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SJSU Administration Bldg., Rm 110, One Washington Square, San Jose, CA 95192-0168 · (408) 924-6000; email: aec-info@sjsu.edu

Licensed Practitioner: The student named below is applying for an ESA as housing accommodation in SJSU Housing (UHS). To assist SJSU in evaluating the request for an ESA all the information requested here is required. For your convenience this form is provided, but information can be provided as a letter on official letterhead. Handwritten notes, or notes written on prescription pads, are not considered adequate documentation.

Notice: Under U.S. Department of Housing and Urban Development (HUD) guidance, a document granted by an online website for a fee generally is not, by itself, sufficient to reliably establish that an individual has a non-observable disability or disability-related need for an assistance animal under the Federal Housing Authority (FHA).

For general questions pertaining to this form, or to obtain clarification about the information requested, please contact the AEC at (408) 924-6000.

**Verification requested for:** \_\_\_\_\_

Student Name: (Last, First M.I.) & SJSU ID

TO BE COMPLETED BY LICENSED PRACTITIONER

Documentation of disability must come from a licensed practitioner, qualified in the appropriate specialty area, with sufficient direct professional knowledge of the student (30 days or more) to clarify the need for the ESA and the nexus between the disability and the presence of the animal in housing. 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.

**Section 1:** Disability Information

Diagnosis: \_\_\_\_\_

1. Date of **initial** appointment with student? (MM/DD/YY) \_\_\_\_\_
2. What is the nature of your meetings (i.e., face-to-face meetings or virtual interaction)? \_\_\_\_\_
3. Before the request to complete this form, when was your **last** interaction with the student regarding the physical or mental impairment for which the ESA is recommended? (MM/DD/YY) \_\_\_\_\_
4. How many times have you interacted with the students regarding physical or mental impairment for which the ESA is recommended? \_\_\_\_\_
5. How often will you see the student for further counseling/treatment? \_\_\_\_\_

6. What major life activity or bodily function impairment(s) is this student experiencing, and how will those impairments be mitigated by the presence of the ESA? General assessments are typically insufficient. For example, a statement that "The animal alleviates anxiety" is too general and does not explain HOW the animal may alleviate the impairments of this student's disability.

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7. Is there evidence that an ESA has helped this student in the past or currently? If not, why do you believe this may be an effective support for the student now?

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8. In your professional opinion, how important is it for the student's well-being that an ESA be in their UHS residence? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

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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 those responsibilities might exacerbate the student's symptoms in any way? (If you have not had this conversation with the student, the AEC will also provide the student with a comprehensive orientation to living with an ESA on campus).

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10. Are there other accommodations in lieu of an ESA that would address the limitations of the individual's disability, allowing the individual to live successfully in university housing without an ESA? If yes, please explain.

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**Section 2:** Proposed ESA Information

Name: \_\_\_\_\_ Type of animal: \_\_\_\_\_

Age of animal: \_\_\_\_\_ Size of the cage/crate needed for containment: \_\_\_\_\_

If the ESA is not a commonly kept household animal (dog, cat, small bird, rabbit, hamster, gerbil, other rodent, fish, turtle, or other small, domesticated animal that is traditionally kept in the home for pleasure rather than for commercial purposes), please explain why you believe that animal is a better choice.

\_\_\_\_\_  
\_\_\_\_\_

More than one ESA: Must include information about the **distinct and separate** physical or mental impairment the student is experience, and how will those impairments be mitigated by the presence of each ESA.

\_\_\_\_\_  
\_\_\_\_\_

**Section 3:** Licensed Practitioner Acknowledgment & Information

I acknowledge that I am providing accurate information consistent with my professional obligations and based on professional knowledge of my patient/client, i.e., the knowledge used to diagnose, advise, counsel, treat, or provide health care or other disability-related services to their patient/client. I certify that I have the professional training, background, and qualifications to provide the information. I confirm that the information provided is my professional opinion based on clinical information obtained through a current and comprehensive assessment of the individual and is not based on generalizations about the potential for ESAs to help individuals with particular disabilities.

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

Practitioner Name (Print): \_\_\_\_\_ Position Title: \_\_\_\_\_

License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Board Certification/Area of Specialization: \_\_\_\_\_ Employer/Medical Facility: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Please note: Student medical records supplied to the Accessible Education Center constitute "educational records" under the Family Education and Privacy Act (FERPA) and as such, may be reviewed by the student upon written request.*