*Student’s Name:*      *CSU Stan ID:*

*The student named above has indicated that you are the licensed professional (e.g., physician, psychiatrist, mental health worker, or clinician) who has prescribed an Emotional Support Animal (ESA) in the residence to alleviate one or more of the identified symptoms or effects of the student’s disability. We will accept Documentation from providers in California or the student’s home state as long as they are licensed to practice in California. We recognize that having an ESA in the residence hall can benefit someone with a significant mental health disorder. Still, the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on the student and the campus community. So that we may better evaluate the request for this accommodation, please answer the following questions.*

***(Attach additional pages, as necessary)***

1. How long and in what capacity have you worked with this patient? Please identify the extent of your relationship—types of contact, etc.

2) Please provide the following information and attach a copy of the assessment report with supporting diagnostic details:

1. Disability diagnosis

2. Date of diagnosis

3. Assessments utilized

4. Functional limitations of the disability

5. Recommendations

3) Is the ESA a prescribed treatment for the patient? Describe specific symptoms the ESA will help reduce in the patient. If the ESA is a new treatment approach, please provide the scope of the beginning and ending trial dates to be reviewed to determine the treatment goals’ effectiveness (including benchmark goals).

4) Please describe all interventions utilized before concluding an ESA is the recommended treatment plan for the patient, including:

1. Medication

2. Therapies

3. Treatments

4. Other alternative coping strategies other than an animal (i.e., weighted blankets, etc.)

5) On a scale of 1-10, please rate the patient’s need for assistance from an ESA (i.e., 10 is significantly important)

6) Please describe why you believe this animal would be suitable for a university campus residence hall. Describe if the animal has received any training, and/or do you recommend training to live in a campus housing situation?

7) How might the responsibilities of properly caring for the ESA in a university campus residence hall exacerbate the patient’s symptoms?

8) If the ESA is not approved, would this exacerbate the patient’s symptoms? If so, please describe anticipated adverse impacts. Please provide minimum and maximum separation duration limitations of the patient from ESA.

9) Please provide the length of time (e.g., days, weeks, months, years) the patient and this recommended ESA have been together. Also, please provide data on the effectiveness of this ESA with the patient, including:

* Baseline data
* Decreases in symptomatology: (i.e., data of pre and post-behavioral rating scales, etc.).

10) Per the guidance of the CA Board of Behavioral Sciences, please indicate if you have done the following:

* Completed a clinical evaluation of the individual regarding the need for an emotional support animal.
* Provided a verbal or written notice to the individual that knowingly or fraudulently representing oneself as the owner or trainer of any dog licensed, qualified, or identified as a guide, signal, or service dog is a misdemeanor violation of Section 365.7 of the California Penal Code.

11) Please provide the following description of the ESA:

1. Breed

2. Color

3. Gender

4. Weight

5. Name

*Thank you for taking the time to complete this form. If we need additional information, we may contact you later. Please provide contact information, sign and date this questionnaire (below), and return it to:*

**Disability Resource Services (DRS)**

**California State University, Stanislaus**

**One University Way, Turlock, CA 95382**

**E-mail: drs@csustan.edu or Fax: 209-667-3585**

**Practitioner Contact Information**

Name:

CA License Number:

Address:

Telephone:

Fax:

Practitioner Signature:

Date:

*\*The Americans with Disabilities Act gives special status to Service Animals (a dog that performs a task on cue that partially mitigates an impact of the disability). It does not preclude a request for an emotional support animal whose presence (passive with no specific cued behavior but verifiably reduces the impact of a disability through its relationship with the owner) as an accommodation to a standing “no pets” policy. As a clinician, you should follow your professional training, scope of practice, and ethics, not overthink legal and policy issues.*

*\*The legal definition of disability is a mental or physical condition that substantially limits a major life activity compared to most people. Substantial in this context is somewhat subjective but means a notable, significant, meaningful limit/ difference to how the individual engages in the activity, the conditions necessary for them to engage in the activity, the duration for which they can engage in the activity or the frequency which they engage in the activity.*

*Major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working and the proper functioning of major bodily systems.*

**For DRS Office Use Only**

Date Documents Received:

Date of Student Meeting

Outcome:

[ ] ESA Approved

[ ] ESA Denied

[ ] More Documentation Required (Students’ Next Steps:      )

[ ] Other

Notes/ Conditions: