



Disability Resource Center – ESA Clinician Form

University of Wisconsin-River Falls • 123 Rodli Hall • River Falls, Wisconsin 54022
office 715.425.0740 • secure fax 715.425.0742

RESIDENCE LIFE EMOTIONAL SUPPORT ANIMAL ACCOMMODATION REQUEST

STUDENT'S NAME (Please Print:) _____

PROPOSED ESA INFORMATION

Name: _____

Type of Animal: _____

Age of animal: _____

How long has the resident owned the animal? _____

DISABILITY DEFINITION:

Under Section 504 of the ADA, disability is defined as a physical or mental impairment that substantially limits one or more major life activities, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working. "Substantially limited" generally means that a person is unable to perform a major life activity that the average person in a general population can perform. The definition also considers any mitigating measures, such as medication, therapy, etc., the person is engaging in that may relieve the substantial limitations caused by the impairment.

RESIDENT DISABILITY RELATED INFORMATION

1. Does the resident have a disability under this definition? ____ Yes ____ No
2. DSM-5 Diagnosis: _____
3. Date of Diagnosis: ____/____/____
4. What methods were used to evaluate the student? _____
5. Date of Last Evaluation: ____/____/____
6. Does the resident require ongoing treatment? ____ Yes ____ No
7. What are the symptoms of this diagnosis/diagnoses, the magnitude, and the frequency?

Symptom	Magnitude	Frequency

When completed, please fax to 715-425-0742 or send with the student.

If you have questions, contact the Disability Resource Center at 715-425-0740 or at drc@uwrf.edu.



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8. Please describe how each diagnosed disability substantially limits the resident's ability to perform a major life activity as compared to most people in the general population.

9. Please explain how the accommodation is necessary for the resident to use and enjoy University housing as compared to the general campus student population?

10. Is the animal named here one that you specifically prescribed as part of treatment plan for the resident?

____ Yes ____ No

11. Please describe what symptoms will be reduced by having an ESA and how it will aid, support, or provide comfort to the resident?

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12. Is there previous evidence that the suggested ESA has helped the resident in the past or currently?

13. In your opinion, how important is it for the resident's well-being that an ESA be in residence on campus? What consequences would occur for the resident if the accommodation requested is not approved?

14. 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 may exacerbate the resident's symptoms in any way?

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15. Please identify any other accommodation that may be equally effective in allowing the resident to use and enjoy University housing.

Clinician's printed name _____ Credentials _____

Professional license # _____ Years in practice _____

Clinic/Agency name _____ Phone _____

Address _____

Clinician's signature _____ Date: _____

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