

Emotional Support Animal (ESA) Provider Information Form

Student's Name: _____

Date: _____

Name of Proposed ESA: _____

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 and can contribute towards a treatment plan. So that we may better evaluate the request for this accommodation, please answer the questions listed below as thoroughly and completely as possible.

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.")

What is the student's disability and how is the student substantially limited by it? Please specify the student's diagnosis(es) and discuss how the specific symptoms impact the student's functioning.

Does the student require ongoing treatment?

How long have you been working with the student regarding these challenges and what other treatment or management interventions have you tried?

Information About the Impact of the Proposed ESA

Please list the specific symptoms that will be reduced as a result of the student having an ESA in their residence hall. Please discuss how each symptom identified will be influenced by the presence of the ESA.

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

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?

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

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, and return by email, fax, or mail.

Nazareth University: Accessibility Services, 4245 East Ave. Rochester NY 14607 /

sasoffice@naz.edu / Fax: 585-389-2499

Provider's Contact Info:

Provider's Name:

Provider's Signature & Date:

Provider's Credentials & License #:

Address:

Telephone:

FAX and/or Email address: