Pennsylvania College of Technology
A Penn State Affiliate

One College Avenue
Williamsport, PA 17701
570.326.3761 | www.pct.edu

Request for Emotional Support Animal- Provider Information

Student's Name:

Student ID Number:

Proposed ESA

Name of animal:

Type of animal:

Age of animal:

Size of cage/crate needed for containment:

The above-named student has indicated that you are the health care provider who has suggested that having an Emotional Support Animal (ESA) will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's disability. This form provides the key pieces of information that Disability and Access Resources requires to appropriately evaluated the student's request for an ESA as an accommodation. You may complete and return this form, or use it as a guide to ensure that the documentation you provide includes all required elements so we can make a timely determination.

Documentation should be from a qualified third-party (psychiatrist, psychologist, clinical licensed social worker, etc.) who is providing treatment to the student and is able to clarify the need for the ESA and the nexus between the disability and the presence of the animal in housing.

What is the general nature of your relationship with the student (primary care, single session to review the need for an ESA, ongoing/long term treatment, etc.)?

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Nature of the 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.")

Does the student who you have individually assessed and treated have a physical or mental impairment that substantially limits one or more major life activities.

☐ Yes ☐ No

If yes, please describe what major life activities are substantially limited.

Relationship Between Proposed ESA and Functional Impact of Disability

Identify the disability-related need for an ESA and explain how the animal alleviates one or more of the identified substantially limiting major life activities thereby reducing the symptoms or effects of this individual's existing disability. (Please note: a statement "The animal alleviates anxiety." is too general and does not explain how the animal may alleviate the symptoms of this student's disability.)

What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?

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ESAs are typically restricted to domestic animals commonly kept in households. If another type of animal is being suggested for this student, please explain why you believe this animal is a better choice.

Is there evidence that an ESA has helped this student in the past or currently? Describe the effectiveness of the ESA.

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?

Thank you for taking the time to complete this form. We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant diagnosis, 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. Please provide contact information, sign, and date this questionnaire, and return it by fax (570) 327-4501 to Disability and Access Resources or email at dar@pct.edu.

Provider contact information

Provider Name:

Mailing Address:

Telephone:

Fax and/or Email address:

Professional Signature:

License #:

Date of Signature: