



Icahn
School of
Medicine at
Mount
Sinai

**Icahn School of Medicine at Mount Sinai
REQUEST FOR INFORMATION**

Student's Name: _____

Proposed ESA:

Name: _____ Type of animal: _____ Age of animal: _____

The above-named student has indicated that you are the (psychiatrist, psychologist, social worker, mental health worker) who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be helpful 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:

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 impairment (what is the student's diagnosis; describe how the student is substantially limited)?

What is the general nature of your relationship with the student (short term therapy, long term treatment, single session to review the need for an ESA, referral from another treating professional, crisis intervention)? Include date of first and last sessions and session location/s.

Information About the Proposed ESA

Explain how the animal helps alleviate the impact of the condition

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

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 in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

If approved, do the care responsibilities to the animal in this context represent challenges that need to be considered or addressed in a particular way?

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. We recognize that having 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 contact information, sign and date this questionnaire (below), and return it to Christine Low, Director, Disability Services via email at christine.low@mssm.edu.

Contact information:

Address:

Telephone:

FAX and/or Email address

Professional Signature:

License #:

Date: