



ST. MARY'S
UNIVERSITY

STUDENT HEALTH AND WELLNESS PROGRAMS

PLEASE NOTE: The person whose name appears below has applied for disability services/ accommodations with Student Accessibility Services at St. Mary's University. In order for Student Accessibility Services to establish whether this student has a disability and to determine eligibility for services, we will need your clinical assessment/diagnosis of this student. A disability is defined as a physical or mental impairment that substantially limits one or more major life activity such as those delineated below.

This student has indicated that you are the licensed professional who has recommended that having an Emotional Support Animal (ESA) in University Housing will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. Student Accessibility Services is requesting the following information so that we may better evaluate student's request for an ESA in University Housing.

You can fax or email this form to Student Accessibility Services using the contact information at the bottom of each page. Thank you for your time and assistance in this matter.

To be completed by the student:

First Name Last Name Middle Initial

Student ID Number Date

Are you requesting an Emotional Support Animal (ESA) in StMU Housing? (circle one) Yes No

What type of ESA (e.g., dog, cat, etc.): Classification: Undergrad
Grad/Law

To be completed by licensed professional:

1. List the DSM and/or ICD Diagnosis (es) with specifics, and a description of specific symptoms the student currently experiences (**include date diagnosed and duration of treatment**).

2. Based on the above diagnosis, describe the symptoms and/or functional limitations related to the diagnosis (es) that cause significant impairment in a major life activity (e.g., sleeping, eating, caring for oneself, etc.)

3. Current treatment being received by student, such as counseling (individual, group, etc.), medication, etc.

4. How long have you been working with the student regarding this diagnosis?

5. Is this an animal that you specifically prescribed as part of the student's treatment plan and/or provides the student equal access to their on campus living environment?

6. Describe why an emotional support animal is necessary for disability-related reasons (e.g., what symptoms are reduced)?

7. Is there evidence that an emotional support animal has helped this student in the past or currently?

8. In your opinion, what therapeutic purpose/es does the emotional support animal provide in the student's on campus residence?

8. Provider Information

Name:

Title:

License #:

Address:

Phone:

Email:

Signature:

Date: