UNIVERSITY OF
NORTHERN COLORADO

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?

5) What is the anticipated prognosis of the medical condition/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.

□ Yes:_____

□ No:_____

7) ESA's are designated to provide equal access to enjoyment of one's residence. How is the student substantially limited in their residence by their disability? Please explain any areas of functioning or major life activities in their living situation which may be impacted by the student's conditions and describe said impacts.

8) Has the proposed animal been incorporated into a treatment plan for the student?

□ Yes

□ No

If yes, describe how this fits in treatment plan:_____

_____

_____

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?