



TRINITY UNIVERSITY

STUDENT ACCESSIBILITY SERVICES

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www.trinity.edu

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Coates Library Room 308
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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.

Name: _____ TU ID: _____
Date: ___ / ___ / ___ Phone: _____ TU email: _____

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:
 - o _____
 - o _____
- Behavioral observations
- Developmental history (if applicable please describe)
 - o _____
 - o _____

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.

Life Activity	Negligible	Moderate	Substantial	Don't Know
Concentrating				
Memory				
Organization				
Managing external distractions				
Managing internal distractions				
Reading				
Writing				
Sleeping				
Communicating				
Mobility				
Eating				
Self-Care				
Social Interactions				
Attending Class				
Other:				

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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