

Student Disability Services (Form A)

Form to Request an Emotional Support Animal (ESA) in Housing

To be completed by licensed medical or therapeutic professional

To determine eligibility for an ESA, current documentation is required regarding a mental health condition and its impact on the student's function. This documentation must be supplied by a licensed medical or therapeutic professional qualified to diagnose and treat the condition(s). Clinicians should be licensed in the state of MI or the students home state

Specifically, in your judgement does this individual have a mental health disability? * (see end of document for definition)

To be completed by doctor or licensed therapist.

Note: If insufficient information is provided, we require 3rd party verification within 7 days.

Patient's Birthdate:	Date of Diagnosis:
Date of first appointment:	Date of most recent apt.:
Number of sessions you have had with patient:	Date ESA was prescribed:
Species of ESA that was prescribed:	Length of time the patient has lived with current ESA:
If ESA is a new approach, what date will effectiveness or ongoing need be confirmed:	
DSM-5 Diagnosis:	

Briefly describe patient's current ESA

Species:	Color:
Gender:	Approximate Age:

Have you discussed with the individual the challenges of living in dormitory housing with the ESA?	Yes	No
Do you believe the individual is able to provide all care needs for the ESA without support?	Yes	No
Have you and the individual discussed how they will cope if their ESA becomes disruptive/destructive and is evicted from housing?	Yes	No
Have you assisted the individual in working out a care plan for the ESA if the individual should have to leave campus, be hospitalized etc. (The ESA cannot remain on campus in even the temporary absence of their person.)	Yes	No

Waino Wither Center for Student Success

Contact us: sds@mtu.edu 906-487-3558

Administration Building Room 130

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Do you believe that the recommended animal serves a role in mitigating the impacts of the disability in ways that go beyond the benefits that the typical individual receives from a pet?

Describe your professional relationship with the individual on which you are basing your treatment plan that the recommendation of an ESA is part of, i.e. is your principle clinical relationship with the individual for the condition for which the ESA is prescribed?

Explain how the animal helps alleviate the impact of the condition:

Are there specific negative impacts of the person's not having the animal with them and if so what are they?

How many hours/days can the person be away from their ESA before these negative impacts typically begin?

If approved, do the care/responsibilities for the animal provide increased stress, anxiety or other concerns that need to be addressed?

How often will you be following up with the individual?

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Professional's Name (Print) _____

Signature _____

Licensure/State _____

Date _____

Note: This is a 3-page document; incomplete documents – documents missing information – cannot be processed.

**The legal definition of a mental health disability is one which substantially limits a major life activity compared to most people. 'Substantial' is somewhat subjective but means a notable, significant, or meaningful limit/difference to the manner in which the individual engages in the activity.*

I request that this form be completed and returned to Student Disability Services, Michigan Technological University. Fax: (906)-487-3530, Email: sds@mtu.edu or mail to:

130 Admin, 1400 Townsend Drive, Houghton, MI 49931-1295

Student Name _____ Signature _____

Student MTU email _____ Date _____

Students permanent Address _____

Date received in office: _____

Documentation included: ___ Yes ___ No

Documentation complete: ___ Yes ___ No

Form complete: ___ Yes ___ No