

## Verification of Disability and ESA Request Form

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

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

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

The above-named student has indicated that you are the (**psychiatrist, social worker, licensed mental health counselor**) 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. **We require that the recommendation of an ESA be part of a therapeutic treatment plan and that the mental health professional and the student have an ongoing therapeutic relationship.** 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 (i.e., how is the student substantially limited)?
2. Does the student require ongoing treatment?
3. Describe your professional relationship with the individual on which you are basing the information.
4. Is your principle clinical relationship with the individual for the condition for which the ESA is prescribed?
5. How many sessions have you had with the student regarding this mental health diagnosis?
6. What other therapeutic methods have been utilized for treatment purposes prior to the recommendation of an ESA?

Please note that generally, documentation from mental healthcare professionals who have had had no contact with the student except for limited encounters specifically intended to produce an ESA letter are not considered reliable; the professional-client relationship will often lack diagnostic rigor and the level of familiarity with the functional limitations arising from the diagnosis to support robust recommendations.

### Information about the proposed ESA:

1. Do you believe that the recommended animal serves a role in mitigating the impacts of the disability in ways that go beyond the benefits that the typical individual receives from a pet?
2. What symptoms will be reduced by having the ESA?
3. Is there evidence that an ESA has helped this student in the past or currently?

**Importance of ESA to Student's Well-Being:**

1. In your opinion, how important is it for the student's well-being that the ESA be in residence on campus?
2. What consequences, in terms of disability symptomology, may result if the accommodation is not approved?
3. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing?
4. 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 the student.

Contact information:

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

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

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

FAX and/or Email address: \_\_\_\_\_

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

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

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

**Must be licensed in the state of Louisiana or the state from which the student is from.**