

Trinity College Request for Accommodations

Student _____

Class Year _____

Request for Accommodation: (circle all that apply)

Academic Housing Meal Plan Transportation/Parking Facilities Other

Introduction: This document officially requests consideration for accommodation granted by the Dean of Students, Counseling and Health Centers for a student who has learning/medical/psychological conditions and wishes to request accommodations in academic, housing, or other areas of campus life.

You must forward this sheet and documentation to the appropriate office.

- Please see the **Counseling Center website** for specific criteria, documentation requirements, and instruction for submitting. www.trincoll.edu/StudentLife/HealthSafety/CounselingCenter. Academic Accommodation request need to be resubmitted when documentation expires.
- Please see the **Health Center website** for directions and forms to submit to the Director of Health Services for consideration. Medical accommodations need to be reviewed and updated yearly. www.trinitycollegehealthcenter.com

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To be completed by the Accommodation Committee:

Date received: _____

Date of documentation: _____

Documentation author _____

Date forwarded to Accommodation Committee members: _____

Date reviewed by committee members: _____

Academic Arena

Recommendations for accommodation // Recommendations based on updated documents:

___ The documentation is insufficient to justify accommodation at the present time for the following reasons:

___ The documentation is comprehensive and complete, within the 3 year time frame, and the justification for accommodation is appropriate. The following accommodation(s) would be appropriate:

- ___ (time and a half) Extended time for in class examinations
- ___ (double time) Extended time for in class examinations
- ___ Access to a second set of class lecture notes (arranged individually with the professor)

- Tutoring or extra assistance (availability to be arranged between the student and professor)
- Use of recording device for class lectures
- Use of laptop or other word processing equipment for note taking
- Use of laptop or other word processing equipment for written exams
- Other: _____

Other recommendations discussed:

- The Writing Center
- The Math Center
- American Sign Language course to fulfill the foreign language requirement
- Other: _____

Medical:

Accommodation requested: _____

Accommodation granted: _____

- Priority 1
- Priority 2
- Priority 3
- denied

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Disposition:

A session was completed with the student to discuss the results of this review, the available resources on campus and the responsibilities of the student for each semester _____.

Student has been advised of the need for updated documentation by the following date: _____

Date Recommendation made: _____

Date report transmitted to Dean of Students Office: _____

Date documentation received by DOS: _____

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Dean of Students Office notifications:

Trinity College Preferential Medical Housing Accommodation Policy

Introduction: This document describes the procedure for students who have medical conditions and wish to request housing accommodations. Some students received medical accommodations during their last academic year, and others are requesting housing for the first time. Medical housing accommodations need to be reviewed and updated yearly.

Undergraduates with a documented temporary or permanent medical disability or medical condition requiring accommodation may request housing accommodations to meet their medical needs. The Director of Health Services will assess the nature and severity of the illness or disability and recommend appropriate housing accommodations.

Accommodations are granted only by the Office of Campus Life and only when the following conditions are met:

- 1) The student provides adequate documentation by a qualified clinician, indicating a disability or illness requiring accommodation,
- 2) The Director reviews the documentation and corroborates the medical necessity for an accommodation, and assigns a level of priority to meet the request (1,2,3)

A single room assignment is only granted to students for whom no other accommodation is deemed reasonable, and only when available. A medical condition alone does not qualify a student for a single room assignment. Examples of conditions that ordinarily do not warrant a special room assignment include:

- asthma
- allergies
- learning disorders
- ADHD
- orthopedic problems
- gastrointestinal problems

Some of these conditions may be accommodated in other ways,—e.g., a student with orthopedic problems of the knee or ankle may be given a first floor room assignment or assignment to a residence hall with an elevator. Students with learning disorders should contact the Counseling Center for information about educational services available to them.

Returning students seeking on campus housing accommodations for medical conditions should follow the procedure; **consider going through the lottery!** All students should attempt to meet their medical needs during the regular housing lottery. In our experience, three quarters of students requesting medical accommodations are able to meet their needs by going through the regular lottery process. Students with a “bad” lottery number should consider all options including looking at special interest housing. Stay informed about your options and research alternatives. Discuss your needs and advice about housing options with campus life well before housing deadlines.

If you believe you are unable to meet your needs through the lottery,

1. Obtain and complete the “[Request for Accommodations Form.](#)” This form can be downloaded from Health Center website or obtained at the Office of Campus Life.
2. The completed request should be returned to the Director of Health Services for review.
3. Additionally, the student will need to obtain specific supporting documentation from his/her own treating care provider. Supporting documentation should include:
 - i. The student’s medical history;
 - ii. A detailed description of the student’s specific functional needs and limitations requiring accommodation, and the medical justification for such need; and
 - iii. A clear description of the recommended housing accommodation. A brief non-specific letter such as: “Mary needs a single room because of irritable bowel disease” **is totally inadequate.** A simple request from a private physician may be insufficient to authorize accommodations.
 - iv. The supporting documentation should be sent directly to the health center.

4. Upon receipt of this information the following will happen:
 - i. The Director of Health Service will email you to let you know when your documentation is complete. She will forward her Priority rating after discussion with the Disability Committee to the Associate Director of Campus Life.
5. The Office of Campus will notify you in writing or by telephone of your room assignment.

*A housing accommodation will be granted only when it is deemed **that the student has a bona fide disability or medical condition that requires a housing accommodation.***

Request for Housing Accommodation - Physician Documentation

Student Name: _____

Medical Diagnosis:

Summary of Medical History and Current Clinical Status:

(Include current symptoms, level of severity, and how the level of severity is assessed):

Current Treatment Plan:

Specific Functional Limitations:

Specific Accommodations being requested:

Physician Name: _____

Physician Signature: _____

Physician Phone #: _____ Date: _____

*****We do not accept documentation from physician parents*****

The supporting documentation should be sent directly to:

Director of Health Services 300 Summit Street Hartford, CT 06016 or faxed to 860-297-2020