

Request Policy for Documentation of a Disability

Your patient has requested accommodations through the Office of Disabilities and Accessibility Services at Woodbury University. In order to provide reasonable accommodations, we require documentation of the specific functional limitations that result from the individual's disability and/or medication side effects. General statements about the disability or medication do not help determine appropriate accommodations. The purpose of the functional limitations is to indicate how a specific disability or medication side effects substantially interferes with a major life activity, such as working or learning.

ON YOUR OFFICE'S OFFICIAL LETTERHEAD, please respond in detail to the following questions and include your name, license number, phone, fax, address, signature, and date. Thank you for your assistance. If you have further questions, please contact Elaine Shackelford at 818-394-3345 for phone or fax, or via email at: elaine.shackelford@woodbury.edu. You may also contact Kristyn Jones at 818-394-3393 or via email at: kristyn.jones@woodbury.edu.

1. What is your patient's name and date of birth?
2. What is the DSM-V classification, learning disability, and/or medical condition?
3. What historical data was taken into account in making the diagnosis?
4. What were the assessment or evaluation procedures used to make this diagnosis?
5. Please indicate the major symptoms of the disability currently manifested by the student, including level of severity (mild, moderate, or severe).
6. What medications are currently prescribed? Are there any side effects, and if so, how severe?
7. How long has the patient been under your care and is the individual currently in treatment with you? When did you last see him or her?
8. What are the current functional limitations imposed by the disability or medication side effects? (e.g. difficulty: switching modalities, managing time or deadlines, formulating or executing a plan of action, taking notes, focusing during timed tests, tolerating interruptions, focusing for extended class period; easily distractible/poor concentration; panicking in crowded



conditions/surroundings; unable to share a space in close proximity with someone; unable to ingest gluten, etc.)

9. If you are prescribing a single room for housing, please complete the following questions in detail:
 - a. What symptoms will be reduced for this individual by having a single room?
 - b. Is there evidence that a single room has helped this individual in the past or currently?
 - c. In your professional opinion, how important is it for the individual's well-being to be placed in a single room without a roommate?
 - d. What consequences, in terms of disability symptomatology, may result if the accommodation is not approved?

10. If you are prescribing an Emotional Support Animal (ESA), please answer the following in detail and sign the *ESA Potential Issues Statement* that follows these questions:
 - a. Is this the specific animal you prescribe as part of treatment for the individual?
 - b. In your professional opinion, how important is it for the individual's well-being that the ESA be in residence on campus?
 - c. What consequences, in terms of disability symptomatology, may result if the accommodation is not approved?
 - d. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing (i.e., living with roommates, attending classes and activities? Do you believe those responsibilities might exacerbate the individual's symptoms in any way?



ESA Potential Issues Statement

Dear Clinician, by signing this statement, you agree that you have covered the *Potential Issues* listed below in detail with your patient and still maintain that the patient is capable of being a responsible owner of an Emotional Support Animal (ESA).

I affirm that I have discussed the financial issues of owning and caring for an ESA (financially it is very costly: according to raisingspot.com for the first year of ownership, dogs can cost anywhere from \$660- \$5,270, with an additional yearly cost of \$360- \$2,520.

I affirm that I have discussed how my patient will care for the ESA, including providing the ESA with food, water, walking, veterinarian services, and spending time with the ESA.

I affirm that I have discussed with my patient what (s)he will do with the ESA during weekends, holiday breaks, or when the student is in class.

I affirm that I have assessed prior history of my patient's experience and ability in caring for an ESA.

I affirm that my patient cannot function adequately without an ESA.

I affirm I have discussed the pros and cons of the specific ESA my patient is requesting.

I affirm that I have discussed with my patient various problematic scenarios involving the ESA and how the student will handle each situation.

I affirm that I have discussed with my patient the emotional maturity necessary to properly care for an ESA.

I affirm that I have discussed the possibility of increased roommate conflict due to an ESA.

I affirm that I have discussed that it can make matching roommates more challenging.

I affirm that I have explained to my patient that the ESA must be house trained prior to living in a dorm.

I affirm that I have discussed with my client that an ESA may not acclimate well to living in a small dorm room.

Clinician's Printed Name

Clinician's Signed Name Date License #

