



ADA Coordinator

114 West Rosedale Ave.

Phone: 610-436-2243

Email: ODEI-ADA@wcupa.edu

EMOTIONAL SUPPORT ANIMAL (ESA) - REQUEST FOR INFORMATION

Student's Name: _____

Re: Proposed ESA: _____

Name: _____

Type of animal: _____

Age of animal: _____

Name and contact information of provider:

Student to complete: I certify that WCU's ADA Coordinator or their designee at the Office for Diversity, Equity and Inclusion is able to receive this information about me and my ESA.

STUDENT SIGNATURE

DATE

The above-named student has indicated that you are the **(psychiatrist, psychologist, or mental health professional)** 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 mental health disability. We will accept documentation from providers in the State of Pennsylvania or the student's home state. 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 as someone who has "a 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?)

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 an animal 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 this 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 in 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. 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 the ADA Coordinator at WCU ODEI-ADA@wcupa.edu or mail to 114 West Rosedale Ave., West Chester, PA 19383. For questions, call our office at 610-436-2433

Name: _____ Date: _____

Office Address:

Telephone: _____

Fax and/or Email Address:

Professional Signature: _____

License #: _____

For questions, please contact the ADA Coordinator in the Office for Diversity, Equity and Inclusion at 610-436-2433.