



Addendum: Housing Request for Single Room

Disability Accommodations & Support Services

Arroyo Hall 210

Telephone 805-437-3331 Fax 805-437-8529 Email: accommodations@csuci.edu

If you are prescribing a single room for housing, please complete the following questions in detail:

First Name

Middle Initial

Last Name

Date of Birth

1) What symptoms will be reduced for this individual by having a single room?

2) Is there evidence that a single room has helped this individual in the past or currently?

3) In your professional opinion, how important is it for the individual's well-being to be placed in a single room?

4) Single room could be a private bedroom in a shared suite where the individual has private room but shared common areas could include living room, kitchen and bath. Would this meet the student's disability-related need?

5) What consequences, in terms of disability symptomatology, may result if the accommodation is not approved?

Certifying Professional:

Diagnoses must be within the professional expertise and scope of practice of the certifying professional.

Clinician's Printed Name

Clinician's Signed Name

Date

License #

Title

Phone

Fax

Street Address

City

State

Zip