

Documentation Guidelines for Housing Accommodations

1.) A Qualified Evaluator. Professionals conducting assessments, rendering the diagnosis of psychiatric, psychological, behavioral, and medical conditions, and making recommendations for appropriate accommodations, must be qualified to do so. These are licensed professionals with comprehensive training and expertise in mental health, skilled in differential diagnosis of psychiatric disorders, such as (neuro)psychologists, (neuro)psychiatrists, relevantly trained medical doctors, clinical social workers, counselors, and psychiatric nurse practitioners. The documentation must meet the following criteria:

- include evaluator's name, title, professional credentials, license and/or certification number,
- be presented on the professional's letterhead, typed, dated, signed, and legible,
- the evaluator may not be a family member or close friend.

2.) Current Documentation. For psychiatric disabilities, a full report from a treating mental health professional completed within the **three months** is considered current. For other chronic/medical conditions, documentation may be within the last 12 months. Documentation may require an annual update, depending on the nature of the condition.

3.) Comprehensive Evaluation. The documentation **must** be including the components listed below:

- **A clear diagnosis** of disorder based on DSM 5 or ICD-10 criteria, including:
 - subtype if applicable, and diagnostic code,
 - a list of the DSM 5 or ICD-10 diagnostic criteria as the basis for the diagnosis,
 - **CANNOT INCLUDE** wording such as "seems to indicate" or "suggests,"
 - evidence of the ruling out of other potential diagnoses, dual diagnoses, and alternative explanations such as educational, linguistic, and cross-cultural factors,
 - date of diagnosis and length of treatment,
 - a description of what major life activity/activities are substantially impacted by the condition (e.g., walking, seeing, sleeping, etc.),
 - severity of the disorder (mild, moderate, severe),
 - frequency of impact on major life activities,
 - duration of impact on major life activities,
 - expected progression of the condition over time,
 - assessment and evaluation procedures used to determine diagnosis
- A description of current and past treatments, therapeutic techniques, assistive devices, medications, etc. used ameliorate the impact of disability.
- Appropriate, specific recommendations for housing accommodations including:

- a clear correlation between impacts on major life activities and requested recommendations for *equal access* (not success).

4.) Single room requests must complete the following questions:

1. What significant impact to major life activities would be mitigated by having a single room (in comparison to a double room)?
2. Can the student's needs be met with alternative accommodations (e.g. a change of roommate/ability to choose a roommate/double room)? If not, please explain why.
3. How will the student manage their symptoms in other campus settings (i.e. classrooms, dining halls, libraries, etc.)?

5.) Psychological Instruments. Though not explicitly required, psychological instruments may be useful in helping the evaluator render a more accurate diagnosis and, therefore, better recommendations for accommodation. If such tests are used, results should be included in the report. All tests should be current with an explanation of validity, reliability, and the purpose for which they are being employed. Scores must be reported in raw, standardized, and/or percentile ranks, if applicable.

*Please be advised that a diagnosis of a medical or psychological condition **does not** automatically qualify the student for housing accommodations. In some cases, alternative reasonable accommodations (other than those requested) may be offered.*