



Student Name: _____ Student ID: _____

For Providers:

Residential Life and Accessibility Resources is committed to providing a healthy, inclusive, and safe environment that supports the growth and development of all students. We recognize that some residential environments and configurations may not be completely accessible to all students. Therefore, students may request consideration for their housing assignment to have equal access to the residential experience.

The individual above has requested a special housing accommodation in the form of an Emotional Support Animal (ESA) in residential facilitated based on a documented medical or psychological need, to determine if the individual is eligible for this request, the following documentation must be completed by a Licensed Health Care Provider (e.g., physician, psychologist, licensed mental health counselor, nurse practitioner) whom has training and experience in the field of the disability. The Provider should not be related to the individual and should have a relationship with the individual which ensures an understanding of their disability.

Housing accommodations are provided to best ensure equal access to a student’s living and learning environment. Residential Life and Accessibility Resources provides accommodations which correlate to a functional limitation rather than a diagnosis, so there should be a clear connection between the limitation and the recommended accommodation. Suggestions for housing accommodations should be made based on need rather than preference. The below information will be used to determine the eligibility for accommodation but is not a guarantee that accommodations will be provided.

Health Care Provider Information

Provider Name (Print): _____

Title: _____

License or Certification #: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone #: _____ Fax: _____

Provider Signature: _____ Date: _____

This Section is to be Completed by a Licensed Health Care Provider

1. Provide Diagnosis and symptomology in detail:

Level of Severity (circle one): Mild Moderate Severe

Date of Initial Diagnosis: ___/___/____ Date of Last Contact: ___/___/____

How often do you meet with this student? _____

2. What is the expected duration, stability, or progression of the condition?

3. Please List the functional impact(s) of the individual due to the above diagnosis and the frequency that they experience the impact(s). In addition, please provide rationale for how an **ESA** will reduce those limitations:

Functional Impact	Frequency (Circle One)	Rationale
	Rarely Occasionally Frequently	
	Rarely Occasionally Frequently	
	Rarely Occasionally Frequently	
	Rarely Occasionally Frequently	

4. How will the above impacts interfere with this student's ability to reside in our residential facilities?

5. What evidence is there that an **ESA** had helped this student in the past or currently?

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

7. Describe your follow-up plan with your client/patient for whom you have recommended housing accommodations for on-campus living?

8. Does the student plan to and/have you recommended that the student seek therapy from the College of Law's Mental Health Counselor? Yes _____ No _____

9. Have you discussed the responsibilities of taking care of an animal while living on a college campus with the student? Yes _____ No _____

If yes, please describe:

**Please Return this Completed Form to: Office
Accessibility Resources Suite T306**

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