**Disability Resources**
**Request for Emotional Support Animal (ESA)**
**(Medical Provider Form)**

ILLINOIS COLLEGE
CENTER FOR ACADEMIC EXCELLENCE

**Student Name:** _____ **DOB:** _____

**NOTE:** ESAs may not be brought to the residence hall until official approval has been given from the Office of Disability Resources. Please submit all necessary information with enough lead time to allow the office to fully consider your request.

**STUDENT (please sign this form before providing it to your mental health provider to complete):**

By signing below, I consent to allowing my health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with the Illinois College Office of Disability Resources for the next 60 days.

**Student Signature:** _____ **Date:** _____

## Introduction

The above-named student has indicated that you are the health care provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's mental health disability. Generally, we prefer documentation from providers in the State of Illinois or the student's home state who have personal knowledge of the student, consistent with their professional obligations. Reliable supporting documentation may be provided by a physician or medical professional licensed in Illinois who does not operate in this state solely to provide certification/support for ESAs.

An emotional support animal registration of any kind, including but not limited to an identification card, patch, certificate, or similar registration obtained electronically or in person, is not, by itself, sufficient information to reliably establish that an individual has a disability-related need for an emotional support animal.

Documentation of disability should come from a source with an ongoing therapeutic relationship with the student. A therapeutic relationship entails services provided by a health care provider in good faith and with actual knowledge of an individual's disability and disability-related need for an ESA. It does not include documentation that purports to confirm the need for an ESA without conducting a meaningful assessment.

**So that we may better evaluate the request for this accommodation, please answer the following questions:**

**ALL QUESTIONS BELOW MUST BE COMPLETED BY A QUALIFIED HEALTHCARE PROFESSIONAL**

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## Information About the Student's Disability

1. Federal law defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation). What is the nature of the student's mental health impairment (that is, how is the student substantially limited?)

2. When did you first meet with the student regarding this mental health diagnosis?

3. What is the nature of your meetings (i.e., face-to-face meetings or virtual interaction)?

4. When did you last interact with the student regarding this mental health diagnosis?

5. How often have you seen the student (or plan to see the student) for further counseling/treatment?

6. What specific symptoms is this student experiencing, and how will those symptoms be mitigated by the presence of the ESA? General assessments are typically insufficient. For example, a statement that “The animal alleviates anxiety” is too general and does not explain HOW the animal may alleviate the symptoms of this student’s disability.

**Information About the Proposed ESA**

Note: There are some restrictions on the kind of animal that can be approved for the residence hall. It is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.

Proposed ESA (if identified):

Name of Animal: _____

Type of Animal: _____

Age of Animal: _____

Size of cage/crate needed for containment: _____

7. Dogs and cats are most often requested as ESAs, and seem best suited to adapting to the communal living setting of the college residence hall. If another type of animal is being suggested for this student, please explain why you believe that animal is a better choice.

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_____

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8. Is the animal named here one that you specifically recommended as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

_____

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9. Is there evidence that an ESA has helped this student in the past or currently? If not, why do you believe this may be an effective support for the student now?

_____

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10. If the animal is permanently removed from student housing due to a policy violation (e.g., injuring someone or destroying property), what is the expected impact on the student? Please weigh this potential risk against the expected benefits of the accommodation.

11. This student was provided with a copy of the rules and restrictions surrounding the presence of an animal in residence in the University housing. Has the student shared those restrictions with you?

Yes ____ No ____

12. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way? If you have not had this conversation with the student, we will discuss it with the student at a later date.

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this form (above) indicating written permission to share additional information with us in support of the request.

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 the student, the animal, and the campus community.

Please provide contact information, sign and date this questionnaire (below), and return it to the Illinois College Office of Disability Resources via one of the methods listed below.

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**Healthcare Provider Information**

I verify that the above-named student information is correct, the student is a patient or client that I have been treating, and I am not in a dual relationship with the student (relative, friend, etc.).

Healthcare Provider Name: _____

Agency/Institution: _____

Address: _____

Telephone Number (with area code): _____

Healthcare Provider Signature: _____ Date: _____

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Please return this form and any applicable documentation to:

Anna Anderson, Disability Resource Coordinator

disability.resources@ic.edu (preferred)

1101 West College Avenue, Jacksonville, IL 62650

Fax: (217) 245-3039; RE: Disability Resources

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