurately and completely to the best of my knowledge and by signing below, I understand that select University officials may disclose and discuss this information. This information sharing may involve housing, meal service, parking, counseling or health service personnel, a parent/guardian and the healthcare personnel that completes the referral form.

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**Signature**

**Date**

**HOUSING/MEAL PLAN ACCOMODATION DECISION  
(Completed by the Committee):**

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