



REQUEST FOR INFORMATION Re: Emotional Support Animal

Student's Name: _____ Name of Provider: _____

Type of animal: _____ Age of animal: _____ Size of animal: _____

The above-named student has indicated that you are the (physician, psychiatrist, licensed 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 disability.

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.

We will accept documentation from providers with whom the student has had an on-going relationship who practice within the State of New Mexico or the students' 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 physical or mental impairment that substantially limits one or more major life activities."*)

When did you first meet in person with the student regarding this mental health diagnosis? _____

What is the nature of the student's mental health impairment (that is, how is the student substantially limited in one major life activity?) _____

Does the student require ongoing 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 the 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. Along with this form, please submit documentation which includes:

Submitted documentation of a psychological disability must show evidence of a disabling condition with evidence of functional impairment in major life activities of relevance to housing. Accommodations are based on an assessment of the **current** nature and impact of the disability. Because psychiatric conditions may change over time, current evaluations are critical for providing reasonable accommodations. An evaluation within the last twelve (12) months is recommended. In addition, depending on the nature of the disability, evaluations may need to be updated on a semester-by-semester or yearly basis. Older documentation will be taken into consideration by the department.

Comprehensive evaluation must minimally include the following:

- o Evidence of significant limitations in the educational setting,
- o A diagnostic interview,
- o A DSM-IV-TR, DMS-V, ICD-9, or ICD-10,
- o The dates of evaluation and/or treatment,
- o The evaluation should include medical and medication history,
- o A description of current functional limitations in housing,
- o A description of the degree of impact of the diagnosed mental health disability.

A letter from you, the mental health professions, which includes:

- o The official diagnosis of a mental health disability,
- o The date of the diagnosis,
- o Explains the functional limitations of the disability within housing,
- o States why and when the ESA was prescribed to the student for treatment.

Please provide contact information, sign and date this questionnaire and return it to:

New Mexico Tech
Office for Student Access Services
801 Leroy Place
Fidel Center 245
Socorro, NM 87801

or

Fax: 575.835.5899 or
access@nmt.edu

Professional Signature: _____

License #: _____

Date: _____

Office phone number: _____

Office street address: _____

City: _____ **State:** _____ **Zip code:** _____