



# University of Vermont

## Office of Accessibility Services

### **Dietary-Based Disability Documentation Form**

**\*\*TO BE COMPLETED BY HEALTH CARE PROVIDER\*\***

A major facet of living at a residential college is dining together, and the opportunity for developing a sense of community that arises in this setting. To this end, all students living on campus are required to purchase a Meal Plan. Occasionally, based on documented health conditions, there are certain dietary needs that may require implementation of a dietary accommodation.

The University of Vermont (UVM) offers many dining options capable of accommodating many different dietary needs, including but not limited to gluten-free, vegan options, and kosher dining, in addition to a wide array of healthy eating choices. There are a variety of atmospheres in which students can eat - ranging from a large dining hall to smaller venues. Please visit <https://uvmdining.sodexomyway.com/> to learn more.

#### **REQUEST FORM COMPLETION AND REVIEW:**

A qualified professional not related to the student may complete this form to support a student's request for dietary accommodations at UVM. This information will be used in conjunction with the student's self-report and SAS staff members' structured interview to determine reasonable accommodations on an individual basis.

While this documentation may be sufficient in establishing the presence of a disability, recommendations on this form do not automatically bind SAS to determine the student eligible for specific accommodations. A provider's recommendations are taken into consideration as part of a full review that includes a multitude of factors.

Once this completed form is received, Student Accessibility Services (SAS) will review this request to determine eligibility. The review process can take up to 14 business days.



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Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of initial contact with student: \_\_\_\_\_

Date of most recent interaction with student: \_\_\_\_\_

Frequency or number of contacts since initial appointment: \_\_\_\_\_

Medical /therapeutic equipment needed: \_\_\_\_\_

| Relevant Diagnosis | DSM-5 or ICD-10 Code | Date of Diagnosis |
|--------------------|----------------------|-------------------|
|                    |                      |                   |
|                    |                      |                   |
|                    |                      |                   |

Describe evaluations used to make the diagnoses. **If available, provide diagnostic reports of the evaluations.**

The condition is:

☐ Permanent      ☐ Temporary: Anticipated duration of condition: \_\_\_\_\_

Describe any relevant side effects of current prescription medications.



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List current, relevant symptoms and functional limitations that impact the student's experience with eating or dining in college facilities. **Include the severity, frequency, and duration of each.**

Indicate which options below are necessary to meet the student's dietary needs:

- ☐ Access to gluten free section (including baked goods, soups, sandwiches, etc.)
- ☐ Access to the dairy free menu options
- ☐ Access to peanut and tree nut free menu options
- ☐ Access to vegetarian menu options (including seasonal/organic/local produce)
- ☐ Access to kosher menu options
- ☐ Specialized diets for gastrointestinal diseases (examples: Crohn's, Colitis, IBS)
- ☐ Specialized diets for diabetes
- ☐ Menu planning consultation with Registered Dietician
- ☐ Other – Describe: \_\_\_\_\_

Explain how this alternative to the standard meal plan would affect the student's underlying condition:



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Provide any further comments you feel Student Accessibility Services or the dietician should be aware of.

Name and credentials of provider: \_\_\_\_\_

License number and state: \_\_\_\_\_

Associated organization: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

**Submit this completed form to Student Accessibility Services (SAS) in one of the following ways:**

**Email:** [access@uvm.edu](mailto:access@uvm.edu)

**Fax:** 802-656-0739

**Mail:** Student Accessibility Services, UVM, 633 Main Street A-170 Living/Learning, Burlington, VT 05405

**Uploaded directly by student:** <https://myaccess.uvm.edu/ClockWork/user/student/files.aspx>

Questions? Call Student Accessibility Services: 802-656-7753