

## Practitioner's Verification of Diagnosis for Residential Accommodation: Emotional Support Animal

Documentation supporting a request for accommodation eligibility must be provided by a licensed health care professional with specific training or expertise related to the diagnosed disability. For requests for Emotional Support Animals (ESAs), documentation must be completed by the health care provider who has determined that having an ESA in the residence hall will alleviate one or more of the identified symptoms or effects of the student's disability. Generally, OAS accepts documentation from providers in Massachusetts or the student's home state. This form must be fully legible in order to be processed.

### STUDENT AND DIAGNOSIS INFORMATION

- Student Name:
- Date of initial diagnosis:
- Diagnosing practitioner's name:
- Diagnosis and diagnostic codes (e.g. DSM-V):
- Diagnosis in the area(s) of: **Psychiatric**      **Physical**      **Medical**      **Learning**
- Severity of current symptoms: **Mild**      **Moderate**      **Severe**
- Condition is: **Stable**      **Prone to exacerbation**      **Permanent/Chronic**      **Temporary**

### ANIMAL/ESA INFORMATION

- Animal Name:
- Animal Species and Breed:
- Animal's Approximate Date of Birth or Age:

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The following questions are to be answered by the health care practitioner, relating to the Student and Animal identified above and the identified diagnosis/disability.

**DISABILITY/DIAGNOSIS STATUS, SYMPTOMS, AND STUDENT’S FUNCTIONAL LIMITATIONS**

1. Describe the diagnostic methodology that led to the diagnosis (e.g. testing, clinical narrative, observations, etc.).
  
  
  
  
  
  
  
  
  
  
2. Describe in detail the current functional limitations for this student due to the disabling condition, demonstrating how a major life activity is significantly limited by the frequency and pervasiveness of the condition, specifically in regards to the student’s ability to live in an on-campus residence hall.
  
  
  
  
  
  
  
  
  
  
3. Describe all current and past interventions—including medications, evidence of a documented assessment, and/or a treatment plan—as well as the subsequent effectiveness of these interventions for treating the symptoms of the disability.

**IMPACT OF THE PROPOSED EMOTIONAL SUPPORT ANIMAL (ESA) ON SYMPTOMS**

Please note that there are restrictions on the kind of animal that can be approved as an ESA; it is possible the student may be found eligible for an ESA accommodation based on the information provided on this form but may not be allowed to bring the specific animal named due to species restrictions.

4. Have you prescribed the above-named animal as an Emotional Support Animal as part of this student’s treatment/symptom-management regime?                                      Yes                                      No

5. If yes, why have you prescribed this specific animal as part of the treatment of the student's disability and/or symptoms? If no, do you believe the animal to be essential to and necessary for the student's equal access to living in as on-campus residence?

6. What symptoms will be treated or alleviated by the ESA being present with the student in the residence hall?

#### **IMPORTANCE OF THE ESA TO THE STUDENT'S WELL-BEING**

7. Please discuss any evidence that the ESA currently or has in the past helped the student alleviate or manage the symptoms of their disability.

8. In your opinion, why is it necessary for the student to have the ESA with them in their on-campus residence in order to access University housing?

9. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing with the student? Do you believe those responsibilities might exacerbate the student's symptoms in any way?

### **PRACTITIONER'S INFORMATION**

*I understand that the information provided will become part of the student's record with the Office of Accessibility Services and may be released to the student upon his/her written request.*

- Name of Practitioner:
- Title:
- License Number:
- Practitioner's Signature:
- Date:
- Phone Number:
- Email Address:
- Address:

Please return this completed form to the student for submission to the OAS, or submit this form to the OAS directly through our [secure file transfer portal](https://filetransfer.simmons.edu/form/OAS-Academic) (<https://filetransfer.simmons.edu/form/OAS-Academic>). If you have questions about this form, please reach out to the OAS at [access@simmons.edu](mailto:access@simmons.edu).

## **Office of Accessibility Services**

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Boston, MA 02115

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**Office of Accessibility Services**