

HOUSING ASSESSMENT FORM

(PART I - TO BE COMPLETED BY STUDENT)

Semester (e.g. Fall, Spring, Summer): _____ Year: _____

New Student Returning Student Dawg Tag #: _____

Name: _____
Home Phone #: _____
Home Address: _____

DISABILITY

Physical Limitation(s) Hearing Impairment Visual Impairment
 Other: _____

Please describe functional limitations & needs with regard to housing: _____

ADAPTIVE EQUIPMENT (I will bring the following)

Shower Bench Hoyer Lift Manual Chair "wide
 Shower Chair Crutches / Walker Power Chair " wide
 Guide / Support Dog Motorized Cart / Scooter
 Special Bed (please describe) _____
 Other (please describe) _____

ACCOMMODATIONS (I will need the following)

Widened Doorways Shower Bench provided for me Handrails in Bathroom
 Raised Desk (aprx. _____") Visual Fire Alarm Roll-In Shower
 Raised Toilet Seat Visual Door Knocker Braille Signage
 Electronic Door Opener (if cannot manipulate keys) _____
 Other Modifications: _____

Student Signature _____

Date _____

HOUSING ASSESSMENT FORM

(PART 2 - TO BE COMPLETED BY DSS STAFF)

DATE COMPLETED: _____

DSS RECOMMENDATIONS FOR ROOM ASSIGNMENT PURPOSES:

- No Modifications at this Time
- Accessible Room
- First Floor Only
- Low Floor
- Single Room at Double Room Rate:

At:

- | | |
|--|--|
| <input type="checkbox"/> West Campus-TP | <input type="checkbox"/> Wall/Grand Apartments |
| <input type="checkbox"/> East Campus-High Rises | <input type="checkbox"/> Evergreen Terrace |
| <input type="checkbox"/> East Campus-University Hall | |

Additional Comments: _____

DSS Staff Signature _____

Date _____