

**Wagner College
Disability Services**

REQUEST FOR INFORMATION Re: Emotional Support Animal

Student's Name: _____

Re: Proposed ESA:

Name: _____

Type of animal: _____

Age of animal: _____

The above-named student has indicated that you are the (licensed physician, psychiatrist, psychologist, social worker, mental health worker) who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. In order to accurately and equitably evaluate this request, Wagner College requires documentation from a professional who is not (a) a relative of the student and/or (b) an employee of the Wagner College Center for Health & Wellness, Nursing Program, or any other affiliated office.

So that we may better evaluate the request for this accommodation, please answer the following questions:

Information About the Student's Disability

(A person with a disability is defined by the Americans with Disabilities Act (ADA) as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")

What is the nature of the student's mental health impairment (that is, how is the student substantially limited?)

What is the major life activity that is limited by not having the animal in residence ?

Does the student require ongoing treatment?

How long have you been working with the student regarding this mental health diagnosis?

Information About the Proposed ESA

Is this an animal that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

What symptoms will be reduced by having the ESA?

Is there evidence that an ESA has helped this student in the past or currently?

Importance of ESA to Student's Well-Being

In your opinion, how important is it for the student's well-being that the ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

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 with the student at a later date.)

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. Submission of the form does not guarantee approval. We recognize that having an ESA 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 ESA on both the student and the campus community.

Please provide contact information, sign and date this questionnaire (below), and return it to: Dina Assante, Associate Dean, Center for Academic and Career Engagement; dassante@wagner.edu.

P: 718-390-3278

Fax: 718-420-4012

Contact information:

Address:

Telephone:

FAX and/or Email address:

Professional Signature:

License #:

Date: