

# More info on . . .

# Special Needs Accommodation

## Special Needs Requests of Returning Students

Because placement of first-year students is a university priority, consideration of special needs requests from returning students is based on the need to live on campus, as opposed to off-campus. Requests will only be considered if students have disabilities that would greatly affect their quality of life, such as serious impairments, physical challenges, or other permanent or ongoing medical conditions that might be best met by living on campus. We regret that any requests for special needs that do not meet these criteria will not be considered.

Special needs requests from returning students must be received by the Residence Admissions Office, room 102, Elgin Hall before January 31, 2010. Requests received after this date will be based on severity of need and only if space is available.

## Special Dietary Needs

It's easy to make healthy food choices in our residences even when dietary restrictions are observed. During lunch and dinner, we feature approximately eight entrées with at least one lacto-ovo vegetarian selection. Please note that vegans may find it difficult to enjoy variety in meeting their dietary requirements. Along with daily menus, we post ingredient listings of the various entrées, soups and side orders being served.

If you have special dietary requirements, it is important that you refer to the daily menu to ensure appropriate dietary selections. We highly recommend that if you observe food restrictions for medical or religious reasons, or have severe food allergies, you contact your food services unit manager upon arrival in September and meet with the nutritionist. Special foods, e.g. Halal or Kosher, can sometimes be arranged with the unit manager, and can be charged to your residence meal plan. Students with dietary requirements who identify this need as a factor to be considered in their residence assignment process will likely be assigned to Saugeen-Maitland Hall where, due to the increased number of residents, the widest menu selection is available. (The University does not assume responsibility for allergic or anaphylactic reactions.)

# 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: \_\_\_\_\_