

REQUEST FOR INFORMATION: EMOTIONAL SUPPORT ANIMAL

The student named below has indicated that you are the health care provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall at Westmont College will have therapeutic benefit in alleviating one or more of the identified symptoms or

o # consistent with their professional obligations.



Federal law defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation).

† (Does the student's diagnosis substantially limit the student's ability to perform the student's major life activities? If so, how? If not, how is the student substantially limited?)

2. Does the student require ongoing treatment?

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

4. When did you last interact with the student regarding this mental health diagnosis?





9. 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 \_\_\_\_\_ If you have not had this conversation with the student, we will discuss with the student at a later date.)

10. Please provide any additional information below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Westmont College

The Accessibility Resource Office

955 La Paz Rd., Santa Barbara, CA 93108

**B** to: 805-565-7244

to: aro@westmont.edu

