



DOCUMENTATION FOR PROPOSED EMOTIONAL SUPPORT ANIMAL

Student's Name: _____ SCSU Tech ID# _____

Emotional Support Animal (ESA) Name: _____

Type of animal: _____

Age of animal: _____

The above-named student has indicated that you are the (physician, psychiatrist, social worker, mental health worker) who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability.

The requesting student:

- ***Must have a documented disability.***
- ***Has requested the animal and the animal is necessary to afford the person an equal opportunity to use and enjoy the dwelling.***
- ***Has an identifiable relationship or nexus between the disability and the assistance provided by the animal.***

So that we may better evaluate the request for this accommodation, please answer the following questions:

Information About the Student's Disability

(A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")

1. What is the nature of the student's mental health impairment (that is, how is the student substantially limited?)

2. Does the student require ongoing treatment?

3. How long have you been working with the student regarding this mental health diagnosis?

Information About the Proposed ESA

- 4. Is this an animal that you specifically prescribed as part of treatment for the student?

- 5. What symptoms will be reduced by having the ESA?
Is there evidence that an ESA has helped this student in the past or currently?

Importance of ESA to Student's Well-Being

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

- 7. 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? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

Please provide contact information, sign and date this questionnaire (below), and return it to Student Accessibility Services via Fax at (320) 308-5100 or sas@stcloudstate.edu.

Provider Contact Information:

Name: _____
Address: _____
Telephone: _____
FAX and/or Email address: _____
Professional Signature: _____
License #: _____
Date: _____

Student Accessibility Services
202 Centennial Hall
720 4th Avenue South
St. Cloud, MN 56301-4498
Phone: (320) 308-4080 FAX: (320) 308-5100