

SEWANEE

THE UNIVERSITY OF THE SOUTH

Emotional Support Animal Documentation Form

Student's Name: _____

Student's ID Number: _____

Type of Animal: _____ Name of Animal: _____

Student Accessibility Services (SAS) provides accommodations to students with disabilities seeking an Emotional Support Animal (ESA). An ESA is an animal prescribed for an individual with a significant diagnosed psychiatric/mental health disability. An ESA is not a pet, a Service Animal, or a therapy animal.

A student seeking an accommodation must provide appropriate documentation of the disability in order for the University of the South to evaluate the student's request. The documentation must describe the disabling condition, which is defined by the presence of a substantial limitation in one or more major life activities.

To be eligible for an ESA as an accommodation in Student Housing at the University of the South, a student must verify the following:

- The student has a disabling psychiatric/mental health condition;
- The animal is necessary to afford a student with this disability an equal opportunity to access the University of the South Student Housing;
- There is an identifiable nexus between the disability and the therapeutic support the animal provides.

While we recognize the benefits, an animal may have for someone with a significant psychiatric/mental health disability, the practical limitations of Student Housing make it necessary to carefully consider the impact of an animal on both the student and the campus community. Please help us with your professional judgment to evaluate the request for this accommodation: The following must be completed by an appropriate licensed healthcare or mental health provider:

The following must be completed in full by an appropriate licensed healthcare or mental health provider

1. What is the student's DSM-5 diagnosis? What is the level or severity? When was the student initially diagnosed?

2. Describe your professional relationship with this student. How long have you been working with this student? How many sessions have you had?

3. Does the impairment substantially limit one or more major life activities? Y/N If yes, describe the impaired major life activities:

4. What are the student's functional limitations? How do they impact the student inside and outside student housing?

5. Please indicate specific symptoms and functional limitations that will be reduced by having the ESA.

6. Is there evidence that an ESA has helped this student in the past or currently? Y/N If yes, please elaborate:

7. If the condition is cyclic, will the student be able to provide proper care for the ESA during flare-ups? Y/N
If YES, what plan has the student discussed with you for ensuring the animal is cared for during flare-ups?

8. Is there another intervention or treatment that you could recommend that might be a reasonable alternative to having an Emotional Support Animal?

Please discuss with your client the possible challenges about the responsibilities of having and caring for an ESA while being a full-time student at the University of the South with its rigorous academic and work requirements, all while living in a small, shared dorm room.

By submitting this form, the student has given SAS permission to contact you if we have any further questions regarding their ESA request. By signing this form, you, the professional, attest to the accuracy of these statements. Please feel free to contact us with any questions you may have.

Thank you for taking the time to complete this form!

Professional's Signature _____

Printed Name & Credentials _____

License# _____

Today's Date ___ / ___ / _____

Address _____

City _____

State _____ Zip _____

Telephone _____