University of Louisville

Emotional Support Animal Documentation

To be completed by the student:

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| I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the release of the following information as well as any pertinent documentation to the Disability Resource Center at the University of Louisville for the purpose of determining my eligibility for accommodations.  Student’s ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Information for Provider

A current or prospective University of Louisville student is providing you with this document because the student wants to request the accommodation of an Emotional Support Animal in University Housing. In order to determine the student’s eligibility for the requested accommodation, the Disability Resource Center needs documentation that helps us understand the student’s functional limitations in the residential environment and how an emotional support animal will alleviate their disability symptoms. As the student’s provider, the student is asking that you write something that covers each of the following points. Accommodations are determined on case-by-case basis, so please provide as much detail as possible so that Disability Resource Center staff will have all the information needed to understand the disability-related needs of this student. Your written statement can be given to the student so that the student may deliver it to the Disability Resource Center, or you may send it directly via email to [askdrc@louisville.edu](mailto:askdrc@louisville.edu) or via fax to 502-852-0924.

# General Information on Documentation of a Disability

Documentation to substantiate a disability and support the request for accommodation(s) must be on the University of Louisville Emotional Support Animal Documentation form or official letterhead of the diagnosing practitioner. The practitioner must be a licensed and/or certified professional who is qualified to diagnose the stated disability. The practitioner must have personal knowledge of their patient/client. Documentation must be current for the disability. Sufficient and appropriate disability documentation to support the request for accommodation(s) must have the following components:

* **Diagnosis**:  
  State the medical or mental health impairment by a recognizable diagnosis; preferably from the ICD or DSM-5, most recent revisions.
* **Date first diagnosed**:  
  Establish an initial date when a diagnosis was made or when the certifying practitioner accepted a previous diagnosis and began treatment or services.
* **Names of relevant tests and results**:  
  Establish how the practitioner arrived at the diagnosis.
* **Severity of disability**:  
  Establish the extent to which the disability substantially limits a major life activity.
* **Method(s) of current treatment:**  
  Include brief explanation of current use of any therapies and/or medications.
* **Functional limitations/substantial limitations:**  
  Explain the functional and substantial limitations from the impairment that may adversely affect the individual in the college residential environment.
* **Recommendations**:  
  Make recommendations based on the above functional and substantial limitations to ameliorate the limitations in the college residential environment. A practitioner's recommendation for a specific accommodation does not guarantee the granting of that accommodation. Accommodations provide access to programs and services and are determined on a case-by-case basis.

To be completed by the provider:

# Diagnosis

* What is the student’s mental health diagnosis?

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# Date first diagnosed

* When did you first meet with the student regarding this mental health diagnosis, and in what context (that is, was it a face-to-face meeting or a virtual interaction)?

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# Names of relevant tests and results

* How did you arrive at the diagnosis?

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# Severity of disability

* Describe in detail to what extent and with what frequency the student is impacted by disability symptoms?

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# Method(s) of current treatment

* Does the student require on-going treatment?

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* When did you last interact with the student regarding this mental health diagnosis and with what frequency do you meet?

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* What therapeutic methods are being utilized for treatment purposes?

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# Functional limitations/substantial limitations

* Describe in detail how the student’s mental health impairment has affected their functioning (that is, how is the student **substantially limited**)?  
  *Note: 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).*

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# Recommendations

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

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* In your opinion, how important is it for the student’s well-being that an ESA be in residence on campus?

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* 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? **Please note that students are not permitted to bring in an animal prior to approval.**

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# Provider Information

* Provider Name & Credentials:

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* Address:

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* Telephone:

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* Fax and/or Email Address:

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* Professional Signature:

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* License #:

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* Date:

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