



Office of Accessibility & Accommodations

Eastern Illinois University
600 Lincoln Avenue
Charleston IL 61920-3099
217-581-6583 (Voice/TTY)
217-581-7208 (Fax)

DOCUMENTATION OF PSYCHOLOGICAL DISORDER/ESA RECOMMENDATION

Student Information

Student Name:

Student EIU E Number:

Student has recently requested accommodations from Office of Accessibility & Accommodations on the basis of a psychological disability. Your name has been provided as the diagnosing professional, you are requested to complete **all** sections of this form.

Please return the completed form to Office of Accessibility & Accommodations at the above address or by email to accommodations@eiu.edu. Thank you for your prompt reply so we can begin providing services as soon as possible.

Diagnosis Code	Name of the DSM-V diagnosis

Are there any pending diagnosis?

Date of diagnosis:

Date of last visit:

How often do you regularly meet with the student?

Emotional Support Animal

How Long has the student had the animal and where did the student acquire it?

How does the animal mitigate the functional limitations of the student's disability? Please name the specific functional limitation, and then describe if it is the animal's presence or a specific task that the animal performs that mitigates that functional limitation.

If the mitigation of the disability's functional limitations is accomplished by the animal's presence (rather than a task performed by the animal), please answer the following questions:

How close in proximity does the animal have to be to the student for the mitigation to occur (e.g., within sight, within touching distance, within the same room, within earshot of calling the animal's name, same building, etc.)?

How often does the animal need to be in that proximity (e.g., can the animal/student be apart for two hours and then reunited)?

In the absence of this animal, what other steps could be taken to accomplish comparable mitigation of the student's functional limitation (e.g., allowing the student to take periodic breaks, to sit near a friend, etc.)?

Certifying Licensed Mental Health Professional Information

Clinician Name:

Clinician Signature:

Medical Specialty:

License/Certification Number

Address:

Phone:

Email:

Date:

EIU Contact Information

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