

SKIDMORE COLLEGE

**STUDENT REQUEST FOR DISABILITY-RELATED HOUSING ACCOMMODATIONS
(Emotional Support Animal)**

Name: _____ Class Year: _____

Permanent Address: _____

Cell Phone Number: _____ E-mail address: _____

This request is for housing for the FALL / SPRING semester of academic year 20__20__

Information for Students

Skidmore College is deeply committed to the full participation of students with disabilities in all aspects of college life, including residential life. In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), Skidmore College has established procedures to ensure that students with documented disabilities have equal access to housing resources and receive housing assignments that reasonably meet their needs as required by law. According to the ADA, a disability is defined as any mental or physical impairment that substantially limits the individual in a major life activity compared to the average person.

Requests for housing accommodations will be reviewed by a committee comprised of representatives from the following departments: Office of Residential Life, Counseling Center, Health Services, Student Academic Services, and, where applicable, Dining Services. It is important that the student must agree that any information relevant to the request for accommodation may be reviewed by the special housing accommodation committee.

Please sign and date the form below affirming agreement.

Student Signature: _____ **Date:** _____

Meg Hegener
Coordinator of Student Access Services
815 N. Broadway
Saratoga Springs, New York 12866
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Skidmore College

PART 2

ESA Request Form: Treatment Provider

Student Name: _____

On Campus Address: _____

Contact Number : _____ **E-Mail:** _____

The above-named student has indicated that you are the treatment provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall or apartment at Skidmore College is necessary in alleviating one or more of the identified symptoms or effects of a disability. So that the Housing Accommodation Committee 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.")

1. What is the student's diagnosis (please include ICD-10 or DSM-V code)
2. Describe how the student is substantially limited in a major life function?
3. How long, how frequently, and in what capacity have you been working with the student?
4. Does the student require ongoing treatment and/or medication? Please specify.

Information about the Proposed ESA

1. 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 in residence on campus?

2. What symptoms will be reduced by having the ESA, and how will the presence of the ESA accomplish this?
3. Describe your observations of how the animal and patient interact and how long you observed the interaction.

Importance of ESA to Student's Well-Being

1. In your opinion, how important is it for the student's well-being that the ESA be in residence on campus?
2. What consequences, in terms of disability symptomology and functional impairment, are likely to result if the accommodation is not approved?
3. Is the ESA an essential and documented part of the student's treatment plan?
4. Have you discussed with the student the responsibilities associated with being solely responsible for the care of an ESA and properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you have any concerns?

Credentials of the Diagnosing Professional:

Current Professional License (State and Discipline): _____

Signature: _____ Date: _____

Name Printed: _____

Address: _____ Telephone: _____

Please initial to certify that you are not a relative of this student: _____