



**Health Care Provider Meal Accommodation Form**  
**TO BE COMPLETED BY THE STUDENT'S HEALTH CARE PROFESSIONAL**

At Suffolk University we are committed to the full participation of students with disabilities in all aspects of college life, including dining experiences. All students living on campus are required to purchase a meal plan.

Suffolk University offers many dining options capable of accommodating many different dietary needs, including but not limited to gluten-free, vegan and kosher dining and nut free options. We also offer a wide array of healthy eating choices. For more information on our dining services please visit: <http://www.sudining.com/plans.html>.

Suffolk does recognize that occasionally students have special needs based on documented health conditions. For those students certain accommodations are available including but not limited to; consultation with a Sodexo chief, placement in a residence hall with access to a semi-private kitchen, reduction in the cost of the meal plan, or elimination of the required meal plan. In order to qualify for Meal Plan accommodations, the student is required to have their health care provider fill out this form and to provide any supporting documentation of their disability.

If you have any questions about this process, please contact Kirsten Behling at [kbehling@suffolk.edu](mailto:kbehling@suffolk.edu).

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**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Name and Credentials of the Health Care Provider:** \_\_\_\_\_

1. Please describe this student's disability (include history, diagnosis date, medication/ treatment plan and prognosis).

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2. Please describe the severity, and frequency of the symptoms currently experienced by the student, and how the disability interferes with eating or dining in the university's facilities.

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3. Is this student currently under medical care? If so, what is the nature and duration of the care?

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4. What modifications or accommodations do you suggest for the student to have a successful dining experience at Suffolk?

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5. Any further comments that you feel the Office of Disability Services should be made aware of when deciding on the student's accommodation?

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Please attach the documentation with the results of the evaluation which led to this diagnosis.

**Health Care Provider's Contact Information**

(Stamp, write or staple a business card with the provider's office address, phone number and email)

**Please send or fax this form to:**

Kirsten Behling  
Office of Disability Services  
Suffolk University  
73 Tremont St., 7<sup>th</sup> Floor  
Boston, MA 02108  
617-994-6812 (fax)

**Signature:**