**Department for Disability Access and Advising** **(D2A2)**

Indiana University of PA disability-access@iup.edu

1175 Maple Drive, Stouffer Hall, Room 246 [www.iup.edu/disability](http://www.iup.edu/disability)support

Indiana, PA 15705-1087 Fax: (724) 357-2889

(724) 357-4067

**REQUEST FOR INFORMATION Re: Emotional Support Animal**

**Student’s Name:**

**Proposed ESA**:

* Type of animal:
* Name of animal (if known):
* Age of animal (if known):

The above-named student has indicated that you are the healthcare provider (e.g., physician, psychiatrist, social worker, mental health worker, etc.) who has suggested that having an Emotional Support Animal (ESA) in the student’s on-campus residence would be helpful in alleviating one or more of the identified symptoms or effects of the student’s disability. Generally, we prefer documentation from healthcare providers in the Commonwealth of Pennsylvania (or the student’s home state, if the student is not a Pennsylvania resident) who have personal in-depth knowledge of the student and a history of providing care for them, consistent with their professional obligations. Letters purchased from internet ESA-documentation providers rarely provide the information about a student 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 often lack the personal knowledge and history of providing care for the student that is necessary to make such determinations.

So that we may better evaluate this student’s ESA accommodation request, please answer the following questions based on your personal knowledge of the student and your history of having worked with them (use additional paper as needed):

**Information about the Student’s Disability:**

*(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/psychological disability (that is, please explain how the student is substantially limited in one or more major life activities)?
* Does the student require ongoing treatment for their disability? Please explain.
* How long have you worked with the student regarding their above-referenced disability?
* Initial date of your interaction/treatment with student for this disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Last date of interaction/treatment with student for this disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information about the Proposed ESA:**

* Is this an animal that you specifically prescribed as part of treatment for the student’s disability, or is it a pet that you believe will have a beneficial effect for the student while in their on-campus residence?
* What specific 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 an ESA be in their on-campus residence? What consequences, in terms of disability symptomology, may result if the ESA accommodation is not approved?
* Have you discussed with the student the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in on-campus housing? Do you believe those responsibilities might exacerbate the student’s disability-related symptoms in any way?

Thank you for taking the time to complete this form. If we need additional information, we may contact you. 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 your contact information, signature, and date this questionnaire (below).

Please return it to:

Disability Access & Advising

1175 Maple Street

Stouffer Hall Suite 24

Indiana, PA 15705

Or you email this form to [disability-access@iup.edu](mailto:disability-access@iup.edu) or fax to 724.357.2889

**Documenter Contact information**:

Name:

Address:

Telephone:

Email address:

Professional Signature:

License #:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_