AccessAbility Services
Request for Information: Emotional Support Animal
*Alternate formats are available upon request.*

Student Name: ___________________________  Student ID: ____________

TO BE COMPLETED BY DIAGNOSTICIAN OR TREATING PROFESSIONAL

The above-named student has applied to have an Emotional Support Animal on campus and we have some further questions to help us evaluate this request and determine if it meets requirements under the Americans with Disabilities Act and Fair Housing Act. The student has identified that you are the (physician, psychiatrist, physician’s assistant, nurse practitioner, social worker, mental health worker) who has prescribed an Emotional Support Animal (ESA) as part of the student’s treatment in alleviating one or more of the identified symptoms or effects of the student’s disability. In order to better evaluate the request for this accommodation, please answer the following:

Practitioner Name/Title: ___________________________  Date: _____________

Address: ___________________________________________

Phone #: ___________________________  Fax: ___________________________

License or Certification #: ___________________________  State: _____________

Specialty/qualification to make diagnosis: ___________________________________________

Client Name: ___________________________  Date of last appointment: _____________

Disability Overview: To be eligible for services your client must have a disability as defined by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 and Amendment of 2009. These laws define a person with a disability as one who (1) has a physical or mental impairment which substantially limits one or more major life activities, (2) has a record of such an impairment, or (3) is regarded as having such an impairment. “Major life activities” are functions such as walking, seeing, hearing, speaking, breathing, learning, caring for one’s self, performing manual tasks, and functions including, but not limited to, the immune system, bladder, bowel, respiratory, circulatory and endocrine systems. In addition, the animal is necessary as prescribed by you to give the student with a disability an equal opportunity to use the residence hall; and there is an identifiable relationship between the disability and the assistance provided.
Specific diagnosis/disability (DSM- 5 or statement of diagnosis per the ICD-10):

________________________________________________________________________

Description of current impact and symptoms associated with the condition as it relates to Residential Living (include nature, frequency, and severity of each symptom):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Severity of Condition (Mild, Moderate, Severe):_________________________________

________________________________________________________________________

What is the nature of the student’s mental health impairment (that is, how is the student substantially limited)? ________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Does the student require ongoing treatment?____________________________________

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________________________________________________________________________

Is the animal one that you specifically recommended to assist the student?________

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________________________________________________________________________

What symptoms will be reduced by having the ESA?_____________________________

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________________________________________________________________________
Is there evidence that the recommended ESA has helped the student in the past or currently?

__________________________________________________________________________________________________________________________________________________________________

In your professional opinion, how important is it for the student’s well-being that the ESA be in residence on campus? What consequences, if any, in terms of disability symptomology may result if the ESA is not approved?

__________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student’s symptoms in any way?

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Signature of Specialist ________________________________________ Date ____________

Please attach a copy of your business card or business stamp and any supporting documentation: e.g., psycho-educational evaluations for learning disabilities, psychiatric evaluations, audiology reports, vision reports, neuro-psychological evaluations, etc.

Return the completed form and supplemental documentation to:
AccessAbility Services
Western Connecticut State University
White Hall, Suite 005
181 White Street
Danbury, CT 06810
203-837-8225 (voice) * 203-837-8848 (fax) * aas@wcsu.edu