



SERVICES FOR STUDENTS WITH DISABILITIES

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**Emotional Support Animal Instruction Sheet**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ Attach documentation of disability as noted by our documentation guidelines.  
(student initials)

\_\_\_\_\_ Attach a current Veterinarian's verification that the animal has all Veterinary-  
(student initials) recommended vaccinations to maintain health and prevent contagious disease.

\_\_\_\_\_ Attach a copy of signed "Service & Assistance Animal Policy"  
(student initials)

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THIS SECTION TO BE FILLED OUT BY EVALUATOR

This evaluation must be filled out by a qualified professional. Your name, signature, title and professional credentials must be provided. Please answer the questions as thoroughly as possible.

**1. Animal Information**

Proposed ESA:

Type of Animal (Color, Age, Sex, Size):

**2. Diagnosis of student:**

What is the Diagnostic Code of the disability of the student (ICD-10 or DSM-V) \*\* Federal laws define a person with a disability as "any person who has a physical or mental impairment that substantially limits one or more major life activity; has a record of such impairment; or is regarded as having such impairment":

Date of Diagnosis: \_\_\_\_\_ Date first seen: \_\_\_\_\_ Date last seen: \_\_\_\_\_

What is the nature of the student's mental health impairment that you feel rises to the level of disability (that is, how is the student substantially limited?):

Severity Level (mild, moderate, severe, etc.) - indicate for each diagnosis if more than one:

**3. Treatment Information:**

What is the client's current treatment (medication, counseling, etc.):

Please describe the nature of the **necessity** of this animal as part of the individual's treatment due in relation to the disability. (In other words, **not** just the overall general benefit that the animal would bring). What specifically does this specific animal do to ameliorate the client's **disability** limitations?

What evidence exists that this Assistance Animal has helped this student (currently or in the past)?

What disability symptoms may result if the accommodation is not approved?

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

Is this form the first time an Emotional Support Animal is being recommended to the student by you as part of their treatment?

4. Awareness of inherent risks to the clinician, animal and client. As outlined in the ACA AAT-C Competencies for Emotional Support Animals, the ACA Code of Ethics C.2a Boundaries of Competence states that counselors only work within their boundaries of competence based on their education, training, supervision, experience and credentials. These are potential risks resulting from 'writing a letter of support for clients without the training and experience in working with the human-animal bond in counseling as outlined in the ACA AAT-C Competencies for Emotional Support Animals. The statement in its entirety can be found at: **American Counseling Association ('Emotional Support Animals- Human Animal Interventions in Counseling (HAIC) Interest Network Position Statement' Published 3.20.19)**

Evaluator Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ License/Certification Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State

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

Please submit this sheet via fax or email to the SSD Office through contact information noted above.