



DIVISION OF STUDENT AFFAIRS

STUDENT DISABILITY RESOURCE CENTER

James L. Welch Hall (WH) 180

PHONE: (310) 243-3660

FAX: (310) 928 -7267

**REQUEST FOR INFORMATION:
Emotional Support Animal**

Student's Name: _____

Proposed ESA: _____

Information about the Student's Disability

DSM-5 diagnosis and ICD-10 Code:

Does the student require ongoing treatment?

When did you first meet with the student regarding this their mental health diagnosis?

When was the last time you saw the student?

Information about the Proposed ESA.

Is the animal one that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have beneficial effects for the student while attending Dominguez Hills?

What symptoms will be reduced by having the ESA?

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

Are there other accommodations that could alleviate the student's symptoms in the same way(s) as an ESA?

Importance of ESA to Student's Well-Being

In your opinion, how important is it for the student's well-being that an ESA be in the residence on campus?

What consequence, 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? Do you believe those responsibilities might exacerbate the student's symptoms in any way?

Accommodation Recommendations

Are there any other accommodations you would recommend that would help the student in an educational setting?

Contact Information

Address:

Telephone:

Email and/or Fax:

In addition, please attach a business card.

Clinician's Printed Name

Clinician's Signed Name

Date

License #

Clinician's Title