

**MCLA - DISABILITY RESOURCES  
ON-CAMPUS HOUSING ACCOMMODATION  
REQUEST FORM**

**Part One**

Please make sure that all parts of this form are completed. We can only review complete requests. Thank you.

**This section should be completed by the student** prior to *each* academic year or upon enrollment at MCLA.

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

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

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

Birthdate: \_\_\_\_\_

Gender: \_\_\_\_\_

Are you a \_\_\_\_\_ new student? \_\_\_\_\_ returning student?

Please explain in detail your disability and how your disability impacts you.

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Please provide a detailed description of the housing accommodation(s) you are requesting and why you feel the accommodation(s) is necessary. Attach additional sheets as needed.

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I give my practitioner permission to verify any information pertaining to my disability and the accommodation(s) requested.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**MCLA - DISABILITY RESOURCES  
ON-CAMPUS HOUSING ACCOMMODATION  
REQUEST FORM  
Part Two**

**This section should be completed by a qualified practitioner.** This information will be used to determine eligibility for reasonable housing accommodations while attending MCLA. In order to qualify for housing accommodations under the Americans with Disabilities Act and Fair Housing Act, the student must have a physical or mental impairment that substantially limits one or more major life activities. Please complete all sections of this form thoroughly. Please attach additional information to this form as needed.

Student's Name: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_

Please state the specific diagnosed disability, including DSM coding.

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Is the diagnosed disability:

\_\_\_\_\_ Mild      \_\_\_\_\_ Moderate      \_\_\_\_\_ Severe      \_\_\_\_\_ Permanent      \_\_\_\_\_ Temporary

If temporary, what is the estimated time for recovery?

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Describe in detail how you evaluated and determined this diagnosis? What instruments or assessments were used?

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Are there any significant limitations to the student's functioning directly relating to the disability?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please describe in detail:

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Describe the specific housing accommodations you are recommending and the rationale as to why these accommodations are necessary for the student to fully participate in the College housing program.

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Please explain the specific link between the recommended accommodation and the student's disability.

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Are there alternate accommodations that can be provided to address the student's needs?

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

If yes, please explain.

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If no, please explain why this accommodation is preferred over another possible mitigating measure?

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**Please complete the section below if you are making a recommendation for an Assistance Animal or Emotional Support Animal as a housing accommodation.**

As you fill this form out, please be attentive to your professional training, scope of practice and relationship to the individual. The Disability Resource Office is seeking your professional judgement. The answers you provide will be used to help evaluate the student's request for an Assistance Animal/ESA.

Describe your therapeutic relationship with the student and the duration of this relationship.

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What symptoms will be mitigated by an Assistance or Emotional Support Animal?

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Is there evidence that an Assistance or Emotional Support Animal has previously mitigated disability-related symptoms for this student? Please explain.

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Does this animal provide benefits beyond what a typical individual would receive from a pet? Please explain.

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The information provided above is true and accurate.

Practitioner Name and Title: \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_

Full Address: \_\_\_\_\_

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

I certify that I am licensed to make this diagnosis. I confirm that this student has a disability that substantially limits one or more major life activities. I further certify that I am professionally qualified to evaluate and recommend the above housing accommodation(s) as a reasonable accommodation. By signing this document, I agree that MCLA may contact me regarding questions or other information regarding this case.

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

**This form is for documenting a student's disability in order to determine eligibility for housing accommodations. This form does not guarantee the approval of the requested housing accommodations. The student must attend a meeting with the Disability Resource Office to discuss their disability and necessary accommodations. Before accommodations can be granted all supporting documentation from a qualified practitioner must be on file with CSSE/Disability Resources. You can mail, fax or email this form to:**

**Massachusetts College of Liberal Arts  
Center for Student Success and Engagement/Disability Resources  
375 Church St. North Adams, MA 01247  
disabilityresources@mcla.edu  
Fax: 413-662-5444**