



When completing the questions in the chart below, please note that if the ESA has not already been identified

Student's Name:	_____
Banner ID:	_____
Type of Animal:	_____
Age of Animal:	_____
Date of Request:	_____

The abovenamed student has indicated that you are the (physician, psychiatrist, health worker) who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating o

Documentation from providers in the state of

So that we may better evaluate the request for this

accommodation, please thoroughly answer the following questions

STUDENT DISABILITY / DIAGNOSIS INFORMATION

(A Person with a disability is defined as a person who has a physical or mental impairment that substantially limits one or more major life activities. This includes individuals who have a record of such an impairment or who are regarded as having such an impairment.)

How is the student substantially limited by the mental health impairment?

Does the student require ongoing treatment? If yes, please describe.

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

~~PLEASE NOTE THAT THE APPROVAL OF AN ANIMAL IS SUBJECT TO THE DISCRETION OF THE UNIVERSITY AND IS NOT GUARANTEED.~~

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 under the FFA, based on the information you provide here, but may not be allowed to bring the specific animal named.

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Is the animal one that you specifically prescribed as part of treatment for the student?

Is it your belief that the animal will have a beneficial effect for the student while residing on campus? Please explain why.

Please describe what symptoms will be reduced by having the ESA. How will those symptoms be reduced?

Is there evidence that animal has served as a therapeutic for the student

Please provide your contact information below and return the completed form to the student. You may also forward the completed form to the Center for Accessibility and Disability Resources (CADR) at accessibility_disability@slu.edu or fax to 314.977.3486.

Thank you for your assistance in supporting students requesting accommodations.

Name and Credentials:	
License #:	
Address:	
Telephone:	
Email Address and/or FAX:	

Professional Signature: _____