



## **Student Dining Accommodation Request Form**

The Office of Student Accessibility Services (SAS) at Franklin and Marshall College is committed to providing dining accommodations to students with documented disabilities and medical conditions. We are a four-year residential college and find dining together is one factor that allows students to develop a sense of community. Therefore, all students are required to purchase a Meal Plan. Some students have documented health conditions which require an accommodation to the Meal Plan. Franklin and 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 Disability Services Notification Form.
2. Send the Dining Accommodation Request Form to a health care provider for completion. Note that the health care provider (physician, psychologist, psychiatrist, etc.) must be qualified to make recommendations for accommodating this disability.
3. Submit documentation of the 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 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 Student Dining Accommodation Request Form, along with supporting documentation, may be returned to:

Dr. Alison Hobbs  
Coordinator of Student Accessibility Services  
Franklin and Marshall College  
P.O. Box 3003  
Lancaster, PA 17604  
Or fax to 717-358-4420



**Dining Accommodation Request Form – Student Information**

These forms are to request dining accommodations for a student with a documented disability. These completed forms, along with an SAS Disability Services Notification Form are to be submitted to:

Dr. Alison Hobbs  
Coordinator of Student Accessibility Services  
Franklin and Marshall College  
P.O. Box 3003  
Lancaster, PA 17604  
Or fax to 717-358-4420

**SECTION A – STUDENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

**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 the 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 the need.

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 provided by my health care provider, with the necessary College personnel 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)

<p>Waiver          “I am requesting that information regarding my disability be released by _____ to the Office of Student Accessibility Services at Franklin and Marshall College.”</p>	
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:

Dr. Alison Hobbs  
 Coordinator of Student Accessibility Services  
 Franklin and Marshall College  
 P.O. Box 3003  
 Lancaster, PA 17604  
 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 \_\_\_\_\_