

Office of Accessibility Resources and Services
336-841-9026 oars@highpoint.edu

Documentation Standards for an Emotional Support Animal

Student's Name: _____ DOB: _____

Proposed ESA (if identified):

Name: _____ Type of animal: _____
Age of animal: _____ Vaccination Date: _____

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 accept documentation from providers in the State of North Carolina or the student's home state who have personal knowledge of the student, consistent with their professional obligations. Letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request.

The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer for sale documentation that is not reliable for purposes of determining whether an individual has a disability or disability-related need for an ESA because the website operators and health care professionals who consult with them lack the personal knowledge that is necessary to make such determinations.

Please answer the following questions so that we may better evaluate this accommodation request:

Information About the Student's Disability

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**?)

Does the student require ongoing treatment? _____

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

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

Information About the Proposed ESA

Please note that 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.

Is the animal named here one that you specifically prescribed 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?

What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?

Is there evidence that an ESA has helped this student in the past or currently? _____

Importance of ESA to Student's Well-Being

In your opinion, how important is it for the student's well-being that an ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved? _____

If this student followed proper procedures, they were provided with a copy of the rules and responsibilities surrounding the presence of an animal in residence in High Point University housing (*Rules and Responsibilities of a Resident with an Approved Emotional Support Animal*). Has the student shared those rules and responsibilities with you?

Yes _____ No _____

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 with the student at a later date.)

REQUEST FOR INFORMATION

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 (below) 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 both the student and the campus community.

Please provide contact information, sign and date this questionnaire (below), and return it to High Point University's Office of Accessibility Resources and Services.

Attn: OARS
One N University Pkwy
High Point, NC 27268

Fax: 336-888-6324
Email: OARS@highpoint.edu

Professional Signature: _____

Type of License: _____

License #: _____

Date: _____

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 *(personnel from the OARS office)* for the next 60 days.

Signature

Date