Guidelines for Documentation
Emotional Support Animals (ESA)

I. A qualified professional must conduct the evaluation.
   • Name, title, signature, professional credentials, licensure/certification information, and
     location of practice must be included on any reports submitted.
   • Evaluators must have training in, and experience with, the differential diagnosis of
     impairments in adolescents and/or adults.
   • Appropriate professionals may include licensed psychologists, neuropsychologists,
     psychiatrists or other specifically trained medical doctors, clinical social workers, licensed
     mental health counselors, and psychiatric nurse practitioners outside of the University.
   • Evaluations performed by members of The University of Akron are not acceptable.
   • Evaluations performed by members of the student’s family are not acceptable.
   • All reports must be signed by the evaluator and should include a completed Office of
     Accessibility form (if feasible), as well as any additional information typed on letterhead.

II. Documentation must be current.
   • Initial documentation must be based on evaluations performed within 1 year unless the
     student has remained in clinical contact with his or her evaluator, then that professional may
     supplement the original report with a letter (on letterhead) describing any and all changes
     since the previous report. [The supplement would be in lieu of another complete report.]
   • All documentation (including any supplements), must describe the current impact of the
     diagnosed impairment(s).
   • All documentation must describe any currently mitigating factors, such as medication or other
     treatment.
   • All documentation must make recommendations currently appropriate to a college academic
     environment.

III. Documentation must be comprehensive.
   • A specific diagnosis, or more than one, if applicable, must be included.
   • Reports must include a current DSM-5 or ICD diagnosis, and indicate that criteria has been
     met for each condition.
   • Other potential diagnoses must be ruled out in the report.
   • Documentation must indicate whether or not the diagnosed impairment(s) substantially limits
     the students learning in the academic environment.
   • Documentation should include recommendations for accommodations that are directly related
     to the functional limitations, including a rationale explaining why each recommendation for
     accommodation is appropriate.
   • A statement regarding potential for harm to self or others must be included.
   • A clinical summary is helpful.
Documentation Verification
Emotional Support Animals (ESA)

The Office of Accessibility at The University of Akron provides academic accommodations to students with diagnosed disabilities that reflect a current substantial limitation to learning. To ensure the provision of reasonable and appropriate accommodations for our students, this office requires current, within 1 year, and comprehensive documentation of the impairment from a current treatment/assessment professional that is legally qualified to make the diagnosis. Documentation completed by University of Akron employees will not be accepted. The Office of Accessibility has the right to request additional documentation in order to provide appropriate services.

Name of Student: _____________________________________ Date of Birth: _____________________

1. DSM-5 Diagnosis & Code: ____________________________________________________________
   Date of Diagnosis: ___________________ Last contact with student: _____________________
   Is the individual currently under your care? _______ Yes _______ No

2. How long have you been this student’s diagnosing health professional?
   ______________________________________________________________________________

3. What is the duration of the impairment? _______ Permanent/Chronic _______ Temporary
   If temporary, what is the expected duration?
   ______________________________________________________________________________

4. What clinical instrument was used to make this diagnosis. Instruments used must be age
   appropriate and use adult norms unless inapplicable.
   ______________________________________________________________________________

5. In your opinion, does any impairment listed above substantially limit the student’s learning in
   the academic environment? _______ Yes _______ No
   If yes, specify here: _____________________________________________________________

6. Describe the symptoms, the onset, duration, and prognosis of the student’s disability.
   ______________________________________________________________________________

7. Does the student require an ESA as part of their current course of treatment? How does the
   ESA differ from a pet? ____________________________________________________________
   ______________________________________________________________________________
8. What symptoms of the student’s disability will having an ESA mitigate? 
____________________________________________________________________________
____________________________________________________________________________

9. Please provide specific information regarding alternate treatments the student has previously attempted, as well as their success. 
____________________________________________________________________________
____________________________________________________________________________

10. Please describe current or past evidence this treatment has been successful for the student. If this is a new treatment method, why do you feel that the ESA is an appropriate course of treatment at this time? 
____________________________________________________________________________
____________________________________________________________________________

11. In your opinion, how important is it to the student’s well-being that they reside with an ESA on campus, and why? 
____________________________________________________________________________
____________________________________________________________________________

12. If this accommodation cannot be approved, how, if any, might the student’s current symptomology be impacted? 
____________________________________________________________________________
____________________________________________________________________________

13. Do you believe the responsibilities of caring for the ESA, while still engaging in typical college activities and residing in campus housing, might exacerbate the student’s symptoms in any way? In your opinion, will the attention and care this animal requires adversely affect the student’s success? 
____________________________________________________________________________
____________________________________________________________________________

14. Based on the current condition and compliance with treatment plan, what is the current prognosis for functioning effectively in school? 

Poor  Good  Excellent  Unknown

If “unknown,” please explain: 
____________________________________________________________________________
____________________________________________________________________________

15. List any recommendations for accommodations appropriate for this student in an academic setting. The accommodation must link to the functional limitation.
____________________________________________________________________________
____________________________________________________________________________
16. Describe whether this individual poses a threat to him or herself or to others:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

*Please feel free to attach any additional information describing specific concerns you may have.

NOTE: Students with coexisting diagnoses of any other disability may need to provide the results of a comprehensive medical, educational or psychological assessment for that particular disability.

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**Treatment/Assessment Professional Information**

Printed Name and Title: _________________________________________________________________

Licensing credential, number, and state: __________________________________________________

Provider Signature: ___________________________ Date: ______________

Agency/Practice: ______________________________________________________________________

Street Address: ___________________________ City: ___________________________

State: ______________ Zip: ________________ Phone: (________)____________________

My signature verifies that I am the treatment/assessment professional and that the contents are accurate.

Please note: The Office of Accessibility will not accept disability-related documentation from treatment professionals who are related, in any way, to the student requesting services. In order to provide the appropriate analysis to documentation received, the Office of Accessibility must be able to rely on treatment professionals with the highest capacity for objectivity.

The information provided is maintained in the Office of Accessibility according to the guidelines of the Family Educational Rights and Privacy Act (FERPA).

Please return the completed form to the student.

Office of Accessibility • The University of Akron
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