Student Dining Accommodation Request Form

The Office of Student Accessibility Services (SAS) at Franklin & Marshall College is committed to providing dining accommodations for students with documented disabilities. We are a four-year residential college and find dining together is one factor that allows students to develop a sense of community. Some students have documented conditions which require an accommodation to the Meal Plan. Franklin & Marshall College currently offers an array of dining options that include gluten-free, vegan and Kosher selections, in addition to other healthy eating choices.

Procedures for Requesting Dining Accommodation:

1. Please complete the SAS Intake Form through Accommodate.
2. Send the Dining Accommodation Request Form to your health care provider for completion. Note that the health care provider (physician, psychologist, psychiatrist, etc.) must be qualified to make recommendations for accommodating your specific disability.
3. Submit documentation of your disability. Documentation may be submitted by either the student or the student’s health care provider and must meet the following criteria:
   - Documentation is recent so as to assess the current and substantial impact of the student’s disability on a major life activity.
   - Documentation establishes a direct link between the underlying impairment and the requested dining accommodations.
   - Documentation follows the SAS Guidelines.

The completed Student Dining Accommodation Request Forms, along with supporting documentation, may be:

- returned to the student so they can upload it to their SAS portal,
- emailed to sas@fandm.edu,
- or faxed to 717-358-4420

Dining accommodations are time sensitive. Ideally, they are made prior to the start of a semester. Requests made within the first two weeks of the semester may be honored, depending upon the circumstances. Dining accommodations requested more than two weeks into a semester pose a greater challenge.
Dining Accommodation Request Form – Student Information

These forms are to request dining accommodations for a student with a documented disability. The completed forms are to be:

- uploaded to your SAS Accommodate portal,
- emailed to sas@fandm.edu,
- or faxed to 717-358-4420

SECTION A – STUDENT INFORMATION

Last Name: __________________________ First Name: __________________________ MI: ___

College House: ____________________________________________________________

SECTION B – CONDITION AND DINING ACCOMMODATION REQUESTED

Please provide responses to the following information request regarding your disability and attach statements to this form:

1. Please specify your disability requiring dining accommodations and whether this is a temporary or permanent request.
2. Please describe your dining request(s).
3. Please provide a thorough explanation of how the request relates to your dietary needs.

I certify that the documentation and statements attached to this request are both true and accurate. I grant my permission to SAS to share this information, as well as that supplied by my health care provider, with the necessary College personnel (which may include the Sodexo Registered Dietitian for F&M) in making a determination regarding my request as well as implementing an approved accommodation.

Student signature: ___________________________________________ Date: _________________
Dining Accommodation Request Form
(To be completed by certified professional)

Waiver
“I am requesting that information regarding my disability be released by __________________________ to the Office of Student Accessibility Services at Franklin and Marshall College.”

Student name: ___________________________ Birth date: ___________________
Student signature: __________________________ Date: ___________________

The above named student is requesting dining accommodations at Franklin & Marshall College. So that we may respond to the student’s request, please complete all information below and return to:

• the student so they can upload it to their SAS Accommodate portal,
  • sas@fandm.edu,
  • or fax to 717-358-4420

SECTION A – PROFESSIONAL CONTACT AND CREDENTIALS
Name: _______________________________________
Specialty: _____________________________________ Phone: _____________________
Address: _________________________________________
License/Certification Number and State of License _______________________________________
Date of Initial Contact with Student __________ Date of Last Contact with Student ___________

SECTION B – DIAGNOSIS, TREATMENT AND RECOMMENDATIONS
Please provide all relevant information on your professional letterhead (not a prescription pad) and attach to this sheet.

1. A diagnostic statement along with date of most recent evaluation.
2. The functional limitations imposed by the student’s condition and how a dining accommodation could assist in mitigating limitations.
3. The expected duration, stability or progression of the diagnosis.
4. Specific recommendations for a dining accommodation along with an explanation supporting the recommendation.

I certify that the documentation and statements attached are both true and accurate.

Professional’s signature__________________________ Date____________________