Disability Verification for Emotional Support Animal Request

The student listed below has requested support services at Trinity University based on disability. In order to establish eligibility, the student must provide current, comprehensive documentation that establishes the diagnosis/es and describes the impact on major life activities. This student is requesting to have an emotional support animal (ESA) in housing managed by Trinity University’s Residential Life Service. An ESA is not granted access to places of public accommodation; the animal’s access is restricted to the student’s housing.

This form should be completed as thoroughly as possible, by an appropriate licensed professional that has conducted the assessment, made a diagnosis, or is currently treating the student. These persons are generally psychologist, psychiatrists, licensed counselors or medical doctors. Any additional documentation is welcomed. Services may be delayed if complete information is not provided. SAS may reach out directly to providers for further clarification or additional information as needed.

By completing this form, you are certifying that in your professional opinion, this student qualifies as a person with a disability under the Americans with Disabilities Act. For more information regarding the ADA, see: www.ada.gov.

1. Diagnosis (required) using the DSM-V:

Date Diagnosed: __/__/__  Date of first contact: __/__/__  Date of your last clinical contact: __/__/__

2. Evaluation

In addition to DSM criteria, how did you arrive at your diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine eligibility for accommodations.

- [ ] Medical Evaluation (e.g., x-ray, laboratory tests, EKG)
- [ ] Structured or unstructured interviews with student
- [ ] Interviews with other persons, please list:
  - _______________________________
  - _______________________________
- [ ] Behavioral observations
- [ ] Developmental history (if applicable please describe)
  - _______________________________
  - _______________________________
Educational History (if applicable please describe)
- 
- Neuro-psychological testing. Date(s) of testing? / / Please attach.
- Standardized or non-standardized rating scales
- Other. Please specify: 

Appropriate onset of diagnosis:
- Child—appropriate age: 
- Adolescent – appropriate age: 
- Adult—appropriate age: 
- Unknown

Severity of symptoms
- Mild
- Moderate
- Severe

Prognosis of disorder
- Active
- Progressing
- Controlled
- In Remission
- Other: 

Present Symptoms: 

Current treatment being received by student:
- Medication management
  - Current medications: 
  - Medication side effects: 
- Outpatient therapy
  - Frequency: 
- Group therapy
  - Frequency: 
- Other. Please describe

Will student require local treatment/follow-up? If yes, please describe arrangements made.
- Yes: 
- No
3. Major Life Activities Assessment:
Please check which of the following major life activities listed below are affected by the student’s diagnosis. Indicate the severity of the limitations.

<table>
<thead>
<tr>
<th>Life Activity</th>
<th>Negligible</th>
<th>Moderate</th>
<th>Substantial</th>
<th>Don’t Know</th>
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<tbody>
<tr>
<td>Concentrating</td>
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<td>Memory</td>
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<td>Organization</td>
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<td>Eating</td>
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<td>Self-Care</td>
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<td>Social Interactions</td>
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<td>Attending Class</td>
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<td>Other:</td>
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What specific symptoms/functional limitations based on the diagnosis does the student have that might affect the student in the academic setting? __________________________________________
_________________________________________________________________________
_________________________________________________________________________

What environmental conditions might lead to exacerbation of symptoms? __________________________________________
_________________________________________________________________________
_________________________________________________________________________

Please provide any additional information you feel will be used in determining appropriate accommodations and interventions: __________________________________________
_________________________________________________________________________
_________________________________________________________________________
4. Recommendation for an Emotional Support Animal
Has the student discussed with you their desire for an emotional support animal?

☐ Yes
☐ No

If yes, what coping strategies have been recommended to this student to mitigate some or all of the psychological symptoms?

________________________________________________________________________

________________________________________________________________________

What did the student find limiting about the recommended strategies?

________________________________________________________________________

________________________________________________________________________

In your professional opinion, how may access to an emotional support animal be more positive and productive for the functional limitations being experienced by this student presently?

________________________________________________________________________

________________________________________________________________________

In your professional opinion, how will this student manage current symptoms in other campus locations where ESAs are not permitted (e.g., classroom, dining hall, library)?

________________________________________________________________________

________________________________________________________________________

Provider Information
I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above.

Signature: __________________________ Date: __________________________

Print Name and Title: __________________________

State of License: ________ License Number: __________________________

Address: __________________________ Number or P.O. Box: ________

City: __________________________ State: ________ Zip: __________________________

Phone: __________________________ Fax: __________________________

In an effort to be green, we would prefer this form be returned to SAS via email:

Trinity University
Student Accessibility Services

Email: sas@trinity.edu
Phone: 210-999-8528
Fax: 210-999-8198

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ATTN: SAS/Coates Library 308
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