Disclosure Form – Information for clinicians

You are receiving the attached Disability Disclosure Form – Dietary, because a student under your care is requesting accommodations from the Disability Resource Center (DRC) at Northeastern University.

A diagnosis of a food allergy alone does not qualify a student for accommodations under the ADAAA. Accommodations are not based on the student’s diagnosis, but instead are designed to address the barrier(s) caused by any substantial limitation(s) related to the disorder. Accommodations are meant to allow full participation in academic and university life for students with disabilities; they do not guarantee student success.

Please note that the information you provide in response to the questions on this form must be current; in general, you must have seen the student within the last 6 months to meet this requirement. If you have recently begun treating this student, you may find that you do not yet have enough information to respond to the questions on this form. If you have not had recent clinical contact with the student, or otherwise find that you cannot effectively complete this form, please inform the student directly.

If you have questions or concerns about this form, how the information is used, or how best to support the student, we invite you to contact our office, at 617.373.2675 or email DRCDocumentation@northeastern.edu.
Disclosure Form-Dietary

Note to Clinicians:
The following options are offered in our dining halls for students with food allergies:

• Zone 8 is a designated station for guests dining with food allergies and sensitivities.
• Zone 8 operates for both lunch and dinner periods, seven days a week.
• Menu items prepared within the station are made without eight major food allergens – milk, eggs, peanuts, tree nuts, shellfish, fish, wheat, and soy.
• All Zone 8 staff are trained in food allergy awareness.

Other information that may be important:

• Our dining halls offer menu items that have been prepared without gluten containing ingredients (items are labeled avoiding gluten)
• All menu items are able to be pre-viewed ahead of time on the website with ingredient information as well as nutritional content information for serving sizes.
• Menu items and content will also be available on an I-pad set up in each dining location.
• Students are encouraged to meet with The Northeastern Dining team, as they will assist students in understanding the various options available in our on campus dining establishments, how to look up ingredients in the dining halls, as well as who to ask for if students are unsure about a particular dish or food.
• The Northeastern dining team sees ongoing guidance from expert professional organizations, such as Food Allergy Research & Education (FARE), to ensure that their approach remains current and reflects best practice guidelines.
In a previous disclosure form, you were asked to identify the student’s substantial limitations impacting academics and campus life. If you feel as though the student’s needs cannot be met in the dining halls based on the above, please answer the following:

1. Diagnosis: ________________________________

2. Is there a specific diet the student needs to follow? If so, what is the diet? Please feel free to attach specific diet plans.

3. What is the severity and extent of symptoms if the student is exposed to or ingests the above mentioned foods?

   Ingested- Mild  Moderate  Severe
   Exposed- Mild  Moderate  Severe

4. What is the impact of cross-contamination for this student?
5. Are there other considerations that we should be aware of in regards to the student’s ability to eat food in the dining hall in stations where allergens are avoided?

6. Is there any other information that would help us to evaluate the student’s request?

Clinician name: __________________________________________

Clinician’s state licensure/certification:

Specialty: ___________________________________________ Phone: ______________________

Signature: ___________________________________________ Phone: ______________________