



Guidelines for Documentation Emotional Support Animals (ESA)

- I. A qualified professional must conduct the evaluation.
 - x Name, title, signature, professional credentials, licensure/certification information, and location of practice must be included on any reports submitted.
 - x Evaluators must have training in, and experience with, the differential diagnosis of impairments in adolescents and/or adults.
 - x 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
 - x Evaluations performed by members of The University of Akron are not acceptable.
 - x Evaluations performed by members of the student's family are not acceptable.
 - x 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.
 - x Initial documentation must be based on evaluations performed within 1 year unless the student has remained in clinical contact with his or her evaluator, that professional may supplement the original report with a letter ~~letter~~ (i)-4.6 ((c)9.2 (l)-4.6 ud)10.8 (e)-1.6 de.

Documentation Verification
Emotional Support Animals (ESA)

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 wellbeing 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? _____

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

*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 of information received, the Office of Accessibility must be able to rely on treatment professionals with the highest capacity for objectivity.

Please return the completed form to the student.

Office of Accessibility • The University of Akron

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Email: access@uakron.edu Website: www.uakron.edu/access