

Agnes Scott College Office of Accessible Education Meal Plan/Dining Accommodation Request form

Students please complete and submit this form along with documentation from your medical provider (see page 2) to the Office of Accessible Education, Buttrick G13 (accessibility@agnesscott.edu). If you have not already, please also fill out our [New Student Application](#) in AIM. Please contact our office via email (accessibility@agnesscott.edu) if you have questions.

Student Information			
Student Name		Student ID #	
Student Email		Diagnosis/ Food Allergy	

Dietary Information	
Describe symptoms and severity related to your food allergies, diagnosis, or dietary restrictions.	
Please list the foods you CANNOT eat.	
Please list the foods you CAN eat.	
Do you carry an epipen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your allergies airborne?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What specific accommodations are you requesting?	
Additional comments related to your request:	

I understand that by signing this form I also authorize Agnes Scott College to communicate and share information regarding my request for special dietary modifications, and any emergency plans necessary in response to an allergic reaction, with appropriate staff in Dining Services, Student Affairs (including RAs), Public Safety, and Athletics (for student-athletes). This may include information provided in my supported medical documentation. All communications will be limited to information specifically related to the request for special dietary modifications and emergency plans.

Student Signature:	Date:

OAE Meal Plan/Dining Accommodation Documentation Guidelines for Providers

Medical providers, please refer to the Meal Plan Accommodation Documentation Guidelines below. Documentation can be faxed (404-471-6083), securely emailed (accessibility@agnesscott.edu) or hand delivered by your client to Agnes Scott College, Buttrick Hall, G13.

Documentation must:

- Be in the form of a **letter or report** from a physician or other medical provider who is **qualified to make the diagnosis** and is **currently treating you** for the disability for which you are requesting a meal plan accommodation.
- The documentation must be on official letterhead and should be signed and dated within the last two years.
- Include a **specific diagnosis**, a **statement** of your current condition, the **date and a summary of your most recent evaluation**, and the **expected duration** of your condition.
- Provide information regarding data used to determine a diagnosis and your interpretation of the data. Also address whether the student's difficulties could be better accounted for by other medical conditions. Appropriate diagnostic tools may include, but are not limited to: results of lab work, diagnostic tests/procedures, allergy testing, etc.
- State the current impact of (or **functional limitations**) imposed by the condition on dietary needs
- Provide your **recommendation and rationale for an appropriate meal plan accommodation**. Include a list of specific foods the student can / cannot have exposure to, along with a sample meal plan based on the student's dietary needs / restrictions. This information is necessary in order to determine whether campus dining options can meet the student's needs. Recommendations made by treatment providers are taken into consideration but cannot be guaranteed to be approved as accommodations.
- Include **possible alternatives** if the requested accommodation is not available.

If you have any questions please contact the Office of Accessible Education via email accessibility@agnesscott.edu.

In compliance with FERPA and the ADA, documentation submitted to Accessible Education is confidential and will not be shared with other internal departments or external entities. Students may request that a copy of their documentation be sent to another institution or released for their personal records.