

Disability Support Services (DSS)
Medical or Mental Health Provider Form
Student Request for Emotional Support/Assistance Animal

To ensure the provision of reasonable and appropriate accommodations, students requesting services must provide **current** (within 3 years) documentation of their disability. This documentation should provide information regarding the onset and severity in order to establish that an individual is covered under ADA and Section 504 of the Rehabilitation Act of 1973. Documentation must demonstrate that the individual has a disability and that it substantially limits some major life activity, including learning.

The UW-Superior student is responsible for giving this form to the medical or mental health provider and assisting its return to Disability Support Services.

The student should complete this page (page 1), the provider should complete pages 2 & 3. The provider should return all materials to:

University of Wisconsin-Superior
Disability Support Services
Belknap & Catlin, PO Box 2000
Swenson Hall 1024
Superior, Wisconsin 54880
disability@uwsuper.edu
Phone: (715) 394-8188
Fax: (715) 394-8441

STUDENT RELEASE OF INFORMATION

I, _____ (UW-Superior student print name), hereby authorize the release of requested information to **Disability Support Services at the University of Wisconsin-Superior** for the purpose of determining my eligibility for an assistance animal/emotional support animal accommodation in the residence halls.

Student Signature

Date

For the provider—please read:

Wisconsin State Policy prohibits students from having animals in the residence halls, but it (i) allows service animals and (ii) makes reasonable accommodations to its no animal policy for individuals with disabilities who may need an assistance animal.

There is a difference between a service animal and an assistance animal:

- A “**service animal**” is any dog or a miniature horse that is individually trained to do work or perform tasks for the benefit of an individual with a disability. Examples of work or tasks include, but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, pulling a wheelchair, or providing physical support with balance and stability to individuals with mobility disabilities.
- An “**assistance animal**” or **emotional support animal** is an animal that is prescribed to a student with a disability by a medical or mental health professional and is necessary to afford him or her with an equal opportunity to use and enjoy the residence halls at UW-Superior. There must be an identifiable relationship or nexus between the student’s disability and the assistance the animal provides. For example, an assistance animal/emotional support animal’s presence may positively impact the symptoms of the student’s disability by providing emotional support.

Your client, a UW-Superior student who resides in the residence halls at UW-Superior, is requesting that an assistance animal live with him or her. We ask that you provide the following information to Disability Support Services at UW-Superior in evaluating this request. Please note that requests for assistance animals in the residence halls at UW-Superior may be subject to an annual review.

1. Please describe the medical or mental health condition requiring accommodation (the diagnosis) in the residence halls. Please include when it began and its anticipated duration.
2. Please describe how this condition impact’s the students ability to access or enjoy living in the residence halls at UW-Superior.
3. Please list the assessments, instruments, and evaluation measures you used to make this diagnosis. *You can include results as a separate document to this form.*
4. Please describe the animal that you recommend/prescribe for the student, including species and size requirements.

5. Please describe how the animal can alleviate symptoms or effects of the medical condition.
6. Are there any other possible accommodations that would meet the student's needs if the request is not granted? (if yes, please describe)

Please attach/include any additional assessment information that might be helpful in providing appropriate accommodations, i.e. evaluations done by a speech pathologist, neuropsychologist, occupations therapist, psychologist, psychometrist, physical therapist, etc.

Thank you for your help in providing this information so that we may begin providing services as soon as possible. Please return this form to the address shown on page one.

Your signature, address, and licensure information is required (please print).

Your Name _____

License #:

Title:

Place of Employment:

Phone:

Signature _____