



**REQUEST FOR INFORMATION
Emotional Support Animal**

Student's Name: _____

Proposed ESA

Name: _____

Type of animal: _____

Age of animal: _____

The above-named student has indicated that you are the (physician, psychiatrist, mental health worker) who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. We will accept documentation from providers in the State of Wisconsin or the students' home state. So that we may better evaluate the request for this accommodation, please answer the following questions:

Information About the Student's 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.")

What is the nature of the student's mental health impairment (that is, how is the student substantially limited?)

What major life function(s) (or activities) for the student are affected by this condition?

Does the student require ongoing treatment?

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

Information About the Proposed ESA

Is the ESA an animal that you specifically prescribed as part of a current treatment plan for the student?

Is the ESA an animal that you believe will have a beneficial effect for the student while in residence on campus?

What is the need that the ESA addresses and how will be need be addressed by having the ESA (i.e. how will symptoms be reduced)?

What is the relationship between the disability and the assistance this ESA can provide?

Importance of ESA to Student's Well-Being

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

In what way is this ESA necessary to provide this student access to education?

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?

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

Do you believe the responsibilities associated with properly caring for an animal might exacerbate the student's symptoms in any way?

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 residence hall can be a real benefit for someone with a significant mental health disorder, 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 (below), and return it to:

Karen Eckhardt, M.Ed.
Director, Hayssen Academic Resource Center
ADA Coordinator
Lakeland University
W3718 South Drive
Plymouth, WI 53073
Office: 920-565-1021 ext. 2115

Contact information: _____

Address: _____

Telephone: _____

FAX and/or Email address:

Professional Signature: _____

License #: _____

Date: _____