



OFFICE FOR STUDENTS WITH DISABILITIES
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 WEB: <http://disabilities.ucsd.edu>

Therapy/Emotional Support Animal Accommodation Request

The **individual** below has requested a therapy/emotional support animal in University owned housing on the basis of a disability, and has disclosed to the Office for Students with Disabilities (OSD) at UC San Diego, that you are the treating provider for his/her/their mental health condition.

Student's Name _____ DOB _____

Spouse/Dependent's Name _____ DOB _____

TO BE COMPLETED BY THE PROVIDER:

Name/Title of Certifying Professional (Please print) _____

License # _____ State _____

Address _____

Telephone Number _____ Fax Number _____

Provider Certification:

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the individual named above. In cases where the diagnostic assessment of the individual was performed by another clinician, my signature confirms the review of the original assessment and agreement of the diagnosis.

OR

If you feel you **CANNOT** provide documentation for this **individual**, please indicate the reason below:

____ I am not treating this individual

____ I have not diagnosed this individual

____ I have referred to another clinician

____ I have referred for additional evaluation

____ I would need additional sessions with the individual to complete this form

____ I have insufficient information to describe functional limitations that would impact the individual's academic work/major life activities and/or need for a therapy/emotional support animal

____ Other _____

Signature _____ Date _____

For OSD staff use only:

Name _____ DOB _____

1. What is the initial date of the diagnosis(es)? _____

2. Is the **individual** currently under your care for this diagnosis(es)? __ YES __ NO

3. We look for reliable evidence of an established client-provider relationship. Please list the date you and the **individual** established a client-provider relationship, as well as any dates you treated the **individual** in the last six months for his/her/their mental health diagnosis.

4. Does this **individual** have a current diagnosis as per the DSM-V? __ YES __ NO

a. If YES, what factors do you believe would indicate that this condition would be a disability under the ADA?

5. What are the **individual's** current functional limitations?

6. Have you completed a clinical evaluation of the **individual** regarding his/her/their need for an emotional support animal?

__ YES (Date of completed clinical evaluation _____) __ NO*

* If you have not completed a clinical evaluation for this **individual**, **STOP here** until a clinical evaluation has been completed.

For OSD staff use only:

7. Once you have completed a clinical evaluation, did you **observe the individual** with his/her/their therapy/emotional support animal as part of the clinical evaluation? ☐ YES ☐ NO
- a. If YES, please characterize these interactions. How have you **seen** the animal mitigate limitations of disability and in what specific ways?

- b. If NO, please clarify the basis for concluding that the therapy/emotional support animal mitigates or will mitigate the **individual's** symptoms.

8. Do you consider the therapy/emotional support animal to be a necessary component of the **individual's** current treatment plan? ☐ YES ☐ NO

If you answered 'Yes' in question 8, please explain why you believe the therapy/emotional support animal to be a necessary component of the individual's current treatment plan.

While there is research that suggests therapy/emotional support animals can be beneficial for individuals in general, please explain in what specific ways the therapy/emotional support animal's impact for **this specific individual** that goes beyond the benefits a typical individual may receive when having/interacting with a pet.

9. Given that accommodations mitigate **current and specific functional limitations** of a disability, updated information may be needed annually or sooner.

How do you plan to assess this **individual's** continued need for a therapy/emotional support animal and how frequently do you plan to do this?

Based on your observations and opinions of the **individual's** limitations, if there other impacted areas for which you believe the **individual** would benefit from additional accommodations, please complete our Documentation of Psychological Conditions form at <http://disabilities.ucsd.edu/files/PDFs/Documentation%20Form%20for%20Psychological%20Disabilities.pdf> and submit along with this form.

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