



REQUEST FOR EMOTIONAL SUPPORT ANIMAL (ESA) INFORMATION

When completing the questions in the chart below, please note that if the ESA has not already been identified you may indicate under the “Type of Animal” and “Age of Animal” questions “To Be Determined.”

Student’s Name:	_____
Banner ID:	_____
Type of Animal:	_____
Age of Animal:	_____
Date of Request:	_____

The above-named student has indicated that you are the (physician, psychiatrist, 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. Documentation from providers in the state of Missouri or the students’ home state will be considered. So that we may better evaluate the request for this accommodation, please thoroughly answer the following questions:

STUDENT DISABILITY / DIAGNOSIS INFORMATION

(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.”)

How is the student substantially limited by the mental health impairment?

Does the student require ongoing treatment? If yes, please describe.

When did you first meet 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.

PROPOSED ESA INFORMATION

Is the animal one that you specifically prescribed as part of treatment for the student? Yes or no.

Is it your belief that the animal will have a beneficial effect for the student while in residence on campus? Please explain why.

Please describe what symptoms will be reduced by having the ESA. How will those symptoms be reduced?

Is there evidence that an animal has served as a therapeutic tool for the student in the past or currently? Please explain.

IMPORTANCE OF THE PROPOSED ESA TO THE STUDENT'S WELL-BEING

What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

Have you discussed the responsibilities associated with proper care for an animal while engaged in typical college activities and residing in campus housing? How could these responsibilities potentially exacerbate the student's symptoms?

Thank you for taking the time to complete this form. CADR may contact you if any need for additional information is needed. We recognize that having an ESA in housing can have significant benefits for students with disabilities. The practical limitations of housing options and assignments make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

Please provide your contact information below and return the completed form to the student. You may also forward the completed form to the Center for Accessibility and Disability Resources (CADR) at accessibility_disability@slu.edu or fax to 314.977.3486.

Thank you for your assistance in supporting students requesting housing accommodations.

Name and Credentials:	
License #:	
Address:	
Telephone:	
Email Address and/or FAX:	

Professional Signature: _____