

## REQUEST FOR INFORMATION FOR EMOTIONAL SUPPORT ANIMAL (ESA)

Student 5 Name:	
Proposed ESA:	
Type of Animal:	Name of Animal:
Breed of Animal:	Age of Animal:
psychiatrist, social worker, mental health wanimal in the student's assigned campus liv Vermont University campus buildings, will	nat you are the health care professional (physician, worker) who has suggested that having an emotional supporting quarters, or accompanying them in the Northern be helpful in alleviating one or more of the identified illity. So that we may better evaluate the request for this ing questions.
Information Describes the Student's Disci	Lilia.
Information Regarding the Student's Disal (A person with a disability is defined as som substantially limits one or more major life of	neone who has a "physical or mental impairment that
What is the nature of the student's mental limited?	health impairment and how is the student substantially
Does this student require ongoing treatme Intervention?)	nt, and if so, in what form? (Medication, Therapeutic
How long have you been working with the	student regarding this mental health diagnosis?
What is the frequency of your interaction v	with this student and in what capacity?





## **Information About the Proposed ESA**

What symptoms of this student's disability will be reduced by having this ESA?
Have you personally witnessed this student interacting with this animal and Is there evidence that this ESA has helped the student in the past or is currently helping this student? If yes, please state that evidence.
How will this ESA assist this student in accessing their campus residence?
Importance of the ESA to the Student's Well-Being 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 provided?

Please be aware that though you are in the process of meeting the requirements for a disability determination and approval for your ESA, the animal is not permitted on campus until all of the process has been completed and you receive notice from the Director of Residence Life of the move in date for your animal.



NVU ESA Form, page 3 Have you discussed the responsibilities

associated with properly caring for an animal while engaged in typical college activities and residing on campus? (If you have not had this conversation with the student, we will discuss it with the student at a later date)

Do you believe that those responsibilities may exacerbate the student's symptoms in any way? If yes, please explain how.

Thank you for taking the time to complete this form. If we need additional information we may contact you at a later date. We recognize that having an ESA in the campus residence or on campus can be a real benefit for someone with a significant mental disorder, but the practical limitations of our housing arrangements and campus buildings 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 questionnaire, and return to:

	Student Signature	Date	
NVU-Johnson	NVL	J–Lyndon	
Michele Feiner,	Den	Denise Moses, Director of Academic	
Coordinator of Disability Services	Sup	port & Disability Services	
802.635.1259	802	.626.6424	
Michele.Feiner@NorthernVermont.edu	<u>Den</u>	ise. Moses @ Northern Vermont.edu	
District Name	<u></u>		
Printed Name	Signature		
License Number	 Date		