

Housing Accommodation: ESA Application

Returning Students send completed form by March 1st

Incoming Students send completed form by July 1st

Academic year:

Applicant's Name:

Proposed ESA type of animal and breed:

Age of animal:

The above-named applicant has indicated that you are the professional that has suggested that having an ESA (Emotional Support Animal) in the residence hall will be helpful in alleviating one of more of the effects of the applicant's disability. We will accept documentation from the licensed professionals in the state of Massachusetts or the applicant's home state.

So that we may more effectively engage in the interactive process and evaluate the request for this accommodation, we ask that you answer the following questions:

Section 1

- 1) What is the applicant's diagnosis and is there an impairment that substantially limits their ability to perform a major life activity?

- 2) Please identify if the applicant is using any measure such as medication, treatment, therapy that may mitigate the limitations caused by their impairment?

- 3) Please describe the level of severity of the symptoms or impact of the applicant's condition.

- 4) How long have you been working with the applicant regarding their diagnosis? Does the applicant require ongoing treatment?

Section II: Information about the proposed ESA

- 1) Is this an animal that you have specifiably prescribed as part of the treatment, or is it a pet that you believe will have a beneficial effect for the applicant?

- 2) How long has the applicant had this ESA?

- 3) Is this ESA a preferred method of treatment? Or is it a complementary method of treatment?

- 4) What symptoms will be reduced by having an ESA

- 5) If the student lived on campus without having an ESA, please explain how they managed their symptoms?

- 6) Is there evidence that an ESA has helped this applicant in the past or currently?



26 E. Main Street
Norton, Massachusetts
02766-2322

p. 508-286-8200
f. 508-286-5557

wheatoncollege.edu

Thank you for taking the time to fill this out. If we need additional information we may contact you at a later date. We recognize that an ESA can be a benefit, however due to the nature of on-campus community living, we must carefully consider the impact of the request for an ESA on both the applicant and the community.

Professional Verification and Contact Information:

Name and Title:

Address:

Phone Number:

Email Address:

Professional Signature: _____

License Number:

Date:

The signature verifies that it was completed by the licensed professional