



## Proscribing Professional Emotional Support Animal Evaluation

---

Once completed by the prescribing professional, this form should be returned to Marshall University's Office of Disability Services by fax at (304) 696-2288, by email at wyant2@marshall.edu, or by mail at Prichard Hall 119, 1 John Marshall Drive, Huntington, WV 25755.

**Student's Name:** \_\_\_\_\_

The above-named student indicated that you are the prescribing professional (e.g., physician, psychiatrist, social worker, mental health worker) who has suggested that having an emotional support animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. So that we may better evaluate the request for this accommodation, please answer the following questions:

### Emotional Support Animal Information:

Name of ESA: \_\_\_\_\_

Type of Animal: \_\_\_\_\_ Age of ESA: \_\_\_\_\_

### Information about the Student's Disability:

What is the nature of the student's mental health impairment? (i.e., what is this student's diagnosis and how is the student substantially limited?)

---

---

---

---

---

Does the student require ongoing treatment?

---

---

How long have you been working with the student regarding this mental health diagnosis?

---

### Information about the Proposed ESA:

Is this an animal that you specifically prescribe as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

---

---

What symptoms will be reduced by having the ESA?

---

---

Is there evidence that an ESA has helped this student in the past or currently?

---

---

**Importance of ESA to Student's well-being:**

In your opinion, how important is it for the student's well-being that the ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

---

---

---

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way?

---

---

---

Thank you for taking the time to complete this form. If we need additional information we may contact you at a later date. We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

**Proscribing Professional Information:**

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX and/or Email address: \_\_\_\_\_

Professional Signature: \_\_\_\_\_

License #: \_\_\_\_\_

Date: \_\_\_\_\_