



Queen's University Residences Special Considerations Form

Dear Student,

While rooms in residence are generally assigned on a random lottery basis, in some cases a disability or medical condition and the related functional limitation may be taken into account in the room assignment process.

The form you and a regulated health care practitioner will be asked to complete must verify you have a disability or medical condition and an associated functional limitation that Queen's University Residences should consider taking into account when determining your room assignment.

This form does not replace the standard residence application process and you must complete the residence application and make the application deposit by the required deadlines.

Once we have received your form directly from the regulated health care professional you will be notified by e-mail to confirm your request is under consideration. Please be advised that not all disabilities or medical conditions require special assignments.

Please note that any disability-related documentation you submit in support of your Residence application remains with Queen's Residence and is not automatically forwarded to QSAS. Should you require academic accommodations for reasons of a disability, please visit the QSAS website for information on registration and submitting appropriate documentation.

Queen's Residences is committed to accommodating students with disabilities in accordance with the *Ontario Human Rights Code*.

The accommodation process under the *Code* is intended to remove identified barriers so students with disabilities have the same right as other students to participate in residence life with dignity and independence. The accommodation process is not intended to address transition-related stress, ensure students are within a certain proximity to specific campus services (e.g., libraries, athletics facilities, etc.) or ensure students are placed amongst other students studying similar courses/programs.

The regulated health care professional who completes this form will be asked to use their assessment and detailed knowledge of your disability or medical condition to describe the functional impact of that disability or medical condition. Please bring this form to the health care professional who has diagnosed the condition or has been providing care.

Any information provided on this form is kept strictly confidential and will not be shared with anyone outside of Queen's Residences, the Queen's Student Accessibility Services (QSAS) and the Campus Security & Emergency Services in cases where a student has been identified as requiring help in an evacuation.



Completing this Form:

1. Complete Section A before providing the form to your health care professional.
2. Have your Health Care Professional complete Section B and Section C.
3. Provide the completed form to Queen's Residences using the contact information below.
DEADLINE: This form must be returned to the Residence Admissions Office by the same deadline as your application and deposit (June 8th) to be considered. We cannot guarantee special accommodation requests if documentation is received after the deadline or after room assignments are released in August.

Sincerely,

Queen's University Residences

Residence Admissions

D015 Victoria Hall, Queen's University

Kingston, Ontario, K7L 3N6

Phone# 613-533-2550 Fax# 613-533-6759

Email: reshouse@queensu.ca (If you are scanning and emailing, please password protect your document and send the password in a separate email)

Personal information is collected under the authority of the Queen's University Royal Charter, 1841, as amended, and will be used for residence room placement purposes. Questions regarding the collection or use of this personal information should be directed to Libby Hearn, Residence Admissions Manager, 613-533-6000 ext. 77923 or hearnl@queensu.ca



Queen's University Residences Special Considerations Form

Dear Regulated Health Care Professional,

While rooms in residence are generally assigned on a random lottery basis, in some cases a functional limitation related to a disability or medical condition may be taken into account in the room assignment process.

You are being asked to complete the attached *Queen's University Residences Special Considerations Form* by a student who wishes to have the university consider information related to their disability or medical condition in the room assignment process. It is important to understand that residences (in general) are high-density environments with shared amenities.

Not all disabilities or medical conditions require special assignments and the completed documentation must verify the student has a disability or medical condition, and identify the functional limitation (if any) related to the disability or medical condition. As an example, while a student may experience stress about being assigned to a certain type or location of room the perceived ability to manage the associated stress, for purposes of completing this form, is different from a clinical level of anxiety.

We rely on your assessment and detailed knowledge of this student and their diagnosed disability or medical condition to provide us with a description of the current functional impairments and limitations impacting the student in the context of their living situation. This form should only be completed by you if you are the regulated health care professional who has treated or diagnosed the particular disability or in the event you have reviewed the relevant documentation that is relevant to their room assignment and can give a professional opinion.

PLEASE NOTE- We require the functional limitation associated with the disability or medical condition, not the diagnosis. For example, if you are requesting elevator or ground level access due to a broken leg, the functional limitation might read: pain and limited mobility makes using stairs impossible

The information you provide will be used by the University to determine individualized accommodations that ensure students with a disability or medical condition are appropriately accommodated in accordance with the Human Rights Code.

Any information provided on this form will be kept strictly confidential and will not be shared with anyone outside of Queen's University Residences, Queens' Student Accessibility Services or in some cases Campus Security and Emergency Services in cases where a student has been identified as requiring help in an evacuation.

