



August 2018

Dear Student,

### **Residences Special Considerations Form**

While rooms in residence are 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 the Bader International Study Centre (BISC) should consider when determining your room assignment.

This form does not replace the standard residence application process and you must still complete the residence application.

The form should be completed by the health care professional who has diagnosed the condition or has been providing care as they 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.

After you have uploaded the completed form from your 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 the Bader International Study Centre and is not automatically forwarded to Queen's Student Accessibility Services (QSAS). Should you require academic accommodations for reasons of a disability, you must apply directly to QSAS.

Any information provided on this form is kept strictly confidential and will not be shared with anyone outside of BISC Student Services and Operations staff who will facilitate the accommodation.

#### **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. Upload the form to the BISC [Student Portal](#). Deadline August 30, 2018.

Yours sincerely,

BISC Welcome Team

Bader International Study Centre  
Herstmonceux Castle  
Hailsham, East Sussex  
United Kingdom, BN27 1RN  
Phone: +44 1323 834444  
Fax: +44 1323 834499  
Email: [welcome@bisc.queensu.ac.uk](mailto:welcome@bisc.queensu.ac.uk)



**BADER**  
INTERNATIONAL STUDY CENTRE  
CAMPUS AT HERSTMONCEUX CASTLE

| [www.queensu.ca/bisc](http://www.queensu.ca/bisc)  
| TEL: +44 (0)1323 834444  
| A Limited Company Registered in England No. 2837809  
| Registered Charity No. 1025387

August 2018

Dear Regulated Health Care Professional,

While rooms in residence are 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.

You are being asked to complete the attached *Queen's University Residences Special Considerations Form* by a student who wishes to have the Bader International Study Centre (BISC) consider information related to their disability or medical condition in the room assignment process. It is important to note that the BISC residence is a high-density environment 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.

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.

The information you provide will be used by the BISC to determine individualized accommodations that ensure students with a disability or medical condition are appropriately accommodated.

Any information provided on this form is kept strictly confidential and will not be shared with anyone outside of BISC Student Services and Operations staff who will facilitate the accommodation.

Thank you for your assistance,

Yours sincerely,

BISC Welcome Team

Bader International Study Centre  
Herstmonceux Castle  
Hailsham, East Sussex  
United Kingdom, BN27 1RN  
Phone: +44 1323 834444  
Fax: +44 1323 834499  
Email: [welcome@bisc.queensu.ac.uk](mailto:welcome@bisc.queensu.ac.uk)



**SECTION A:** To be completed by Student

Name: \_\_\_\_\_

8 digit student ID number: \_\_\_\_\_

Queen's Email: \_\_\_\_\_

Alternate Email: \_\_\_\_\_

I am a:

First year student

Upper Year Student

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 of BISC Student Services and Operations staff who will facilitate any required accommodation.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_



**Section B:** To be completed by a Regulated Health Care Professional

**CONFIRMATION OF DISABILITY and FUNCTIONAL IMPAIRMENTS**

**Student Name** \_\_\_\_\_ :

**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**

Based on your knowledge of the students diagnosed disability or medical condition please complete the chart below.

Required Accommodation Based on Diagnosis	√	Specify the Functional Limitation
Carpet free room		
Single (private) room		
Elevator or ground level access		
Wheelchair accessible room		
Private/Semi-private washroom		
Visual Fire Alarm		
Walking endurance: - What is the maximum amount of time the student can walk unassisted? - Does the student’s functional limitation make it impossible to take public transportation - Does the student require assistance in the event of an evacuation		
Anaphylactic allergy		
Other		

Practitioner’s Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Licence/Registration Number: \_\_\_\_\_

Date \_\_\_\_\_

Phone: \_\_\_\_\_

**OFFICE STAMP**  Physician – Family

Physician – Specialty: \_\_\_\_\_

Psychologist / Psychological Associate

Other Regulated Health Care Professional: \_\_\_\_\_





**BADER**  
INTERNATIONAL STUDY CENTRE  
CAMPUS AT HERSTMONCEUX CASTLE

| [www.queensu.ca/bisc](http://www.queensu.ca/bisc)  
| TEL: +44 (0)1323 834444  
| A Limited Company Registered in England No. 2837809  
| Registered Charity No. 1025387