



Office for Accessible Education

Accommodation Request Form

To ensure appropriate accommodations are offered, the Office of Accessible Education (OAE) requires diagnostic information for all accommodation requests. Please note that *the diagnosing or reporting professional may not be a relative of the student.*

Please read and follow these instructions carefully:

1. The student must complete the basic personal information requested on this sheet.
2. Attach documentation of the disability. This can include, but is not limited to:
 - Previous records of accommodations (Individual Education Plans, Section 504 Plans, ACT/SAT/GRE letters)
 - Current evaluations or assessments
 - If no existing current records are available, or if diagnosis(es), including severity, have changed over time, please submit the attached form once it is completed by a licensed and credentialed evaluator.

Documentation Guidelines

The disability documentation must be provided by a qualified professional. The documentation must be current, provide a clear diagnosis of the disability, and include sufficient information to determine the extent of the disability and what accommodations are appropriate. The University recommends following the best practices for documentation guidelines from the Association on Higher Education and Disability (AHEAD). The seven elements of documentation recommended by AHEAD include the following:

- The credentials of the evaluator(s)
 - A diagnostic statement identifying the disability
 - A description of the diagnostic methodology used
 - A description of the current functional limitations
 - A description of the expected progression or stability of the disability
 - A description of current and past accommodations, services and/or medications
 - Recommendations for accommodations, adaptive services, assistive services, compensatory strategies, and/or collateral support devices
3. Return the completed packet to the Office for Accessible Education for review:

Mail	Electronic	In Person
Office for Accessible Education 6363 St. Charles Ave. Campus Box 41 New Orleans, LA 70118	Fax: (504) 865-3543 Email: oea@loyno.edu	Loyola University New Orleans Monroe Library, 229H

Please contact the Office for Accessible Education at 504-865-3205 or email at oea@loyno.edu for specific questions.

Student Form

Complete and submit this form with your request for services—provide to Evaluator/Clinician for their use, as necessary.

Name:	CWID:
Email: @my.loyno.edu	Phone:

Residential Life: *Loyola University New Orleans is committed to offering housing options that are appropriate and beneficial to each member of our community.*

Does this request pertain to an aspect of campus housing? Yes No

If yes, have you applied for on-campus housing using the Resident portal? Yes No

Does this request pertain to campus dining services? Yes No

If yes, have you shared concerns with Residential Life prior to making this request? Yes No

Start Date:	End Date (if request is temporary):
Describe the barriers that you are currently experiencing, as it relates to your condition.	
Describe any accommodations, auxiliary aids, or services that you are either currently using or that you have used in the past to address these needs.	
What accommodations or adjustments are necessary to reduce the impact of these barriers and better facilitate access to a university-sponsored course, program, or activity?	

Authorization for release of information

I hereby authorize the Office for Accessible Education to obtain documentation regarding my request for accommodations at Loyola University New Orleans from _____.

Signature: _____ **Date:** _____

Evaluator/Clinician Form

Complete this form and return directly to Loyola University New Orleans—additional records welcome.

Name of Evaluator:	Licensure:
Name of Student:	Date of last visit/service:

What is the patient's disability (or disabilities) including diagnostic coding?

Describe the diagnostic methodology used.

What are the current functional limitations of the condition(s) experienced by your patient?

Please describe according to all settings impacted, including the classroom, studying, housing, dining, and other daily life activities.

Describe the current treatment plan including any accommodations, services, or auxiliary aids utilized.

Describe any limitations or side effects of these services, if any.

Describe the expected progression or stability of the disability including any recommendations for future reevaluation.

I recommend the following accommodations be provided by Loyola University New Orleans as a necessity to address limitations of the diagnosed condition not already addressed by the current treatment plan, services, or auxiliary aids:

Signature: _____ **Date:** _____

Evaluator/Clinician Form: Information Regarding an Emotional Support Animal (ESA)

Student Name:	Proposed ESA Name:
CWID:	Type of animal:
Name of Clinician:	Age of animal:

STUDENT (please sign this form before providing it to your mental health provider to complete):

By signing below, I consent to allowing my mental health provider named above to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with the Office for Accessible Education at Loyola University New Orleans for the next 60 days.

Signature: _____ **Date:** _____

Dear Clinician,

The above-named student has indicated that you are the (physician, psychiatrist, mental health worker) who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student’s disability. Generally, we accept documentation from providers in the State of Louisiana or the student’s home state. Letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request. So that we may better evaluate the request for this accommodation, please answer the following questions:

Information About the Student’s Disability: A person with a disability is defined as someone who has “a physical or mental impairment that substantially limits one or more major life activities.”

What is the nature of the student’s mental health impairment (that is, how is the student substantially limited?)

Does the student require ongoing treatment?

When did you first meet with the student regarding this mental health diagnosis?

Information About the Proposed ESA: Please note that there are some restrictions on the kind of animal that can be approved for the residence hall; it is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.

Is the animal named here one that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

What symptoms will be reduced by having an ESA?

Is there evidence that an ESA has helped this student in the past or currently?

Importance of ESA to Student's Well-Being

In your opinion, how important is it for the student's well-being that an ESA be in residence on campus?

What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing?

Do you believe those responsibilities might exacerbate the student's symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

Please provide contact information, sign, date this questionnaire, and return it to the Office for Accessible Education at Loyola University New Orleans.

Address:	Fax and/or Email address:
Telephone:	License #:
Signature:	Date:

We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community. If we need additional information, we may contact you at a later date. The named student has signed this form indicating written permission to share additional information with us in support of the request.

Thank you,

The Office for Accessible Education