



**Verification of
Dietary Accommodations Form**

The student sharing this form has applied for dietary accommodations at Alverno College. To provide reasonable and appropriate services for students with disabilities, current and sufficient information documenting the disability and its functional impact is required. This form is intended to assist clinicians in providing that information so that eligibility for services can be determined. The information will not become part of the student's educational records and will be kept in the student's confidential file in the Student Accessibility Office.

Please return the completed form to:

**Derek Blemberg
Student Accessibility Coordinator
Alverno College
3400 S. 43rd Street
P. O. Box 343922
Milwaukee, WI 53234-3922
Fax: 414-382-6354**

If you have any questions, contact Derek Blemberg at 414-382-6722 or at StudentAccessibility@alverno.edu

Thank you for your assistance!

Verification of Dietary Accommodations

Name of Student:

DOB:

1. What is the diagnosis?

2. Date diagnosis was first determined:

3. Level of severity: Mild Moderate Severe

4. Date you first connected with student:
Date you saw the student?

5. This condition is: Temporary Permanent

6. Please describe the type, severity and frequency of symptoms experienced by this student related to this condition.

1. How does this condition interfere with the student's daily living and eating, particularly in a college setting?

2. Are there issues due to airborne contact, cross-contamination, ingesting food only, other, all of the above?

3. Describe the requested meal plan accommodation. Please explain how the requested accommodation is necessary to allow equal access to the College's meal plan and facility.

If applicable and not already provided, please provide a list of foods that must be avoided:

- gluten-free menu options
- dairy and lactose-free menu options
- specialized diets for gastrointestinal diseases (e.g. Crohn's, Celiac, Colitis, IBS, etc)
- menu-planning consultation with Dining Services staff
- other (please describe any modifications you believe are necessary; specify other food allergies, sensitivities and/or conditions)

PROVIDER INFORMATION:

Signature

Date

Name:

Title:

State of License:

License Number:

Address:

Telephone Number:

Aladdin Dining Services Use Only:

Meal plan accommodation request is denied: Student's dietary needs can be accommodated (plenty of food options available).

Student's dietary accommodations requests are approved (reduced meal plan, specially prepared meals, pre-ordered meals, etc.)

Description of dietary accommodations:

Student's dietary needs cannot be accommodated and is therefore exempt from the meal plan requirement.

Approved by:

Date Granted:

Dietary Accommodation Memo Sent to:

Student

Student Accessibility Coordinator

Residence Life