



Disability Provider Form (for ESA)

Dear Provider:

Your patient/client, _____, has requested to bring an emotional support animal (ESA) into university housing. The Accessibility Services office at Wesleyan University coordinates reasonable accommodations, modifications, and auxiliary aids and services for students with disabilities in accordance with state and federal laws. In order to be considered eligible to bring an ESA into university housing, pursuant to the Fair Housing Act, the ESA must be necessary to afford the student with a disability equal opportunity to use and enjoy the residential facility.

Students requesting to bring an ESA to campus must disclose the nature of their impairment and provide documentation that verifies their current level of functioning. Requests and documentation are submitted to Accessibility Services and reviewed by the Housing Accommodation Review Committee. You have been asked to complete this Disability Provider Form as documentation for your client.

As the provider completing this form, you should:

- Have knowledge of the student's *current level of functioning* and *potential impact regarding their use and enjoyment of a residential facility* at the university.
- Complete the following pages as thoroughly as possible; inadequate information or incomplete answers may delay the eligibility review process.
- Submit this form and any supplemental documentation to Accessibility Services at accessibility@wesleyan.edu, or via fax (860.685.4480), or send via mail to:
Wesleyan University, North College 021
237 High Street
Middletown, CT 06459

If you have questions regarding this form or the accommodation process, please contact the office.

Please note:

- In order for a student with a disability to be considered eligible to have an ESA in a residential facility, documentation must identify an impairment which substantially limits one or more major life activities and indicate that the emotional support provided by the animal directly alleviates one or more of the substantial limitations indicated
- All documentation received will be kept in a confidential student file within Accessibility Services.
- Accessibility Services will send notification to the student acknowledging receipt of documentation.
- This information may be released to the student upon their request.

This form can also be completed electronically by downloading the fillable PDF form available on our website. <http://www.wesleyan.edu/studentaffairs/disabilities/providers.html>

Thank you for your assistance.

Student First Name: _____ Last: _____

Student Address (Street, City, State): _____

D.O.B.: _____ Date of last visit: _____

Diagnosis (Include date of diagnosis, DSM-5/ICD-10 codes): _____

How was the diagnosis determined?

- Structured or unstructured interviews
- Behavioral observations
- Developmental history
- Educational history
- Medical history
- Neuropsychological testing (dates of testing): _____
- Psycho-educational testing (dates of testing): _____
- Standardized or non-standardized rating scales
- Other (please specify): _____

How would you categorize this condition?

- Stable
- Prone to exacerbation (please consider this when indicating impact, see chart on page 3)

Comments: _____

Duration of the impairment is:

- Permanent
- Temporary: Provide expected duration **OR** re-evaluation date: _____

If applicable, indicate any medications currently prescribed which may impact the student's functioning, including any impact produced by side-effects.

Please feel free to provide any additional relevant history, psychosocial, or contextual factors:

Indicate impact of client's condition on **each** of the following major life activities:

Life Activity	Mild	Moderate	Substantial	Unknown	N/A	Comments
Operation of a major bodily function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performing manual tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting/Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remembering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Caring for oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interacting with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (indicate): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicate how the emotional support provided by the animal alleviates the functional limitation(s) identified on the previous page.

State alternatives to mitigate the identified functional limitations if the provision of an emotional support animal cannot be met.

If other treatments are currently mitigating the limitations of the student's impairment, please provide rationale for the additional provision of an emotional support animal.

I understand that the information provided will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student on their written request.

Provider Name (Print): _____

Title: _____ License/Certification #: _____

Address: _____

Phone: _____ Fax Number: _____

Email Address: _____

Signature: _____ Date: _____
(Verifying that you are not related to the student by blood or marriage)