



Disability & Accessibility Services
110 Lincoln Hall, CPO 2205
Phone: 859-985-3237
Fax: 859-985-3921
Email: hatfieldh2@berea.edu

Request for Information - Single Room Documentation Form

Student's Name: _____

B-Number: _____

Berea College is committed to providing reasonable accommodations to students with disabilities. The ADA defines a disability as a “physical or mental impairment that substantially limits one or more major life activities”. This document is designed to assist us in determining whether the above-named student requires a single room for reasons of disability under the ADA.

The residential hall experience is an integral component of a Berea College education. Part of this experience is shared living space. While we recognize that a single room may benefit someone with a significant disability, the limited amount of single rooms available make it necessary to carefully consider each request. Please explore all treatment options that might mitigate the barriers of a shared housing placement.

The following is to be completed by a licensed healthcare provider

Diagnosis (ICD-10 or DSM-5): _____

Level of Severity: _____

Date of diagnosis: _____

Describe the professional relationship with this student. How long have you been working with her/him/them?

Does the impairment substantially limit one or more major life activities? Y N

If yes, describe the impaired major life activities:

Treatment options, medications, required medical or assistive devices, and/or services, if any:

Presenting symptoms and/or functional limitations in the **residential setting** - please be detailed:

Is there another intervention or treatment that you could recommend that might be a reasonable alternative to having a Single Room?

By submitting this form, the student has given Disability & Accessibility Services permission to contact you if we have any further questions. Please contact us for any questions you may have. Thank you!

Professional's Signature: _____

Printed Name & Credentials: _____

License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Date: _____

Return this information, marked confidential to:

Berea College, Disability & Accessibility Services

110 Lincoln Hall, CPO 2205

Berea, KY 40404

Phone: 859-985-3237

Fax: 859-985-3921

Email: hatfieldh2@bera.edu