DEPARTMENT OF
ACCESSIBILITY &
LEARNING EXCELLENCE

DISABILITY-RELATED DIETARY ACCOMMODATION FORM

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.

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.

2. The healthcare provider should attach any reports that provide information in support of the recommended accommodation. If a comprehensive diagnosis report is available that provides the requested information, copies of that report can be submitted as 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? Choose One

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? Choose One _____

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.

_____

_____

_____

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

_____

_____

_____

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

Accommodation(s): _____

_____

_____

Justification: _____

Medical Necessity: Select One

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: DALE at accessibility@collegeofidaho.edu, 208-459-5351