

Emotional Support Animal Documentation Form

Once completed by the prescribing professional, this form should be returned to Western Illinois University's Disability Resource Center by fax to 309-298-2361, by email to disability@wiu.edu or by mail to 1 University Circle, Macomb, IL 61455.

Student's Name: _____

The above-named student has indicated that you are the prescribing professional (e.g., physician, psychiatrist, social worker, mental health worker) who has suggested that having an emotional support animal (ESA) in the residence hall will 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:

Emotional Support Animal Information:

Name of ESA: _____

Type of animal: _____

Age of ESA: _____

Information About the Student's Disability

Given that 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," what is the nature of the student's mental health impairment (i.e., what is this student's diagnosis and how is the student substantially limited?)

Does the student require ongoing treatment?

How long have you been working with the student regarding this mental health diagnosis?

Information About the Proposed ESA

Is this an animal 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 symptoms will be reduced by having 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 the ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

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?

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. 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.

Prescribing Professional Information

Printed Name: _____

Address: _____

Telephone: _____

FAX and/or Email address: _____

Professional Signature: _____

License #: _____

Date: _____