

**REQUEST FOR INFORMATION
EMOTIONAL SUPPORT ANIMAL (ESA)**

Student's Name: _____

Re: Proposed ESA:

Name of Animal : _____ Type of animal: _____

Age of animal: _____

The above-named student has indicated that you are the mental health care provider (psychologist, psychiatrist, licensed social worker, licensed mental health counselor) who has suggested that having an Emotional Support Animal (ESA) in the residence hall/student housing will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. So that we may better evaluate the request for this accommodation, please answer the following questions as specifically as possible:

Information About the Student's Disability (*A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities."*) *Please be as specific as possible.*

What is the nature/ diagnosis of the student's mental health disability? Include DSM diagnostic code. How is the student substantially limited? What is the level of severity?

Does the student require ongoing treatment? (You may include type of treatment needed, especially if coordination with local health care providers will be needed.)

How long have you been working with the student regarding this mental health diagnosis? Please include date the condition was first diagnosed and frequency of treatment?

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 housing accommodation is not approved?

Have you discussed the responsibilities and duties 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, and if so, how? (If you have not had this conversation with the student, we will discuss this 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. 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:

Traci Grant, ASA Director
Northwest University
5520 108th Ave. N.E.
Kirkland, WA 98033

Phone: 509-889-7823
Email: traci.grant@northwestu.edu

(Please Print and Attach a Business Card)

Name and Credentials: _____

Address: _____

Telephone: _____

FAX and/or Email address: _____

Professional Signature: _____

License #: _____

Date: _____

Attach business card here.

