

OZARKS TECHNICAL COMMUNITY COLLEGE

Disability Support Services
Information Commons East, Room 116
disabilityservices@otc.edu
(417) 447-8189

Emotional Support Animal (ESA) REQUEST FOR INFORMATION

Student's Name: _____

Re: Proposed Emotional Support Animal

Name of Animal: _____

Type of Animal: _____

Age of Animal: _____

The above-named student has indicated you are the mental health professional who has suggested having an Emotional Support Animal (ESA) on OTC premises will have therapeutic benefits in alleviating one or more of the identified symptoms or effects of their mental health disability. Generally, we accept documentation from providers in the state of Missouri or the student's home state who have personal knowledge of the student, consistent with their professional obligations.

So we may better evaluate this student's request for an accommodation, please answer the following questions.

Information about the Student's Disability

A person with a disability is defined, by federal law, as "someone who has a physical or mental impairment that **substantially limits** one or more major life activities." This suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation).

What is the nature of the student's mental health impairment? (That is, how is the student substantially limited?)

Does the student require ongoing treatment?

When did you first meet with the student regarding this mental health diagnosis?

When did you last meet with the student regarding this mental health diagnosis?

Information about the Emotional Support Animal

Is the above-named animal one you specifically prescribed as part of treatment for the student, or is it a pet you believe will have a beneficial effect for the student while on OTC premises?

Specifically, which symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?

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

Importance of an Emotional Support Animal to the Student’s Well-Being

In your professional opinion, how important is it for the student’s well-being that an ESA be with them on OTC premises?

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 participating on campus?

Do you think those responsibilities would 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. The above-named student has signed this form (below) indicating written permission to share additional information with us in support of this request.

We recognize having an ESA on campus can be beneficial for a student with a significant mental health disorder. The practical limitations of having an animal on campus, however, make it necessary to carefully consider the impact of the request on both the student and the campus community.

If you have questions, please contact our office at 417-447-8189. Please provide your contact information and then sign, date, and return this questionnaire to:

Ozarks Technical Community College
ATTN: Disability Support Services
1001 E Chestnut Expressway
Springfield, MO 65802

Name: _____

Telephone: _____

Fax: _____

Email address: _____

Professional Signature: _____

Type of License: _____

License #: _____

Date: _____

Student, please sign this form before providing it to your mental health provider.

By signing below, I consent to allowing my health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with personnel from the Disability Support Services Office at Ozarks Technical Community College for the next 90 days.

Signature

Date