

2010-2011 SPECIAL NEEDS ACCOMMODATION REQUEST FORM

In order to evaluate how we can best meet your special accommodation needs, we require specific information. Please complete Part A of the form below. A recognized professional (i.e. doctor/health care professional), who is familiar with your needs and can substantiate your request, must complete the appropriate questions in Part B, including the professional information section at the end. Requests that do not include both Part A and Part B, completed in full, will not be considered. Please send the completed documentation to the Residence Admissions Office, room 102, Elgin Hall or fax it to (519) 661-3687 by the deadline date specified below. Final room assignments are determined by the Division of Housing and Ancillary Services according to the level of need, in conjunction with an appraisal of the residence options available to accommodate the need. We regret that any request for special needs that does not meet our criteria (see the Residence Room Assignment section on our web site at <http://www.residenceatwestern.ca/assignment.cfm>) will not be considered.

Special Requests Based on Dietary Needs

All of our residences can accommodate the needs of students with common food or environmental allergies, or students who have dietary requirements associated with medical conditions or religious observances. Students who identify their dietary needs as a factor to be considered in their assignment process will likely be assigned to Saugeen-Maitland Hall, where kitchens and food choices are the most extensive, thereby best meeting any dietary concerns.

SPECIAL REQUEST DEADLINE DATES

First-year Students: May 28, 2010

Upper-year Students:

- Returning UWO Students – January 31, 2010 (residence application deadline)
- Returning UWO Students, Transfer Students, Professional School Students and Graduate Students – Special requests received after January 31, 2010 will be considered on a priority basis only if space is available.

We are unable to accommodate requests received after May 28, 2010.

INFORMATION PROVIDED ON THIS FORM WILL BE KEPT CONFIDENTIAL

PART A

TO BE COMPLETED BY STUDENT

PLEASE PRINT

Student: _____ Gender: Male
(last name) (first name) (middle name) Female

UWO Student #: _____ Faculty: _____

Birthdate: _____ Upcoming Year of Study: 1 2 3 4 G
(yyyy / mm / dd)

Current Address: _____
(street)
_____ (city) (province) (postal code)

Telephone: _____ E-mail: _____
(area code)

PLEASE COMPLETE THE FOLLOWING QUESTIONS, AS APPLICABLE.

1) Overall, what type of accommodation are you requesting (building style, single room)?

2) What is the reason for your request? Please explain in detail (attach a separate sheet if necessary).

3) Is this request based on a serious impairment, medical condition, or physical challenge? No
 Yes – If yes, please answer (a) and (b)

(a) What is your condition? _____

(b) How long have you had this condition? _____

4) Describe the current impact and/or limitations imposed by your special need/condition.

5) What specific facilities/features of accommodation are required that you feel cannot be provided by any one of our residences?

6) If your special request is NOT granted, how will this affect your residence life experience?

AUTHORIZATION:

I hereby give authorization for you to discuss my circumstances requiring specific residence placement with the recognized professional named in Part B. I also authorize the professional to discuss my condition(s) with you if additional information is required.

I have read, understand, and agree to the special needs terms and conditions as outlined on the web site information at <http://www.residenceatwestern.ca/spneeds.cfm>.

Student's Signature: _____ Date: _____

PART B

SUPPORTING DOCUMENTATION

A request for consideration due to special needs must be accompanied by documentation that supports the request. This part must be completed by a recognized professional (accredited medical or health care provider), **who is NOT a friend or relative of the student.**

NOTE: Placement in a particular residence is determined by a student's level of need, balanced with the effect of accommodations on his/her quality of life.

Student's Name: _____

UWO Student #: _____

1) What is the student's medical condition/diagnosis that relates to his/her request for special accommodation in residence?

2) How long has the student been under your care? _____

3) How long has the student had this condition? _____

4) What is the severity of the condition?

5) How long is this condition likely to persist? _____

6) What limitations and/or impact does this condition have upon the student?

7) Have you prescribed treatments and/or medications to the student No Yes – If yes, please answer (a) and (b) for this condition?

(a) Indicate treatments and/or medications you have prescribed for the student (dosage, frequency, possible adverse side effects).

(b) If current treatments are successful, why are special accommodations necessary?

8) Please indicate specific housing recommendations for the student and explain why they are warranted based upon the student's functional limitations (e.g. if you suggest a private bathroom please state the reasons for this request and relate it to the student's condition).

*****TO BE COMPLETED BY RECOGNIZED PROFESSIONAL*****

PLEASE PRINT

Name of Professional: _____ Title: _____

Address: _____

Telephone: () _____ E-mail: _____

Can we contact you directly should additional information be required? Yes No

Signature: _____ Date: _____