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Dining Accommodation Supportive Documentation Form

(to be completed by treating clinician)

Today's Date: _____

Student's Name:_____ **Student's ID:** _____

1. Diagnosi(e)s or Condition(s):

_____

_____

_____

_____

2. How did you arrive at your diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student:

- ❑ Structured or Unstructured interviews
- ❑ Medical tests
- ❑ Interviews with other persons
- ❑ Medical History
- ❑ Behavioral Observations
- ❑ Developmental History

3. Date of Diagnosis: _____

4. Date student was last seen: _____

5. How long have you treated this student? _____

Office of Disability Support Services
620 Michigan Ave., N.E. | Washington, DC 20064 | 202-319-5211 | 202-319-5126 (FAX) |
cua-dss@cua.edu | dss.catholic.edu |

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6. Please provide detailed information regarding how the diagnosi(e)s or condition(s) has a major life impact on the student in the dining or other relevant environments.

_____

_____

_____

_____

7. Please complete the following chart in full, if applicable.

Allergen	**Not Allergic**	**Airborne**	**Contact**	**Ingestion**	**Reaction**
Wheat					
Peanut					
Soy					
Egg					
Milk					
Shellfish/Fish					
Tree Nut					
Other:					
Other:					
Other:					

***Please attach specific results confirming indicated allergies and reactions.**

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8. Describe both current and relevant past treatment plans, including medication use, any medically recommended or prescribed diet, and their effects. Please address the following:

a. Does the student have a current prescription for emergency epinephrine (Epi-Pen)?

b. Is the student currently on a medically recommended or prescribed diet? If yes, please describe the diet.

_____

_____

_____

_____

8. Please provide any additional information or recommendation that you may be necessary.

_____

_____

_____

_____

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PLEASE TYPE OR PRINT CLEARLY

Name & Title _____

Signature_____ **Date:** _____

License/Certification #_____ **State** _____

Address _____

City, State, Zip Code_____

Phone _____

Updated October 2020

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