

**Student Accessibility Services**

4000 Central Florida Blvd

Ferrell Commons 185

Orlando, FL 32816

**Provider Form for UCF Housing Accommodations**

To help determine reasonable accommodations, qualified professionals may submit documentation on behalf of students. Base your conclusions on all evidence in file (clinical and laboratory findings; symptoms; observations, lay evidence; reports of daily activities; etc.). This information will be used in conjunction with the student’s self-report to determine reasonable accommodations on an individual basis. Medical information will be considered but is not the definitive information that informs our final decisions. We consider a multitude of factors. A medical provider’s recommended accommodation does not automatically bind SAS/UCF to approve the accommodation as being reasonable.

Student’s Name:

Student’s UCF ID:

Diagnoses for which housing accommodations requested:

When was the student last seen prior to this form being completed?

What functional impact(s) of the diagnosis warrants consideration of living on campus (pain management, physical impact, medical care, mental health impact, etc.)?

Describe the extent/degree of functional impact (pain, physical impact, medical care, mental health impact, etc.) experienced. How would living on campus potentially reduce the extent of the impact and ***in what ways specifically?*** (Academically, activities of daily living, symptom management, etc.)

Can the student use (or learn to use) public transportation options (personal car, shuttles, buses, ridesharing, etc.) to get to and from campus? If the student cannot use any of these options due to their disability, please explain why.

UCF housing is not guaranteed in most cases. Due to the high demand to live on campus and limited spaces, most students will live off campus at some point before graduation. In your professional assessment, is living on campus absolutely necessary given the student’s diagnosis, or would living on campus be beneficial but not critical?

Are there steps the student can reasonably take to successfully live off campus before graduation?

Name and Credentials of the Provider:

License Number:

Associated Organization:

Preferred Contact Information:

Signature: Date: