TOURETTE SYNDROME & CAMPUS RESIDENCE LIFE

Tourette Association of America
Awareness. Research. Support.

Your residence hall is your home. You should not have to suppress tics to be accepted where you live. Ask for supports that address the barrier while preserving privacy, independence, and full participation in campus life. This resource is for students and residence life staff.

WHAT CAMPUS LIVING MAY LOOK LIKE

- Motor and vocal tics may become more noticeable with fatigue, stress, excitement, disrupted sleep, social pressure, or after suppressing tics during classes.
- Tics can include movements, sounds, words, or phrases and may change over time.
- ADHD, OCD, anxiety, sensory needs, executive-function difficulties, and sleep disruption can affect routines, organization, shared living, and roommate relationships.
- More tics in the residence hall may mean the student feels safe enough to stop suppressing - not that symptoms are intentional.
- Ticcing by itself is not a medical emergency; follow campus health and safety procedures when there is injury, a sudden concerning change, or another acute medical need.

POSSIBLE HOUSING ACCOMMODATIONS

Examples only. Accommodations are individualized; a diagnosis alone does not guarantee a particular room type.

- A single room or reduced-roommate arrangement when a documented disability-related need makes standard shared housing inaccessible.
- A quieter or lower-traffic placement, or other room location that reduces a specific disability-related barrier.
- Access to a private or low-stimulation space for tic release, sensory regulation, or recovery from high-demand periods.
- Bathroom, environmental, room-location, or other housing features tied to the student's documented functional needs.
- A clear residence-life response plan for disability-related vocal or motor tics, including who staff should contact if concerns arise.

WHAT RESIDENCE LIFE STAFF SHOULD KNOW

- Tics are involuntary. Do not tell a student to stop, suppress, leave, or apologize simply because they are ticcing.
- Use a neutral response when possible. Repeated attention, public correction, or embarrassment can increase stress and symptoms.
- Do not assume louder or more frequent tics mean intoxication, aggression, attention-seeking, or intentional rule breaking.
- For roommate concerns, focus on workable access and communication.
- Consult Disability/Accessibility Services before treating known disability-related symptoms as misconduct.
- Protect privacy. Coordinate any roommate or floor education with the student and the appropriate campus office.

HOW STUDENTS CAN ADVOCATE

- Contact Disability/Accessibility Services and Housing/Residence Life early; housing accommodation deadlines may come before move-in or room selection.
- Describe the functional barrier - what is difficult in the residence environment and how the requested accommodation would provide equal access.
- Be prepared to provide documentation. A high-school IEP or 504 Plan may be useful history but does not automatically continue in college.
- Decide what, if anything, you want an RA, roommate, or residence director to know. A short "what my tics look like/what helps" profile can make communication easier.
- If an approved accommodation is not working, contact Disability/Accessibility Services promptly and ask about review, the ADA/504 coordinator, or the campus grievance process.

The TAA is here to provide personalized support, coordinate trainings, and more. Questions? Please reach out to programs@tourette.org or call 888-486-8738