



Elizabethtown College

Documentation Supporting an Assistance Animal as a Reasonable Residential Accommodation at Elizabethtown College

The healthcare professional conducting the assessment, making the diagnosis, and offering recommendations for accommodations must be qualified to do so, and is generally a trained, certified, or licensed psychologist or member of a medical specialty. Health care providers sought out by a requesting student may not be able to provide this information after just a few visits, or may feel more comfortable referring the student to a specialist to make recommendations outside their area of expertise.

In my capacity as the treating health care provider, I am recommending that the above-named individual be authorized to have an Assistance Animal in the residence hall in that it will work, provide assistance, or perform physical tasks for an individual with a disability and/or provide necessary emotional support to an individual with a mental or psychiatric disability that alleviates one or more identified symptoms of his/her disability.

I represent that I have carefully reviewed with my client/patient the responsibilities of owning and managing an animal in college housing. I understand that the animal is not permitted to go to class or any other area outside my client/patient's immediate living area and this may prove isolating to the animal and/or my client/patient. My client understands the animal must be contained in a cage or kennel when not in the student's presence. I represent that I believe that my client/patient has the ability to be responsible for animal caretaking.

I understand that the information I provide below will be used to help determine: 1) whether the student meets the criteria for an individual with a disability under federal law and 2) any appropriate and reasonable accommodation(s) that could provide equitable access to Elizabethtown College's programs, activities and services. I understand you may contact me for clarification or to talk with me by telephone about this process. Please return this signed page along with the information on the following page.

Professional signature: _____

Date: _____

The treating health care provider must provide the following information on official letterhead containing contact information, signature, and professional license number

Information about the Student:

- Student's name, DOB, date of report
- Date of first office visit, most recent office visit, and frequency of visits
- A clear statement of the condition(s), including diagnosis, type, severity, and frequency of symptoms, and expected duration of the condition.
- List prescribed medications/dosages along with associated positive and adverse effects.
- Describe the functional limitations of the condition(s) and how these substantially limit one or more major life activities.
- Does this student require ongoing treatment?
- Is this accommodation best conceptualized as "helpful/beneficial "or "medically necessary/required" in order for the student to have access to the residence hall?
- Explain what symptoms will be reduced by having an assistance animal in college housing and why no other form of accommodation would address the student's need.
- Has an Assistance Animal has helped this student in the past or currently?

Information about the Assistance Animal:

- Is this an animal that you specifically prescribed as part of treatment for your client or is it a pet they requested to bring to college?
- Is this animal known to the student or is it a relatively unknown (i.e. shelter) animal?

Please call 717.361.1227 if you have any questions. Mail or fax the documentation to: Director of Disability Services Elizabethtown College One Alpha Drive Elizabethtown, PA 17022 Fax: (717) 361-1556