



## Guidelines for Documentation Emotional Support Animals (ESA)

### I. A qualified professional must conduct the evaluation.

- x Name, title, signature, professional credentials, licensure/certification information, and location of practice must be included on any reports submitted.
- x Evaluators must have training in, and experience with, the differential diagnosis of impairments in adolescents and/or adults.
- x All documentation (including any supplements), must describe the current impact of the diagnosed impairment(s).
- x All documentation must describe any currently mitigating factors, such as medication or other treatment.
- x All documentation must make recommendations currently appropriate to a college academic environment.

### III. Documentation must be comprehensive.

- x A specific diagnosis, or more than one, if applicable, must be included.
- x Reports must include a current DSM or ICD diagnosis, and indicate that criteria has been met for each condition.
- x Other potential diagnoses must be ruled out in the report.
- x Documentation must indicate whether or not the diagnosed impairment(s) substantially limits the students learning in the academic environment.
- x Documentation should include recommendations for accommodations that are directly related to the functional limitations, including a rationale explaining why each recommendation for accommodation is appropriate.
- x A statement regarding potential for harm to self or others must be included.
- x A clinical summary is helpful.

## Documentation Verification Emotional Support Animals (ESA)

The Office of Accessibility at The University of Akron provides academic accommodations to students with diagnosed disabilities that reflect a current substantial limitation in learning. To ensure the

8. What symptoms of the student's disability will having an ESA mitigate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Please provide specific information regarding alternate treatments the student has previously attempted, as well as their success. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Please describe current or past evidence this treatment has been successful for the student. If this is a new treatment method, why do you feel that the ESA is an appropriate course of treatment at this time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. In your opinion, how important is it to the student's wellbeing that they reside with an ESA on campus, and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. If this accommodation cannot be approved, how, if any, might the student's current symptomology be impacted? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Do you believe the responsibilities of caring for the ESA, while still engaging in typical college activities and residing in campus housing, might exacerbate the student's symptoms in any way? In your opinion, will the attention and care this animal requires adversely affect the student's success? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Based on the current condition and compliance with treatment plan, what is the current prognosis for functioning effectively in school? \_\_\_\_\_  
Poor      Good      Excellent      Unknown

16. Describe whether this individual poses a threat to him or herself or to other

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\*Please feel free to attach any additional information describing specific concerns you may have.

NOTE: Students with coexisting diagnoses of any other disability may need to provide the results of a comprehensive medical, educational or psychological assessment for that particular disability.

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Treatment/Assessment Professional Information

Printed Name and Title: \_\_\_\_\_

Licensing credential, number, and state: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency/Practice: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (     ) \_\_\_\_\_

My signature verifies that I am the treatment/assessment professional and that the contents are accurate.

Please note: The Office of Accessibility will not accept disability-related documentation from treatment professionals who are related, in any way, to the student requesting services. In order to provide the appropriate analysis to documentation received, the