



DOCUMENTATION TO SUPPORT EXEMPTION FROM A MEAL PLAN
AS A REASONABLE ACCOMMODATION
(including res halls, apartments and theme houses)

This form is to be completed by the professional who evaluated this student.

Please complete this form to provide needed medical information (diagnosis) for this student:

Student name: _____

Please provide required information: name and signature of the professional providing this information.

Name (printed): _____

Signature: _____

Professional Credentials: _____

This information will help determine

1. Whether this student meets criteria for an individual with a disability according to federal law
2. Appropriate and reasonable accommodations that are supportive of this request

1. Clear statement(s) of the condition(s), including diagnosis, date of diagnosis and expected duration of the diagnosed condition.

2. The basis for the diagnosis (testing with most recent date) and date of onset of this condition/diagnosis.

3. The functional impact or limitations that result from this diagnosis.

4. What is the severity of the impact of the condition/diagnosis on the student's performance of major life activities in comparison to most people in the general population?

5. Recommended accommodation(s). The student is requesting exemption from the meal plan as an accommodation. If you believe that exemption from the meal plan is necessary **and vital for the student's health**, please explain the basis for your opinion and why you deem exemption from the meal plan is necessary for this student. (NOTE: Student's sign a contract to participate in a meal plan when living on campus. Dining hall personnel will work with students to meet diagnosed dietary needs)

We may request additional or more detailed information.

Thank you.

Sincerely,

Jane Eddy,
Director, Academic Resource Center
Coordinator of Disability Services
Viterbo University
608-796-3194/jleddy@viterbo.edu