



**REQUEST FOR DIETARY ACCOMMODATION**

The student named below has applied for a dietary accommodation at The College of Idaho. In order to determine the student's eligibility for reasonable and appropriate accommodations, please provide current and comprehensive information attesting to the student's disability and documenting the functional impact of the disability. The information you provide will be kept confidential in the student's file in the Office of Accessibility & Learning Excellence.

Please take into consideration when completing this form:

1. All parts of the form must be completed as thoroughly as possible. Inadequate information, incomplete answers and/or illegible handwriting may delay the eligibility review process by necessitating follow up contact for clarification.
2. Healthcare provider should attach any reports which provide additional related information. If a comprehensive diagnosis report is available that provides the requested information, copies of that report can be submitted for documentation as well.

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle)

C of I ID #: \_\_\_\_\_ Cell Number: (\_\_\_\_\_) \_\_\_\_\_

Email(s): \_\_\_\_\_

Time period requested for housing exception: \_\_\_\_\_ (START) to \_\_\_\_\_ (FINISH)

Please respond to the following items regarding the above named student:

1. Is this student currently under your care? Yes \_\_\_\_\_ No \_\_\_\_\_

2. When did you last see this student? \_\_\_\_\_

3. What is the diagnosis/medical condition? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

a. Date of Diagnosis \_\_\_\_\_

4. How long is this condition likely to persist? \_\_\_\_\_

5. Describe the symptoms related to the student's conditions which substantially limit one or more major life activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. If the student is currently undergoing medical treatment, please describe and indicate how this treatment might impact their diet, nutrition, and meal plan

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7. Please state specific recommendations to be considered by the College regarding housing and a rationale as to why these dietary needs are necessary based on the student's medical condition. Also, please identify and explain if there are any diets that might lead to an exacerbation of the condition/impairment.

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8. Please provide specific dietary accommodation recommendations with justification as to why these accommodations would be appropriate for the student.

Accommodation(s): \_\_\_\_\_

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Justification: \_\_\_\_\_

Necessary \_\_\_\_\_ Beneficial but not necessary \_\_\_\_\_

Provider Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

License #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_

**Please Note:** The provider completing this form cannot be a relative of the student

Please return form and direct any questions to: Jodi Nafzger, Director of Accessibility & Learning Excellence at:  
accessibility@collegeofidaho.edu, 208-459-5193