



CENTRAL OREGON
community college

SERVICES FOR STUDENTS WITH DISABILITIES

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Single Room Housing Accommodation Instruction Sheet

Student Name: _____ Student ID#: _____

Phone Number: _____ Email Address: _____ DOB _____

_____ Attach documentation of disability as noted by our documentation guidelines.
(student initials)

THIS SECTION TO BE FILLED OUT BY EVALUATOR

This evaluation must be filled out by a qualified professional. Documentation and all relevant information should be completed or provided by an appropriately qualified professional currently treating the student. Your name, signature, title and professional credentials must be provided.

Please answer the questions as thoroughly as possible.

The above named student has requested a single room as a housing accommodation for a disability. Requests for a single room as an accommodation based solely on a desire for reasons such as 'quiet place to study' or a 'reduced distraction environment' for homework will not be granted. This is due to the college providing numerous spaces on campus that can provide this environment, and therefore, do not necessitate an accommodation as defined by the American's with Disabilities Act as a 'substantial limitation.'

1. Diagnosis of student:

What is the Diagnostic Code of the disability of the student (ICD-10 or DSM-V) ** Federal laws define a person with a disability as "any person who has a physical or mental impairment that substantially limits one or more major life activity; has a record of such impairment; or is regarded as having such impairment":

Date of Diagnosis: _____ Date first seen: _____ Date last seen: _____

(If these dates are all the same, this department may need to contact you for more information)

What evidence supports this diagnosis(es)? As noted above, the student is required to provide a copy of any test results supporting the diagnosis.

What is the nature of the student's impairment that you feel rises to the level of disability (that is, how is the student **substantially limited**):

Severity Level (mild, moderate, severe, etc.) - indicate for each diagnosis if more than one:

What is the impact of the condition specifically in the residential living environment? **Please note as stated above, there are other areas on campus for the student to have a 'reduced distraction environment' and 'quiet place to study', and therefore, supporting study habits are not necessarily qualifying factors for a single room due to other accessible areas on campus** (the library).

2. Treatment Information:

What is the client's current treatment (medication, counseling, etc.):

Please describe the nature of the **necessity** of this single room as part of the individual's treatment due in relation to the disability. (In other words, **not** just the overall general benefit that the single room would bring). What specifically does this accommodation do to ameliorate the client's **disability** limitations/symptoms?

What would be the impact of the condition (disability symptoms) that may result if the accommodation is **not** approved?

Evaluator Information

Name: _____ Title: _____

Phone Number: _____ License/Certification Number: _____

Address: _____
Street Address City State

Signature: _____ Date: _____

Please submit this sheet via fax or email to the SSD Office through contact information noted above.