



SINGLE ROOM ACCOMMODATION REQUEST

3.17.2021

The Delaware College of Art and Design is committed to providing safe, welcoming, and inclusive housing options for all students. The Single Room Accommodation allows for a student, with documentation, to live in a private room without a roommate. The intent of this policy is to provide students with a housing option that will best suit their personal, social, and community needs. Single room accommodations will not be assigned to a student without documentation and are reserved for students with a proven need for the accommodation.

A request for a single room cannot be guaranteed as DCAD has an extremely limited number of single room accommodations. Requests will be approved on a first-come, first-serve basis provided all required documentation and processes have been completed.

DCAD reserves the right to reserve single rooms for reasons such as, but not limited to: future student needs, emergency housing options, etc. Documentation must be provided prior to April 23rd for returning students or July 1st for new students. Single accommodations may be denied before this date should the option become full or obsolete, whichever occurs first.

Documentation for approved Single Room Accommodations must be renewed by April 1st for each following academic year.

Once documentation has been received, the student will be notified by Student Services regarding the outcome of the request. Single accommodations will be considered only when the student provides:

1. Verification of the student's disability and a description of the nature and severity of the student's disability from a qualified person, including the person's credentials.
2. A statement on how the single room serves as an accommodation for the documented disability.
3. A description of diagnostic methodology.
4. A description of the student's current functional limitations.

By signing below, you acknowledge that you understand the required documentation and process in order to be granted approval for a single room accommodation. Any incomplete submissions will not be considered.

Student Name: _____

Student Signature: _____ Date: _____



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Student Name: _____ DOB: _____

I authorize the medical provider listed below to discuss my condition(s) with DCAD on an as needed basis.

Student Signature: _____ Date: _____

The form below must be completed by a licensed clinical professional or health care provider familiar with the history and functional limitations of the student with no familial relationship to the student. If this space is inadequate, please attach additional paper or supporting materials.

As the licensed professional who has suggested that having a Single Room in campus housing may contribute to the student's treatment plan, please complete this form so that we may evaluate the request for this accommodation.

Medical Provider's Name: _____ Signature: _____

Address: _____

Email, phone, and/or fax: _____

License #: _____ Date: _____

How long have you treated or counseled the student? _____

Date of initial appointment: _____ Date of last office visit: _____

Please return this form to Marcus Freeman, Director of Student Services by (email) mfreeman@dcad.edu or (fax) 302.622.8870

1. What is the student's diagnosis? Please include the severity, symptoms, and date of diagnosis:

2. Identify the specific limitations/impairment caused by the diagnosis and how this substantially limits the student's participation in one or more aspects of typical college life:

3. Explain how the accommodation of a single room is necessary for the student to succeed:

4. Have any other accommodations been identified that may be equally effective in allowing use and enjoyment of housing? If applicable, indicate any mitigating measures that have been tried, or are currently being used, and how they alleviate or eliminate limitations:
