

Dickinson

Disability Documentation Form for the Recommendation of a Housing Accommodation to Include an Emotional Support Animal

TO BE COMPLETED BY THE STUDENT'S HEALTH CARE PROFESSIONAL

Please review all information and questions in the form first before completing. Thank you.

Please Note: Dickinson College is deeply committed to the full participation of students with disabilities in all aspects of college life. As a four-year residential college, learning to live in a community and share space with others is an integral part of students' educational experience. A standard housing assignment is a 2- or 3-person sleeping room where bathroom facilities are located on the same floor, but not in the room, and with access to a communal kitchen. There are numerous campus locations that provide quiet spaces for studying outside of one's room.

As stated in our "[Animals on Campus](#)" policy, pets are prohibited, except for fish in <20 gallon tanks, or when a student's pet is authorized through an accommodation as either an Emotional Support Animal (ESA) or a Service Animal, such as a seeing eye dog, which is trained to work or perform a specific task for a person with a disability.

Requests for an accommodation of a single room will be considered on the basis of the needs of the student, and not on the basis of whether or not a student is granted an accommodation to have an ESA or a Service Animal.

Accommodations in the residential environment are not granted based on preference or a desire for a particular type of experience or location or to have a quiet, undisturbed place to study, but rather when determined that a standard residential assignment is not a viable option for this student.

Student's Name:

Date of Birth:

This form is to be completed by a qualified health care provider (who is not related to the student) with experience and expertise regarding the functional limitations of the student's disability and current symptomology that would impact the student's housing needs. *Fields outlined in red are required.* Thank you in advance for providing as much detail possible in your responses.

Care Provider Information

Practice Name and Address

(Stamps welcome)

Provider Name:

Credentials:

Email:

Telephone:

The student named above has requested a disability-based housing accommodation at Dickinson College. A disability is defined under the Americans with Disabilities Act as "a physical or mental impairment that substantially limits one or more major life activities." Examples of major life activities are listed in Item 3, below. A temporary impairment may include an injury, severe illness, recovery from surgery, or a condition caused by a traumatic event.

1. Under the ADA, this individual has a... (please select) Disability or Temporary Impairment

2. Please cite the student's diagnosis(es):

Dx #1: Diagnostic code:

Dx #2: Diagnostic code:

Dx #3: Diagnostic code:

Dx #4: Diagnostic code:

From the:

DSM-IV-TR

DSM-V

ICD-9

ICD-10

3. Please check the major life activity(ies) that are substantially limited by the disability/impairment:

walking	hearing	seeing	manual tasks
reading	working	learning	breathing
lifting	eating	sleeping	concentration
speaking	thinking	standing	communicating
bending	self-care	the operation of major bodily functions	
other:			

4. Date of diagnosis: **Made by you?** **Yes**
No, Dx made by:

5. Number of consultations with you in the past 3 years: **Date of your most recent evaluation:**

6. Length of time under your care:

7. Currently under your care? **Yes** **No, care ended on:**

If yes: Frequency of counseling/therapy sessions:

8. Please describe in detail the symptoms currently experienced by the student.

9. Please select and indicate the approximate frequency of symptoms experienced:

periodic - # of annual occurrences:	<input type="checkbox"/> X per month	<input type="checkbox"/> most days
seasonal - # of annual occurrences:	<input type="checkbox"/> X per week	<input type="checkbox"/> daily

How long do symptoms typically persist?

10. Please describe in detail how the disability interferes with one or more major life activities as would be encountered in the residential living environment. What are the barriers that an accommodation would address? (Attachments welcome if additional space is needed.)

11. Please indicate any mitigating measures that have been tried or are currently being used and how they alleviate limitations experienced by the student.

INFORMATION ABOUT THE PROPOSED EMOTIONAL SUPPORT ANIMAL (ESA)

12. What is the name and species of the animal you are recommending?

13. Is this a pet the student already has or an animal that you have specifically prescribed as part of the student's treatment?

14. Is there evidence that this or another ESA has assuaged the functional limitations of this student in the past or currently? Please describe.

15. What symptoms do you foresee being reduced by having an ESA?

16. Please speak to your discussions about the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in college housing. Do you believe those responsibilities might exacerbate the student's symptoms in any way?

17. Please speak to your discussions with the student about Dickinson's policy that pets are only permitted on the basis of a disability and their preparedness for being asked by others why they were permitted to have a pet.

18. Please speak to your discussions with the student about plans for the animal's care during breaks or in emergency situations.

19. In your opinion, how important is it for the student's well-being to have an ESA residing in college housing? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

20. **IF RECOMMENDING ANY OTHER HOUSING ACCOMMODATIONS:**

Given the clarifications provided on p. 1 (what is a standard room assignment, options for quiet study locations, accommodations based on necessity, rather than preference, etc.), **please describe and provide rationale for recommending any other types(s) of housing necessary to accommodate the student's disability. Note how this would assuage the functional limitations of the student's underlying condition.**

21. Please indicate whether and how this individual may be at risk during an emergency evacuation (e.g., fire):

22. Any additional comments?

23. *(if relevant)* I have attached the supporting documentation for this diagnosis.
(Documentation guidelines can be found at www.dickinson.edu/ADS-Guidelines.)

Please manually or digitally sign here

Care Provider's Signature

Date

*THIS COMPLETED FORM IS NOT TO BE GIVEN TO THE INDIVIDUAL.
IT SHOULD BE SENT DIRECTLY TO DICKINSON.*

**Thank you for completing, signing and returning this form to Dickinson's office of
Access & Disability Services as soon as possible via...**

Email:
access@dickinson.edu

Fax:
(717) 254-8139

US Mail (in addition to another method):
Dickinson ADS, PO Box 1773, Carlisle, PA 17013

Questions? Call: 717-245-1734