

REASONABLE ACCOMMODATION VERIFICATION FORM
FOR REQUESTING AN ALTERATION TO THE MEAL PLAN

Student Name: _____

Student ID #: _____ Student DOB: _____

All students residing on the Berry College campus are required to participate in a meal plan; first-year students are required to participate in the “unlimited” meal plan. After the first year, students can select the meal plan that best suits their needs in accordance with the offerings available based on their academic year and assigned residence hall.

Participating in meals in the Dining Hall with other students is an important part of the students’ growth and develop and the experience of community at Berry College. Dining Services is eager to accommodate dietary needs to enable all students to eat meals in the dining hall. As you consider how we might accommodate the person in your care, note the following:

- On-campus residence halls
 - Each hall has a communal kitchen which includes a stove/oven, microwaves, and ice machine.
 - Students are permitted to bring a mini-refrigerator for their personal use within their assigned dorm room.
- The Berry College Dining Hall
 - The dining hall serves food cafeteria-style, with various types of food circulating around the environment;
 - Our food service provider, Aramark, is able to prepare meals separate from the hot and cold bars to be available as a take-away options for students to enjoy with peers in one of our other indoor or outdoor seating areas.
- Nutritionists are available to students at no cost to review available meal options and work through specific nutritional needs.

Berry College and its food service provider, Aramark, are committed to meeting the nutritional needs of all residential students including the specific nutritional needs of any student who has a dietary restriction due to a medical condition. In the rare case that Aramark cannot provide an accommodation to meet a student’s dietary need, the student may be granted an exemption from the College meal plan as an accommodation. If you are recommending an exemption from a meal plan, please complete questions one through three below and attach a letter outlining why the student’s needs cannot be met in the Dining Hall.

WITH ALL OF THIS IN MIND, PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR PATIENT’S REQUEST FOR A DINING ACCOMMODATION:

1. Please share the student’s diagnosis and/or a description of the medical requirement for dietary restrictions:

2. Are the dietary restrictions permanent or will there be changes over time?

- Restrictions are permanent Restrictions will change over time.

If the restrictions will change over time, how frequently will the student be re-evaluated?

3. Please share a description of the student's recommended diet, including a list of foods the student cannot safely consume.

4. Based on your knowledge of the student's condition, please describe important considerations for accommodating the student's dietary needs.

5. Please describe any specific concerns you have around cross-contamination or airborne allergens that may create an unsafe dining environment for the student, if applicable.

Name of Verifier (please print): _____

Position of Verifier: _____

Signature of Verifier: _____ Date: _____

Address: _____

License #: _____ Telephone #: _____