



Disability Resource Center

Emotional Support Animal Documentation Form

Student's Name:

Date:

In order to properly evaluate the student's request for an Emotional Support Animal (ESA) in University Housing, the Disability Resource Center requires information from a licensed clinical professional or healthcare provider who is directly responsible for the treatment of the student's diagnosed disability, including the intentional use of an ESA to address the functional limitations that result from the student's physical or psychological condition(s).

As a qualified professional within your respective field, you should be diligent in following your professional training, scope of practice, and applicable ethics codes when considering this student's request. When completing this form please consider; does the student making the request have a disability which substantially limits their ability to equally access campus housing, and do you believe that the recommended animal serves a role in mitigating the impacts of the disability in ways that go beyond the benefits a person receives from a pet?

It is important to note that a diagnosis or medical provider recommendation does not guarantee that the student's request for an ESA will be approved. The Disability Resource Center and the Housing/ESA Review Committee complete a comprehensive review of the provider's recommendations, current nature of the student's symptoms, student's self-report, and all available accommodations and university supports when making final decisions and recommendations.

We ask that you please complete this form in its entirety, providing complete answers for all questions. If you are unable to provide a response for a question, please indicate the reason. It is not necessary to submit additional documentation for this student's request. However, if you feel that additional information may provide a more complete understanding of the student's request you are welcome to submit additional information.

Upon completion, submit the form by email (drc@unco.edu) or fax (970-351-4166). Please do not hesitate to contact our office (Phone: 970-351-2289) with any questions or concerns. Your assistance with our evaluation of the student's request is greatly appreciated.

Certifying Licensed Medical or Mental Health Professional

By signing below, you are verifying that you have completed this form and that the information provided reflects your responses to the questions. Also, signing this form verifies that you are not related to the student or have any other conflicting relationship.

Name

Title:

Area(s) of Specialization:

State of licensure/Certification:

License/Certification Number:

Phone Number:

Fax:

Provider Signature:

Date:

Student Name:

1) Is the student currently under your care? Yes No

2) Date of most recent visit:

3) Provide a description of the student's disability and related symptoms, including frequency and duration of symptoms.

4) How long have you been working with the student regarding this disability?

Permanent/chronic More than 6 months

Short-term/temporary: 5 months or less

Episodic: Expected duration:

6) Does the student require ongoing treatment? Please describe.



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If yes, describe how this fits in treatment plan:

Yes:

No

9) In what specific ways will the ESA help to address the student's disability-related symptoms and the impact of their disability in their university residence?

10) In your experience working with this student, is there evidence that the student's symptoms have been mitigated due to the use of an ESA? Please explain.

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

12) What, if anything, has changed in the last 6 months that now necessitates this accommodation?

