

## **Meal Plan Accommodation Request Form**

Dean College is committed to the full participation of students in all aspects of college life, including dining experiences. The Ultimate Dining Plan is required for all resident students and offers all students unlimited access to the Smith Dining Center during operating hours. In certain situations, students may need to request special dietary accommodations. The Dining Center works with students to help them meet their special dietary needs and will assist students with food allergies to make their own food choices. Some food allergies and intolerances may also be managed independently within the Dining Center. Prior to submitting a request, please review the [Sodexo Brochure](#), which provides a detailed description of the services available daily to students in the Dining Center. Students with documented disabilities who believe that eating in the Dining Center is not viable due to medically necessitated dietary requirements may request a meal plan accommodation by following the procedure below. The submission of the Meal Plan Accommodation Request Form and supporting documentation does not guarantee a specific request will be granted, but rather, will assist in evaluating accommodations.

### **Procedures for Requesting Meal Plan Accommodations:**

#### Students are required to:

- Meet with the Accessibility Services Coordinator (DSS) to discuss the accommodation request process, their dietary needs, and possible options
- Meet with the Director of the Dining Center to discuss dining options (depending on the request)
- Complete and submit a Meal Plan Accommodation Request Form
- Have the Housing/Meal Plan Accommodation Documentation Form completed by their licensed/qualified medical provider
- Ensure that provider documentation is submitted to the Accessibility Services Coordinator. Please note that DSS may ask for additional information from the student and/or their practitioner.
- Submit their application/request in a timely manner
- Reapply for a Meal Plan Accommodation each year
- Forward questions regarding the process to the Accessibility Services Office

#### The Meal Plan Accommodation Review Committee:

The committee can consist of members from any of the following offices: Accessibility Services, Sodexo, Student Development, Counseling Center, Health Services

#### The Committee:

- Will determine if additional information is needed to assess the requested accommodation(s)
- Will work with the student to determine what accommodation(s) would be appropriate to meet the student's needs
- Will promptly communicate its decision to the student in writing (or by email)

**Student Contact Information**

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_  
Campus Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_

Semester requesting:     Fall             Spring             Summer             Academic Year

**Disability-Related Information**

1. Please specify your disability and describe how it affects you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please list the specific special dietary accommodations you are requesting and why you believe they are necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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**Committee Decision (for office use):**

Date:

Approved  
 Approved based on the following conditions:

Denied

**Notes:**



Housing and/or Meal Plan Accommodation Documentation Form:
For the Licensed Medical Physician, Clinician or Allergist to complete

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

The above person is a current or entering student at Dean College and is requesting Housing and/or Meal Plan Accommodation(s) based on medical diagnosis(es). Please respond to the following questions regarding the student's medical diagnosis to assist Dean College in our response to this request.

- 1. Student's disability or chronic health condition diagnosis: \_\_\_\_\_
2. Date of the diagnosis: \_\_\_\_\_
3. How long is the condition likely to persist? \_\_\_\_\_
4. Is the student currently under your care? Yes \_\_\_ No \_\_\_
5. If yes, for how long have you cared for this individual? \_\_\_\_\_
6. Date of most recent treatment/contact: \_\_\_\_\_
7. What treatment or medications have been prescribed? \_\_\_\_\_
8. Does the student's disability or chronic health condition significantly limit any major life activities? Please explain. \_\_\_\_\_
9. Please state specific recommendations regarding the accommodation(s) this student needs in relation to their housing and/or meal plan and explain why such an accommodation is warranted based on their disability or chronic health condition. \_\_\_\_\_

Physician/ Clinician/Therapist signature

Printed Name of Clinician

State license number

Office Address

Office City State Zip

Office Telephone

Information may be forwarded to:
Office of Accessibility Services
Dean College
99 Main Street
Franklin, MA 02028
(f) 508-541-1829
(e) dss@dean.edu

Please note: General notes or statements without a specific diagnosis and list of necessary accommodations will not be accepted. Additionally, documentation statements from clinician parents/relatives will not be accepted.