La Sierra UNIVERSITY | *Office of Accessibility Services*

REQUEST FOR INFORMATION - EMOTIONAL SUPPORT ANIMAL

Student's Name: _____

Proposed ESA Name: _____

Type of animal: _____ Age of animal: _____

The above-named student has indicated that you are the licensed mental health professional who has personally seen them and who has suggested that having an Emotional Support Animal (ESA) in the residence hall would be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. 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.")

Diagnoses (Including ICD/DSM-IV/V codes): **Date:**

1._____ _____
2._____ _____
3._____ _____

Severity: ☐ Mild ☐ Moderate ☐ Severe ☐ Partial remission ☐ Residual state
Condition: ☐ Permanent ☐ Temporary until _____ **Date of last visit:**_____

List current medications:

Medication	Dosage	Side effects

When was your initial contact with the student and how long have you been working with student regarding this mental health impairment?

How does this student's mental health impairment substantially limit them in having residential life success?

Does the student require ongoing treatment? If so why, if not, why not?

Information about the proposed ESA:

Does this animal meet the requirements you specifically prescribed as part of treatment for the student that you believe will have a beneficial effect for the student while in residence on campus?

What symptoms will be reduced by student having the ESA?

In your opinion, how important is it for the student's well-being that the ESA be in residence on campus and why?

What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

Do you believe the responsibilities of caring for the animal might exacerbate the student's symptoms in any way?

In your professional opinion, is there a risk that the student may experience self-harm, a decline in their mental stability, or suicidal thoughts if their ESA is not implemented as soon as the process is completed?

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Thank you for taking the time to complete this form. This form will need to be filled out annually. 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 your contact information below.

Contact information:

Printed Name: _____

Title: _____

Address: _____

Telephone/Fax: _____

Email address: _____

License #: _____

Date: _____

Signature: _____

This information will be reviewed, and accommodation decisions made in accordance with federal mandates and the policies of La Sierra University.

If you have questions, please contact Acessibility Services at (951) 785-2452 or oas@lasierra.edu.