



## Dining Accommodation Request Form

### Student Form:

<b>Name:</b>	<b>Date:</b>
<b>Email:</b> @my.loyno.edu	<b>CWID:</b>

Loyola believes community is formed through shared experiences and is essential to a holistic academic journey. As a result, we require all students to have a meal plan. All current students living in on-campus housing are required to participate in the Loyola Dining Program. Commuter students are required to carry a minimum of \$300 in wolf bucks each semester. More information can be found here: [Student Meal Plans](#)

When considering this student’s disability-related needs for dining, please keep in mind that Loyola offers a wide range of options for all students regardless of disability, including these:

Selection of a Meal Plan	Orleans Room (Dining Hall)	Campus Restaurants
Campus Grocery Market	Community Kitchen in ResHall	Consultation with Campus Dietician
Online Menus and Ingredient Lists, and Calorie Calculator	Minor Adjustments to Meals in the OR (ex: sauce on the side, reduced oil)	Simple Servings Station Meals Free of Most Common Allergens

Please fill out all sections below. Incomplete information may result in a delay to the interactive process. After this form and your diagnostician’s paperwork are submitted, you will have a meeting with a representative of the OAE

What is your disability? (A disability is defined as a physical or mental impairment that substantially limits one or more major life activities)

Describe your condition/symptoms, including any details about medically necessary dietary requirements.

How does your disability and the symptoms listed above impact your ability to access on-campus dining services?

What accommodations or adjustments are you requesting to reduce the impact of these barriers and better facilitate access to or use of campus housing or dining services?

Office for Accessible Education (OAE)

What steps, if any, have you already taken to address these barriers?

**Authorization for release of information**

I hereby authorize the Office for Accessible Education to obtain documentation from or consult with **my evaluator/clinician named here** (print please) \_\_\_\_\_ regarding my request for accommodation at Loyola University New Orleans.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office for Accessible Education (OAE)  
**Dining Accommodation Request Form**

**Evaluator/Clinician Form:**

A clinician should complete the following for a housing/dining request based on the named student's disability-related\* needs. The clinician should **have no personal relationship with the individual being evaluated**. The clinician making the diagnosis should have credentials and training directly related to the reported disability/diagnosed condition. For example, an orthopedic limitation should be documented by a physician, not a licensed psychologist.

*The clinician need not use this specific form, but all of the information requested here is necessary for the institution to have in order to consider the request for accommodation.*

<b>Name of Evaluator:</b>	<b>Licensure:</b>
<b>Name of Student:</b>	<b>Date of initial visit/service:</b> <b>Date of most recent visit/service:</b>

When considering this student's disability-related needs for dining, please keep in mind that Loyola offers a wide range of options for all students regardless of disability, including these:

Selection of a Meal Plan	Orleans Room (Dining Hall)	Campus Restaurants
Campus Grocery Market	Community Kitchen in ResHall	Consultation with Campus Dietician
Online Menus and Ingredient Lists, and Calorie Calculator	Minor Adjustments to Meals in the OR (ex: sauce on the side, reduced oil)	Simple Servings Station/Simple Zone Meals Free of Most Common Allergens

**Please provide the following information:**

Clearly state the diagnosed disability or condition

	Diagnosis and Code	Diagnosis Date	Diagnosing Clinician?
Primary			Yes/No
Secondary			Yes/No
Tertiary			Yes/No

**Diagnostic criteria or tests used (check all that apply):**

The student/clinician should still submit all applicable evaluations or testing related to the above diagnosis, such as psychoeducational reports, audiology reports, allergy testing, etc.

<input type="checkbox"/> Behavioral Observation	<input type="checkbox"/> Medical/Developmental History
<input type="checkbox"/> Clinical Interview	<input type="checkbox"/> Interview with others
<input type="checkbox"/> Lab/medical testing	<input type="checkbox"/> Other (please specify below)

Office for Accessible Education (OAE)

What are the specific allergens and/or relevant symptoms of the student's diagnoses that will likely impact the student in a campus residential setting:

Allergen or Trigger Airborne/Contact/Ingestion	Symptoms	Severity	Frequency

What are the dining needs based on the disability/diagnosed condition of this student? If applicable, please include or attach any medically required meal plans or dining concerns.

How is the student substantially limited by their disability/diagnosis in their use of or access to our on dining services?

Please describe your your recommendations\*\* for on-campus dining accommodations as well as the rationale, strongly considering the options available to all students listed on the previous page.

How will the recommended dining accommodation address known barriers encountered by this student to the use of or access to campus dining facilities?

Please explain the impact to this student if the recommended accommodations are not granted.

Professional's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number/Fax: \_\_\_\_\_

Email (if applicable): \_\_\_\_\_

\*A disability is defined as a physical or mental impairment that substantially limits one or more major life activities.

\*\*The University determines reasonable accommodations. Recommendations are considered but should not be considered to be approved