Thank you for your assistance, Queen's University Residences



Contact Information:

Residence Admissions

D015 Victoria Hall, Queen's University

Kingston, Ontario, K7L 3N6

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SECTION A: To be completed by Student



Name: _____

8 digit student ID number: _____

Email: _____

(Queen's email is preferable if you have not received it at the time of submission, please provide an alternate)

I am a:

- First year student Upper Year Student Don or ResSoc staff

Through the residence meal plan, you will have numerous options for dining on-campus, including three dining halls (**Leonard Hall**, **Ban Righ Dining Hall** and **Jean Royce Dining Hall**) and 21 **retail locations**. Our dining halls feature an all-you-care-to-eat service, with a wide selection of gluten free, vegetarian, vegan, and other options at every meal. Many of our retail locations also feature gluten free, vegetarian and vegan meal options. Students with food allergies (particularly with anaphylactic allergies to food) and other health conditions will require assistance and support to ensure a safe and enjoyable experience. By marking one or both of the boxes below you will assist us in providing that support. You will receive a follow-up contact with further information.

I have an anaphylactic allergy related to food and will require assistance with the meal plan

I have disability or medical condition (other than an anaphylactic allergy) requiring assistance with the meal plan

Consent to release of information

I _____ (your name) authorize my regulated health care professional to provide information outlined in Section B and C of this form to the Queen's University Residences (QUR) and Queen's Student Accessibility Service (QSAS).

Student Signature _____

Date: _____



Student Name _____

**SECTION B: CONFIRMATION OF DISABILITY and FUNCTIONAL IMPAIRMENTS
(To be completed by a Regulated Health Care Professional)**

The following criterion must be met for the determination of a disability:

The student experiences functional impairments due to a disability or diagnosed health condition that impacts the student's ability to function in certain living situations, arrangements or environments while pursuing post-secondary studies in a residence setting.

I confirm that according to the criterion outlined above:

This student has a disability and/or diagnosed health condition

This confirmation of disability is based on (Choose A or B):

A. I have recently assessed this student and am knowledgeable about their disability and related functional impairments.

B. I have expertise in this area of disability and have reviewed current documentation provided by this student that gives a detailed assessment of their disability and related functional impairments.

If you checked box A, please complete the section below

Date of diagnosis or determination of disability or underlying health condition:

Date I first assessed this student and their disability or underlying health condition:

Date of most recent assessment of functional impairments: _____

I am care professional who diagnosed or is currently treating / managing this condition

I am not currently involved in this student's ongoing health care management

The expected duration for the medical condition or disability above is:

Expected duration of the functional limitation (e.g. permanent/chronic, temporary, etc.)

What is the severity of the condition? Please mark one:

Mild Moderate Severe

Student Name _____



FUNCTIONAL IMPAIRMENTS and LIMITATIONS ASSESSMENT

***Please provide functional limitation, not the diagnosis**

Based on your knowledge of the student’s diagnosed disability or medical condition please complete the chart below

Required Accommodation Based on Diagnosis	√	Specify the Functional Limitation *This section is mandatory
Carpet free room		
Single (private) room		
Elevator or ground level access		
Wheelchair accessible room		
Private/Semi-private washroom		
Equipment for hearing		
Visual Fire Alarm		
Bed Shaker		
Walking endurance/distance		
What is the maximum amount of time the student can walk unassisted?		
Requires close proximity to a dining hall		
Does the student’s functional limitation make it impossible to take public transportation?		
Does student have an anaphylactic allergy requiring assistance and support with the residence meal plan?		
Does the student require assistance in the event of an evacuation?		
Other:		
please define:		

Student Name _____

Does the student require a service animal (as defined in Section 1 of the Blind Persons Rights' Act) or has an animal been prescribed to support the student with a particular disability or medical condition?

Yes No

If "Yes", please describe the function the animal performs for the student related to the disability:

SECTION C: Certification of Regulated Health Care Professional

Practitioner's Name (Please print): _____

Signature: _____ Licence/Registration Number: _____

Date _____

Phone: _____

Regulated Health Care Professional:

OFFICE STAMP

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- Physician – Family
- Physician – Specialty: _____
- Psychologist / Psychological Associate
- Other Regulated Health Care Professional: _____

Please send the completed form directly to:

Residence Admissions
D015 Victoria Hall, Queen's University
Kingston, Ontario, K7L 3N6
Phone# 613-533-2550 Fax# 613-533-6759
Email: reshouse@queensu.ca

If you are scanning and emailing, please password protect your document and send the password in a separate email.

Alternatively, provide the documents to the student/patient in a sealed envelope with the office stamp over the seal.