



# DRURY UNIVERSITY

## COUNSELING & DISABILITY SERVICES

### ESA PROVIDER REQUEST FOR INFORMATION FORM

REQUEST FOR INFORMATION Re: Emotional Support Animal

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

**Proposed ESA:**

**Name of animal:** \_\_\_\_\_

**Type of animal:** \_\_\_\_\_

**Age of animal:** \_\_\_\_\_

The above-named student has indicated that you are the licensed mental health practitioner who has suggested that having an Emotional Support Animal (ESA) to live with them in their residence hall room will be helpful to their treatment 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. Feel free to attach additional pages:

**Information about the Student's Disability**

*A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities."*

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

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What mental health intervention and/or therapies have been first utilized to address the diagnosis and symptoms?

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Does the student require ongoing treatment?

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How long have you been working with the student regarding this mental health diagnosis?  
Approximately how many face-to-face sessions have you had with the student?

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**Information About the Proposed ESA**

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

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What symptoms will be reduced by having an ESA?

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

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**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 able to reside with the student in his/her dorm room/apartment? What consequences, in terms of disability symptomatology, may result if the accommodation is not approved?

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Have you discussed the responsibilities associate with properly caring for an animal while engaged in typical college activities and residing in campus housing? In your opinion, is the student healthy enough to care for themselves and care for an animal? Do you believe those responsibilities might exacerbate the student's symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

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Thank you for taking time to complete this form. If we need additional information, we may contact you at a later date. We recognize that 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.

Please provide your contact information, sign and date this questionnaire (below), and return it to:

Ed Derr LPC, NCC, Director of Counseling and Disability Support Services  
Drury University  
900 North Benton Avenue  
Springfield, Missouri 65802  
Phone: 417-873-7457  
Fax: 417-873-6833  
Email: [ederr@drury.edu](mailto:ederr@drury.edu)

**Provider Name:** \_\_\_\_\_

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

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

**Fax and/or Email address:** \_\_\_\_\_

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

**Professional Credential:** \_\_\_\_\_

**License #/Expiration Date:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_