

McDaniel College Student Accessibility and Support Services
Emotional Support Animal (ESA) Provider Form

TO BE COMPLETED BY THE STUDENT'S MEDICAL PROVIDER:

Your patient/client has requested an Emotional Support Animal (ESA) accommodation through Student Accessibility and Support Services (SASS) while attending McDaniel College. In order for reasonable accommodations to be provided, additional information is required to address the barriers a student's disability may cause while attending classes and/or living on campus. General information regarding the disability present does not provide sufficient information regarding the barriers. 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." Major life activities may include seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, thinking, concentrating, reading, communicating, etc.

An Emotional Support Animals (ESA) is defined as a companion animal that brings a therapeutic benefit that is directly related to a residential student's diagnosed disability. An ESA is not a pet or a service animal. ESAs do not travel with the student and are only permitted in the student's designated residence hall bedroom.

The student must be under active care or therapeutic treatment with the provider (e.g. Licensed social worker or counselor, psychiatrist, psychologist, or other professional in a related field). Documentation must clearly specify the direct relationship between the severe or chronic disabling condition and the assistance provided by the animal. If you have questions, please feel free to contact sass@mcdaniel.edu or call 410-857-2504.

Please complete the following "McDaniel College Emotional Support Animal Request (ESA) – Provider Form" and return to sass@mcdaniel.edu or mail to:

Student Accessibility and Support Services
McDaniel College
2 College Hill
Westminster, MD 21157

McDaniel College Emotional Support Animal (ESA) Request Provider Form

Student Name:

DOB:

Last appointment with student:

Provider Information

Provider Name:

Credentials/Licensing:

Provider Practice Name and Address

Practice Name: _____

Street address: _____

P.O. Box: _____ City: _____ State: _____ Zip code: _____

Office email: _____ Office phone number: (____)-____-____

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1. Does the student have a disability under the above ADA definition? Yes No
2. Please identify the student’s impairment(s) and describe how they substantially limit the ability to perform a major life activity.
3. Is the student currently engaging in any treatment (e.g. therapy, medication, medical equipment required provided by the student, etc.) that mitigates the limitations caused by the disability?

- Medication
- Therapy (please list frequency):
- Other (please describe):
- The student does not currently engage in any additional treatment

4. How does the support of the animal alleviate one or more symptoms/effects of the student’s disability? Please provide evidence of a direct relationship between the diagnosed disability and the assistance provided by the emotional support animal.
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Please provide any additional information that may be pertinent or helpful to barriers the student's disability may cause while attending classes and/or living on campus, requiring an ESA:

Signature of Medical Provider

Date