EASTERN CONNECTICUT STATE UNIVERSITY
83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5000

Office of AccessAbility Services (OAS)

DOCUMENTATION OF DISABILITY FORM – EMOTIONAL SUPPORT ANIMAL

Dear Provider:

The Office of AccessAbility Services (OAS) at Eastern Connecticut State University complies with federal and state disability laws that prohibit discrimination and require that universities ensure equal access for qualified persons with disabilities to educational programs, services, and activities.

This form should be completed by the student's current longstanding mental health provider who has prescribed an Emotional Support Animal as part of the student's ongoing treatment in alleviating one or more of the identified symptoms of the student's diagnosis.

Please note:

- This form must indicate that **1)** The student has a disability and; **2)** The animal is necessary, as prescribed by the student's current mental health provider, to give the student with a disability an equal opportunity to use and enjoy University residence halls and there is an identifiable relationship between the disability and the support provided by the animal.
- Any documentation provided to OAS becomes part of the student's "educational record," pursuant to the Family Educational Rights and Privacy Act (FERPA). Under the privacy protection and access provisions of FERPA, the student has the right to inspect his or her own educational records, if requested.
- To be eligible for services/accommodations, your client must have a disability as defined by Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act and Amendments (ADAA). These laws define a person with a **disability** as one who: (1) has a physical or mental impairment which substantially limits one or more major life activities, or (2) has a record of such an impairment, or (3) is regarded as having such an impairment.
- **Substantial Functional Limitation:** Client is restricted in comparison to the average person in the general population as to the conditions, manner, or duration under which major life activities can be performed.
- **Major life activities** include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and functions including, but not limited to, the immune system, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, and reproductive functions.

EASTERN CONNECTICUT STATE UNIVERSITY
83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5000

Use mouse or TAB key to proceed through the form, SHIT+TAB to go back.

TO BE USED BY A LICENSED MENTAL HEALTH PROFESSIONAL

Student's Name:

Student's Date of Birth:

Name of Clinic or Private Practice:

Address - City, State, Zip Code:

Phone and Fax:

License or Certificate Number and State

Date of first contact:

Have you met with this student for a minimum of 6 months?

Date of last appointment:

Next appointment date:

Specialty/qualification/training to make disability determination and Emotions Support Animal prescription:

EASTERN CONNECTICUT STATE UNIVERSITY
83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5000

SECTION 1 - DIAGNOSTIC INFORMATION

Please note:
A diagnosis alone is insufficient to determine eligibility for and/or reasonableness of accommodations. Please carefully complete all fields as applicable and be as specific as possible to avoid processing delays.

Primary Diagnosis: DSM-5 or ICD-10 Code:

Date of Diagnosis: Severity: Mild ☐ Moderate ☐ Severe ☐

Method/diagnostic tests and/or criteria used to determine diagnosis:

Symptoms that meet criteria for diagnosis (nature, frequency, severity):

Duration: Temporary (0-6 months) ☐ Permanent/Chronic: ☐

Frequency: Episodic ☐ Persistent ☐

Secondary Diagnosis: DSM-5 or ICD-10 Code:

Date of Diagnosis: Severity: Mild ☐ Moderate ☐ Severe: ☐

Method/diagnostic tests and/or criteria used to determine diagnosis:

Symptoms that meet criteria for diagnosis (nature, frequency, severity):

Duration: Temporary (0-6 months) ☐ Permanent/Chronic: ☐

Frequency: Episodic ☐ Persistent ☐

EASTERN CONNECTICUT STATE UNIVERSITY
83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5000

SECTION II - DETERMINATION OF DISABILITY

Describe the impact of the diagnosis on the student's functioning in a college environment.

Which major life activities are substantially limited by the diagnosis?

How does the diagnosis impact or impair the student in the residence hall environment?

SECTION III - SUPPORT ANIMAL PRESCRIPTION

Breed of Support Animal: **Age:** **Name:**

Is this animal prescribed as part of the student's mental health treatment? Yes ☐ No ☐

For how long has the support animal been prescribed as part of the mental health treatment?

What symptoms have you observed or determined to be reduced by the presence of the Emotional Support Animal? How has the student's overall well-being been impacted?

EASTERN CONNECTICUT STATE UNIVERSITY
83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5000

Describe the impact on the student's ability to function at Eastern if the request is not met.

If this request cannot be met, please share some possible alternative strategies.

Provider's Name (Print): **Date:**

Provider's Signature:

Affix business card or stamp in this box.

Return To:
AccessAbility@easternct.edu

Office of AccessAbility Services (OAS)
Wood Support Services, Room 204
Eastern Connecticut State University
83 Windham Street, Willimantic, CT
Phone: (860)465-5573
Fax: (860)465-0136