



**Concordia University Irvine DAS Healthcare Provider Form
(for Academic & Housing Accommodations)**

Purpose of this Form

At Concordia University Irvine, Disability Access Services (DAS) approves academic and housing accommodations for students. Information provided on this form is only used to assist DAS in determining if this student's physical or mental health condition is a disability and what accommodations may be appropriate. To evaluate that request, our office is asking that documentation be completed by a qualified professional who has first-hand knowledge of the student's condition and is an impartial individual not related to the student. Alternatively, the provider may write a letter or report that provides this information.

Instructions

Please thoroughly discuss the educational and/or housing effects of the stated disabilities in this form. This form should **not** be used to document learning disabilities or traumatic brain injuries. Students with learning disabilities should instead provide an IEP, 504, and/or psychoeducational evaluation.

Once this form has been completed it should be submitted to DAS. The student can upload this form to AIM, or it can be turned into DAS directly by the student or healthcare provider via the contact information below:

Disability Access Services
Concordia University Irvine
1530 Concordia West
Irvine, CA 92612-3203

Phone: 949-214-3039
Fax: 949-214-3039
Email: das@cui.edu

Student Information	
Name	Phone
E#	Date of Birth
Healthcare Provider Information	
Name	License/Certification & Issuing State
Address	
Phone	Email



Disability Assessment (To be completed by a qualified healthcare provider)	
1. What is the specific diagnosis/health condition? Please also provide the relevant DSM or ICD code.	
2. Date of the diagnosis(es):	3. When did you last see the student?
4. Please identify the level of the severity of the disability: Mild, Moderate, Severe	
5. Please identify the expected duration: Permanent, Chronic/recurring, Temporary	
6. Do the symptoms of the diagnosis(es) need to be reevaluated on a regular basis? If yes, how often?	
7. Please describe the current symptoms of the stated diagnosis(es) this student experiences.	
8. If the student experiences episodic flare-ups of their condition please describe any triggers of episodes, the frequency and duration of episodes, and care plan for management/recovery of the episode.	



Impact of Condition in Educational Environment

(To be completed by a qualified healthcare provider)

9. How does this condition affect this student's ability to learn or fully participate in an academic environment? (ie: what are the functional limitations of the student's condition?)

10. How does the medication and/or treatment plan significantly affect the student's performance in academic settings?

By signing below, I am verifying that the diagnosis(es) and supporting information provided is accurate and that I am a qualified professional who is licensed and properly credentialed to diagnose and treat the stated conditions.

Healthcare Provider Signature: _____

Date: _____

If the student needs Housing related accommodations,
please additionally fill out the "Housing Accommodation" pages below.



Housing Accommodation Policies

Policy Overview:

At Concordia University Irvine, residential living means community living, and our desire is to see students learn to live with others, believing that the skills developed in this environment are key to adult development and societal impact. We also want residential communities to reflect disability-inclusive diversity, which means we aim to have our students with disabilities living with their peers.

Nevertheless, we know that housing accommodations may be necessary in order for a student with a disability to have equal access to living on campus. Accommodations are not provided for treatment, for prevention, or to ensure a good experience; rather, they are meant to remove unnecessary barriers that discriminate against a person with a disability.

Single Room Accommodations:

Requests for a single room as an accommodation based solely on a desire to have a “quiet, undisturbed place to study” or as a need for a “reduced distraction environment” will not be granted. By virtue of the shared facilities, resources, and number of people living under one roof, it is unrealistic to assume that a private room would provide a quiet, distraction-free space to any appreciable degree beyond living in a standard double room. Our Rho/Sigma halls already provide personal bedrooms/study spaces, so single room accommodations will typically only apply to housing assignments in Quads. All students share a bathroom with suitemates.

Meal Plan Accommodations:

Most requests for exemptions from the meal as an accommodation will not be granted. Our Dining Services will work with students to meet most dietary restrictions. We do not have private kitchens.

Emotional Support Animal Request:

Documentation must be submitted to DAS before a request for an ESA will be reviewed by DAS. Students may not bring an ESA into the dorms until they have been formally approved by DAS. Evaluation and documentation should be within the last six months unless the condition is one that does not change over time.

ADA Accessible Housing:

Students who need ADA accessible housing (such as an ADA accessible bathroom, AC unit, visual fire alerts, ground floor assignment, etc.) should submit this form.



Housing Assessment

(To be completed by a qualified healthcare provider.
Complete only for conditions affecting student's ability to access residential spaces.)

11. How long have you been working with this student related to the specified disability-related impact/symptoms?

12. How does the diagnosis(es) significantly affect the student's access in the living environment? (e.g. This student has asthma and needs AC to manage the air quality in their room.)

13. Please state specific needs. (AC unit, single room, emotional support animal, visual fire alert, ADA accessible bathroom, etc.)

14. Emotional Support Animal (ESA) specific:

14.A. Is it your recommendation that this student be approved for an ESA in the residential setting? Please elaborate on your reasoning.

14.B. What are the symptoms the student experiences and how does the animal help mitigate those symptoms in a residential setting?

14.C. What is the proposed ESA being prescribed to the student? And is there evidence the ESA has helped this student (currently or in the past)?



ESA Potential Issues

Dear Clinician, by initialing each affirmation, you agree that you have covered the Potential Issues listed below in detail with your patient and still maintain that the patient is capable of being a responsible owner of an Emotional Support Animal (ESA).

- _____ I affirm that I have discussed the financial issues of owning and caring for an ESA (financially it can be costly, ranging anywhere from \$660-\$5270 for the first year of ownership, with an additional yearly cost of \$360-\$2520 for the lifetime of the dog).
- _____ I affirm that I have discussed how the student will care for the ESA, including providing the ESA with food, water, walking, veterinarian services, and spending time with the ESA.
- _____ I affirm that I have discussed with my patient what they will do with the ESA during weekends, holiday breaks, or when the student is in class. Note: ESA's cannot be left in the care of roommates for overnight stays.
- _____ I affirm that I have assessed prior history of my patient's experience and ability in caring for an ESA.
- _____ I affirm that my patient cannot function or remain psychologically stable without an ESA.
- _____ I affirm that I have discussed with my patient the emotional maturity necessary to properly care for an ESA.
- _____ I affirm that I have discussed the possibility of increased roommate conflict due to an ESA.
- _____ I affirm that I have discussed that it can make matching roommates more challenging.
- _____ I affirm that I have explained to my patient that the ESA must be house trained prior to living in a dorm (note: all ESAs must be licensed, fixed/neutered, be up-to-date on vaccines, and full grown).
- _____ I affirm that I have discussed with my client that an ESA may not acclimate well to living in a small dorm room.