



Documentation for Emotional Support Animal (ESA) Form

Office of Access and Disability Services

Student: _____ Date: _____

Type of Animal: _____

Age of Animal: _____

The above student has requested to have an Emotional Support Animal (ESA) as an accommodation for a documented 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.”

In order to accurately and equitably evaluate this request, Sarah Lawrence requires documentation from an appropriate professional, a licensed physician, psychiatrist, psychologist, or social worker (not a relative of the student), who is currently treating the student for the documented disability requiring the ESA as an accommodation. This documentation must show that there is an identifiable relationship or nexus between the documented disability and the assistance the animal provides. If approved, this accommodation permits students to have an ESA in their residence hall rooms.

Please complete the following information:

I. Information about the Student's Disability

1. What is the nature of the student's mental health impairment? How is the student substantially limited?

2. Describe the symptoms related to the student's condition which support the student's request to have an ESA in their residence on campus.

3. What is the current severity of the condition? _____

4. Does the student require ongoing treatment: _____

5. What are the frequency of your appointments? _____

6. How long have you been working with the student regarding this mental health diagnosis?

7. State the student's current symptoms that meet the criteria for the diagnosis:

II. Information about the Proposed ESA

1. Type of Animal: _____
2. Is this an animal that you specifically prescribed as part of treatment for the student, and if so, why?

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3. What symptoms will be reduced by having an ESA within their residence hall?

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4. Is there evidence that an ESA has helped this student currently or in the past? Please explain.

III. Importance of ESA to Student's Well-Being

1. 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?

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2. What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

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3. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing on campus?

☐ Yes
☐ No

4. Do you believe these responsibilities might exacerbate the student's symptoms in any way?

Thank you for your assistance completing 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 benefit a student with a significant mental health disorder, though 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 your contact information, sign and date this form (below), and return it to:

Office of Access and Disability Services
1 Mead Way
Bronxville, NY 10708

disabilityservices@sarahlawrence.edu

Certifying Qualified Evaluator(s): Qualified evaluators are defined as licensed individuals who are qualified to evaluate and diagnose psychiatric disabilities or who may serve as members of the diagnostic team. **Diagnoses of psychiatric disabilities documented by family members will not be accepted.**

License #: _____ State: _____

Name and Title (please print): _____

Address: _____

Email: _____

Phone: _____ Fax: _____

Signature of Evaluator: _____ Date: _____

ALL DOCUMENTATION IS FILED CONFIDENTIALLY WITH ACCESS AND DISABILITY SERVICES.
No documentation will be released to other departments, such as Health and Wellness, without the student's consent.

914.395.2235

sarahlawrence.edu

1 Mead Way
Bronxville, NY 10708