



HOUSING ACCOMMODATIONS LICENSED PROFESSIONAL FORM

Please Insert Academic Year: _____

Returning Students send completed LEGIBLE form by FEBRUARY 1st

Incoming Students (first years, transfers) send completed LEGIBLE form by May 31st

Worcester State University is dedicated to making its programs, services, and activities accessible for students with disabilities. As such, reasonable accommodations are made to provide students with disabilities an equal opportunity to participate in on-campus housing. Along with the housing accommodation request form submitted by students, this form is to serve as documentation from a licensed professional to verify the student’s request for reasonable accommodations. The licensed professional must be an impartial individual who is not a family member of the student.

Student’s Name: _____

Student’s Diagnosis and Date of Onset or Establishment:

Date of Most Recent Evaluation: _____

1. If the student’s condition worsened over the past year, please identify and exacerbating factors that might have led to the present situation.

2. What medications, treatments, assistive technology or services if any, have been prescribed to this student?

3. Please describe the functional limitations that will impact the student within the universities housing environment.

4. Please indicate the specific housing accommodation(s) you are suggesting (check all that apply).

Accessible Building	Single
Wheelchair Accessible Room and Bathroom	Share Bathroom with Fewer People
Room on the First Floor	Room Located Closest to Bathroom
Strobe Alarm	Kitchen
Air-conditioning	Other

5. Please explain why above accommodations are needed to allow the student an equal opportunity to participate in on-campus housing.

6. If the university is not able, or if it is not reasonable to provide this student with the requested accommodation, is there an alternate accommodation you believe would help address the needs?

Licensed Professional Verification

Name (print): _____

Position/Credentials & License number: _____

Address: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

Signature is verification that this application was completed by you, the licensed professional.

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**Student Accessibility Services
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Email: sas@worchester.edu or Fax: 508/929-8214
Phone: 508/929-8733**