



TWU Emotional Support Animal Request Form

TWU Disability Services for Students (DSS) is responsible for providing students with disabilities equal access to their education. To receive academic adjustments under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, Texas Woman's University students must provide documentation from an appropriately trained evaluator demonstrating a disability as defined by federal legislation.

Federal law requires that students' requests for academic adjustments, auxiliary aids, and other accommodations be determined on a case-by-case basis. This form was created to facilitate the individualized review of each student request so that DSS may determine if a student qualifies to have an emotional support animal while living in a Texas Woman's University residence hall.

This information submitted to DSS should reflect the most currently available information. **This Emotional Support Animal Documentation Form should:**

- a.) Be completed by a qualified professional that the student has an established therapeutic relationship with.**
- b.) Be completed as clearly and thoroughly as possible.** Incomplete responses and illegible handwriting will require additional follow up that may delay the review process.
- c.) Be supplemented with any evaluative reports that may provide a more complete understanding of the student.** Evaluative reports may include diagnostic reports such as psycho-educational or neuropsychological reports. Please do not provide case notes or rating scales without a narrative that explains the results.
- d.) Be submitted to Disability Services for Students.** All documentation will be held strictly confidential as a student record. This form may be released at the student's request.

Submit Information to:

Disability Services for Students

Texas Woman's University

304 Administration Dr.

CFO Suite 106

Denton, TX 76204

Phone: (940) 898-3835 Fax: (940) 898-3965



Patient Information

Date: _____

Patient Name: _____

Birthdate: _____

Type of Animal: _____

Requested ESA Start Term: _____

First date of treatment with this individual: _____

Last date of treatment with this individual: _____

DSM-V Diagnosis: _____

Severity: Mild Moderate Severe

How did you arrive at your diagnosis? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Behavioral Observations | <input type="checkbox"/> Clinical Interview (Structured or Unstructured) |
| <input type="checkbox"/> Developmental History | <input type="checkbox"/> Interviews with Others |
| <input type="checkbox"/> Educational History | <input type="checkbox"/> Rating Scales |
| <input type="checkbox"/> Medical History | |
| <input type="checkbox"/> Other - Please specify: _____ | |

What functional limitations are present as a result of this individual's disability? How do these limitations impact the individual's ability to perform major life activities?

What symptoms will be reduced by having the emotional support animal live with the student? Why is it necessary for the student's wellbeing that the emotional support animal live with her/him on campus?



What evidence is there that an emotional support animal has helped this student in the past or currently?

What forms of treatment have been attempted prior to pursuing an ESA?

What consequences, in terms of disability symptomology, may result if this accommodation is not approved?

Healthcare Provider Information

Provider Name (Print): _____

Provider Signature: _____

Title/Company: _____

License or Certification #: _____

Address: _____

Phone: _____ Fax: _____

Submit Information to:

Disability Services for Students

Texas Woman's University

304 Administration Dr.

CFO Suite 106

Denton, TX 76204

Phone: (940) 898-3835 Fax: (940) 898-3965