

**SOUTHERN ADVENTIST UNIVERSITY  
DISABILITY SUPPORT SERVICES  
REQUEST FOR INFORMATION – EMOTIONAL SUPPORT ANIMAL**

Student's Name: \_\_\_\_\_

Proposed ESA - Name: \_\_\_\_\_

Type of animal: \_\_\_\_\_ Age of animal: \_\_\_\_\_

The above-named student has indicated they are currently under your care, that you are a licensed mental health professional, who has personally visited and seen them and that under your professional duty of care, you have personally indicated as necessary, that having an Emotional Support Animal (ESA) in the residence hall would be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. 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.")*

When was your initial contact with the student, how many follow-ups has the student had, how long have you been working with student regarding this mental health impairment?

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

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Does the student require ongoing treatment? If not, why not?

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What diagnostic criteria, evaluation methods, procedures and formal testing were used to identify student's mental health impairment?

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What is the student's formal diagnosis including an ICD or DSM V?

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Information about the proposed ESA

Is this an animal that you specifically prescribed part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

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What symptoms will be reduced by student having the ESA?

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Is there evidence that an ESA has helped this student in the past or currently?

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Importance of ESA to Student's Well-Being

In your opinion, how important is it for the student's well-being that the ESA be in residence on campus and why?

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What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

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Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing?

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Do you believe those responsibilities might exacerbate the student's symptoms in any way?

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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 your contact information below and return back to us.

Contact information: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Email address: \_\_\_\_\_

License #: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*This information will be reviewed and accommodation decisions made in accordance with federal mandates and the policies of Southern Adventist University. For further information or discussion, please contact Disability Support Services at 423-236-2574.*