

Guidelines for Documentation Emotional Support Animals (ESA)

I. A qualified professional must conduct the evaluation.

- Name, title, signature, professional credentials, licensure/certification information, and location of practice must be included on any reports submitted.
- Evaluators must have training in, and experience with, the differential diagnosis of impairments in adolescents and/or adults.
- Appropriate professionals may include licensed psychologists, neuropsychologists, psychiatrists or other specifically trained medical doctors, clinical social workers, licensed mental health counselors, and psychiatric nurse practitioners outside of the University.
- Evaluations performed by members of The University of Akron are not acceptable.
- Evaluations performed by members of the student's family are not acceptable.
- All reports must be signed by the evaluator and should include a completed Office of Accessibility form (if feasible), as well as any additional information typed on letterhead.

II. Documentation must be current.

- Initial documentation must be based on evaluations performed within 1 year unless the student has remained in clinical contact with his or her evaluator, then that professional may supplement the original report with a letter (on letterhead) describing any and all changes since the previous report. [The supplement would be in lieu of another complete report.]
- All documentation (including any supplements), must describe the current impact of the diagnosed impairment(s).
- All documentation must describe any currently mitigating factors, such as medication or other treatment.
- All documentation must make recommendations currently appropriate to a college academic environment.

III. Documentation must be comprehensive.

- A specific diagnosis, or more than one, if applicable, must be included.
- Reports must include a current DSM-5 or ICD diagnosis, and indicate that criteria has been met for each condition.
- Other potential diagnoses must be ruled out in the report.
- Documentation must indicate whether or not the diagnosed impairment(s) substantially limits the students learning in the academic environment.
- Documentation should include recommendations for accommodations that are directly related to the functional limitations, including a rationale explaining why each recommendation for accommodation is appropriate.
- A statement regarding potential for harm to self or others must be included.
- A clinical summary is helpful.

Documentation Verification Emotional Support Animals (ESA)

The Office of Accessibility at The University of Akron provides academic accommodations to students with diagnosed disabilities that reflect a **current substantial limitation to learning**. To ensure the provision of reasonable and appropriate accommodations for our students, this office requires current, **within 1 year**, and comprehensive documentation of the impairment from a current treatment/assessment professional that is legally qualified to make the diagnosis. Documentation completed by University of Akron employees will not be accepted. Due to University policy, all students requesting an Emotional Support Animal (ESA) housing accommodation, must submit this official ESA Documentation Guidelines Form. The Office of Accessibility is unable to accept any alternative forms of documentation for ESA requests. The Office of Accessibility has the right to request additional documentation in order to provide appropriate services.

Name of Student: _____ Date of Birth: _____

1. DSM-5 Diagnosis & Code: _____

Date of Diagnosis: _____ Last contact with student: _____

Is the individual currently under your care? _____ Yes _____ No

2. How long have you been this student's diagnosing health professional?

3. What is the duration of the impairment? _____ Permanent/Chronic _____ Temporary

If temporary, what is the expected duration?

4. What clinical instrument was used to make this diagnosis. Instruments used must be age appropriate and use adult norms unless inapplicable.

5. In your opinion, does any impairment listed above **substantially limit the student's learning in the academic environment**? _____ Yes _____ No

If yes, specify here: _____

6. Describe the **symptoms, the onset, duration, and prognosis of the student's disability**.

7. Does the student **require an ESA as part of their current course of treatment**? How does the ESA differ from a pet? _____

8. What symptoms of the student’s disability will having an ESA mitigate? _____

9. Please provide specific information regarding alternate treatments the student has previously attempted, as well as their success. _____

10. Please describe current or past evidence this treatment has been successful for the student. If this is a new treatment method, **why do you feel that the ESA is an appropriate course of treatment at this time?** _____

11. In your opinion, **how important is it to the student’s well-being that they reside with an ESA on campus, and why?** _____

12. If this accommodation cannot be approved, how, if any, might the student’s current symptomology be impacted? _____

13. Do you believe the responsibilities of caring for the ESA, while still engaging in typical college activities and residing in campus housing, might exacerbate the student’s symptoms in any way? In your opinion, **will the attention and care this animal requires adversely affect the student’s success?**

14. Based on the current condition and compliance with treatment plan, what is the current prognosis for functioning effectively in school?
Poor Good Excellent Unknown
- If “unknown,” please explain: _____

15. List any **recommendations for accommodations** appropriate for this student in an academic setting. The accommodation must link to the functional limitation.

16. Describe whether this individual poses a threat to him or herself or to others:

*Please feel free to attach any additional information describing specific concerns you may have.

NOTE: Students with coexisting diagnoses of any other disability may need to provide the results of a comprehensive medical, educational or psychological assessment for that particular disability.

Treatment/Assessment Professional Information

Printed Name and Title: _____

Licensing credential, number, and state: _____

Provider Signature: _____ Date: _____

Agency/Practice: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____

My signature verifies that I am the treatment/assessment professional and that the contents are accurate.

Please note: The Office of Accessibility will not accept disability-related documentation from treatment professionals who are related, in any way, to the student requesting services. In order to provide the appropriate analysis to documentation received, the Office of Accessibility must be able to rely on treatment professionals with the highest capacity for objectivity.

The information provided is maintained in the Office of Accessibility according to the guidelines of the Family Educational Rights and Privacy Act (FERPA).

Please return the completed form to the student.

Office of Accessibility • The University of Akron
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