STUDENT ACCESSIBILITY SERVICES NEW YORK CITY CAMPUS 163 WILLIAM ST, 10<sup>TH</sup> FLOOR

7.	lf y	ou	are a	a summer	resident	traveling	from	overseas	and	English	is not	your	first

Granted Housing Accommodations: _		
Years Attended:		

What housing accommodations are you

STUDENT ACCESSIBILITY SERVICES

NEW YORK CITY CAMPUS

163 WILLIAM ST, 10<sup>TH</sup> FLOOR

NEW YORK, NY 10038

SASNYC@pace.edu



## Professional Disability Assessment Questionnaire: Housing Accommodations Request

Please complete form and return to Student Accessibility Services via email to <a href="SASNYC@pace.edu">SASNYC@pace.edu</a>. Please provide SAS as much as detail as possible about h\Y'ghi XYbh@ need for housing accommodations and how it relates to his or her academic functioning.

	Date:			
	State of Licensure and License #:			
Medical or other specialty:	Degree:			
Address 1:	Telephone #			
Address 2:	Fax #			
Date of initial contact with patient:				
Dates of Treatment:				
Diagnosis:	Diagnostic Code:			
Diagnosis:	Diagnostic Code:			
Diagnosis:				
Diagnosis:	Diagnostic Code:			
Severity (please evaluate on a scale of 1-10):				
(Mild) 1 2 3 4 5 6 7	8 9 10 (Severe)			

Limitations imposed by the disability in an academic setting and how the suggested housing accommodations would mitigate these limitations (please be as specific as possible):
Rationale for the necessity of the housing accommodation based upon the disability (please be as detailed as possible):
Prior interventions/ strategies utilized aof of asnsses a/ sof rp astetof be

Outcome of those interventions:	
Other information which may be useful in determining a reasonable housing accommodation:	
Signature (verifying that you are not related to the student by blood or marriage):	
Date:	

Thank you very much for your time and assistance. If you have any comments, questions, or concerns, please contact:

Student Accessibility Services
Pace University
163 William St, 10<sup>th</sup> Floor, New York, NY 10038
SASNYC@pace.edu

