

University of Texas at Tyler Student Accessibility and Resources

Emotional Support Animal Documentation Form

(The treating health care provider need not use this specific form, but all the information requested here is necessary for the institution to have in order to consider the request for an ESA; this form is provided as a convenience.)

Student's Name: _____

Re: Proposed ESA (if identified):

Name: _____

Type of animal: _____

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 prefer documentation from providers in the State of Texas or the student's home state who have personal and current 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.

So that we may better evaluate the request for this accommodation, please answer the following questions:

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.

Q: What is the student's specific disability, (DSM V diagnosis required) and how is the student substantially limited?

Q: Does the student require ongoing treatment?

Q: How does the student’s mental health impairment affect them within the campus housing environment?

Q: 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, virtual interaction, phone interaction, etc.)?

Q: When did you last interact with the student regarding this mental health disability?

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.)

Q: 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?

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

Q: Is there evidence that an ESA has helped this student in the past or currently? If so, please explain.

Importance of ESA to Student's Well-Being

Q: 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?

Q: 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.)

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 UTTyler SAR office.

Provider Contact information:

Address:

Telephone:

FAX and/or Email address:

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 UT Tyler Student Accessibility and Resources office*) for the next 60 days.

Signature

Date

You can email, fax, or hand deliver this form to SAR using the contact information below:

University of Texas at Tyler
Student Accessibility and Resources
3900 University Boulevard, Ste. UC 3150
Tyler, Texas 75799

903-566-7079 (Voice)
903-565-5592 (Fax)
saroffice@uttyler.edu