



Office of Accessibility Resources and Services

Documentation Standards for Housing Accommodations

All High Point University (HPU) students requesting disability-related accommodations in relation to housing must register with the HPU Office of Accessibility Resources and Services and provide up-to-date, appropriate, and objective documentation that clearly substantiates a significant functional impairment. A significant functional impairment is a limitation or inability to perform one or more major life activities without an accommodation.

Housing accommodations will be based on documentation submitted to the Office of Accessibility Resources and Services.

To receive housing accommodations at High Point University, students must:

1. Register with the Office of Accessibility Resources and Services (OARS) at <http://www.highpoint.edu/oars/> using the COMPASS Portal.
2. Submit a completed OARS Request for Medical Documentation for Accessible Housing by a licensed professional who is credentialed in the area related to the diagnosed condition for which the accommodation is being requested.
3. Write and submit a Personal Statement that includes a rationale for your housing accommodation and how this accommodation will meet your need(s) for accommodations and enrich your experience at High Point University.
4. Meet with an Accessibility Specialist to discuss your request. If you are an incoming first year student, you can contact an Accessibility Specialist by calling 336-841-9026.

The following documentation in itself is not sufficient to authorize a housing accommodation, but may be provided to assist in determination of reasonable academic accommodations.

- Individualized Education Plan (IEP)
- 504 Plan
- Psychological Test results

Please submit all documentation to High Point University's Office of Accessibility Resources and Services by email oars@highpoint.edu.

Office of Accessibility Resources and Services

336-841-9026 oars@highpoint.edu

MEDICAL DOCUMENTATION REQUEST FOR ACCESSIBLE HOUSING

Re: _____ DOB: _____

The forenamed student has requested accommodations from the Office of Accessibility Resources and Services at High Point University on the basis of having a disability. This student reports being diagnosed with a physical or mental impairment which substantially limits one or more major life activities. This may include but is not limited to caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Please complete all sections of this form and return to: Office of Accessibility Resources and Services, One University Parkway, High Point, NC 27268, FAX 336-888-6324, or oars@highpoint.edu. This verification form must be completed and returned before accommodations can be provided.

To be completed by a licensed professional:

Provider: _____ Title: _____

Address: _____

Phone: _____ Email: _____

License Number: _____ Office Name: _____

1. What is the student's diagnosis? What is the original date of the diagnosis?

2. Is the student/patient currently under your care? Yes No

a. If so, duration of care? _____

b. Date of most recent contact? _____

3. What Major life activities are limited due to this diagnosis?

- breathing bladder bowel circulatory concentration cognition
- dexterity digestive eating endocrine hearing
- immune system functions memory neurological normal cell growth
- performing manual tasks respiratory seeing self-care sleeping
- talking walking working other

Please explain how the student's major life activities limited by the student's diagnosis.

4. Is the impact of the condition life threatening if the request is not met? _____

In what way? _____

5. Is the request an integral component of a treatment plan? _____

How does the accommodation meet the needs and intent of the student's treatment plan?

6. Describe how this condition affects the student's life functioning, specifically in relation to the student's housing experience (e.g. duration, frequency, intensity of condition).

7. Does the condition impact the student's ability to utilize the campus shuttle service? _____

In what way? _____

8. What specific recommendations for accommodations do you have regarding housing assignment? Indicate if any recommendations are medically necessary. (Suitemates are not roommates but may share a common area with the student such as a living room and/or kitchen).

____ Single Room w/ Suitemates ____ Single Room w/o Suitemates ____ Ground Floor
____ Kitchen Access ____ Semi-private Bathroom ____ Other (please describe)

9. Explain how the recommended accommodations decrease the impact of the student's functional limitations associated with their life on campus at High Point University.

10. Please include any other information that might be helpful in working with this student.

Licensed Professional's Signature

Date Completed

Professional's Printed Name

Date Licensed