Emotional Support Animal (ESA) Request: Supporting Documentation

TO BE COMPLETED BY THE STUDENT'S CURRENT MENTAL HEALTH CARE PROFESSIONAL

A licensed mental health care professional with a history of providing care to the student and who has recommended the proposed ESA as part of a therapeutic treatment plan should complete this form. This information will be used in conjunction with the student's self-report and SAS staff members' structured interview to determine reasonable accommodations on an individual basis.

Recommendations on this form do not automatically bind Student Accessibility Services (SAS) to determine the student eligible for specific accommodations. A provider's recommendations are taken into consideration as part of a full review that includes a multitude of factors.

Student's Name: _____

Date of Birth: _____

Documentation Questions

1. Does the student have a disability? Federal law defines a person with a disability as someone with a physical or mental impairment that substantially limits one of more major life activities, despite diagnosis.

☐ **Yes** ☐ **No**

Date of initial visit with the student regarding this disability: _____

Date of most recent interaction with student regarding this disability: _____

Frequency or number of contacts with the student since the initial visit: _____

2. List the specific limitations caused by disability. Describe how this substantially limits one or more major life activities for this student.

3.Describe the severity, frequency and duration of the symptoms/functional limitations.

4. Does the student require an ESA to alleviate one or more symptoms of the disability, and not merely as a pet?

☐ **Yes** ☐ **No**

5. Explain how the animal mitigates the student's symptoms and is necessary for the student to use and enjoy campus housing.

6. Did you prescribe the proposed ESA as part of a treatment plan for the student? Or, is it a pet that you believe will have a beneficial therapeutic effect for the student while in residence at UVM?

7. If possible, describe the efficacy of an ESA providing therapeutic benefits to this student in the past.

8. Describe the importance of having an ESA in residential housing for the student's wellbeing.

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

◯ **Yes** ◯ **No**

10. Do you believe those responsibilities may exacerbate the student's symptoms in any way? Please describe.

Health Care Professional Credentials

Your name and credentials: _____

License number and state: _____

Associated organization: _____

Address: _____

Phone number: _____

Signature: _____

Date: _____

Submit this completed form to Student Accessibility Services (SAS) in one of the following ways:

- **Email:** access@uvm.edu
- **Fax:** 802-656-0739
- **Mail:** Student Accessibility Services, UVM, 633 Main Street A-170 Living/Learning, Burlington, VT 05405
- **Uploaded directly by student via Accommodate:** go.uvm.edu/accommodate

Need help or have questions about this form? Call Student Accessibility Services at 802-656-7753.