

When did you first meet with the student regarding this mental health diagnosis? _____

What is the nature of your meetings (face-to-face meetings or virtual interaction)? _____

When did you last interact with the student regarding this mental health diagnosis? _____

How often have you seen the student (or plan to see the student) for further counseling/treatment?

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

Information About the Proposed Emotional Support Animal

(**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 Emotional Support Animal, based on the information you provide here, but may not be allowed to bring the specific animal named) (if identified):

Name: _____

Type of animal: _____

Age of animal: _____

Dogs and cats are most often requested as ESAs and seem best suited to adapting to the communal living setting of the college residence hall. If another type of animal is being suggested for this student, please explain why you believe the animal is a better choice.

Is there evidence that an ESA has helped this student in the past or currently? If not, why do you believe this may be an effective support for the student now?

Importance of Emotional Support Animal to Student's Well-Being

Please address the likely impact on the student should the following scenario occur: once the student is living with the animal in the student housing unit, the animal is permanently removed from the unit because of a violation of policy (e.g. the animal injures someone or destroys property) and balance this impact, if any, against the benefit that you expect the animal to provide to the student.

This student was given a copy of the rules and restrictions surrounding an animal's presence in the University housing. Has the student shared those restrictions with you? Yes ___ No ___

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 it with the student later)

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 signed this form (below) indicating written permission to share additional information with us to support the request.

We recognize that having an Emotional Support Animal 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 Emotional Support Animal on both the student and the campus community.

Please provide contact information, sign, and date this questionnaire (below), and return it to:

Accessibility Services
Indiana Tech
1600 E. Washington Blvd.
Fort Wayne, IN 46803
accessibilityservices@indianatech.edu

Provider Contact information

Provider Name: _____
First MI Last

Address: _____

Email address: _____ Telephone: _____

Professional Signature: _____ Date: _____

Type of License: _____ License Number: _____

Student Signature

(Please sign this form *before* providing it to your mental health provider to complete)

By signing below, I consent to allow my health care provider to share any information relevant to my need for an Emotional Support Animal as an accommodation, as shown on this form, with Disability Services for the next 60 days.

Signature: _____ Date: _____