

Licensed Professional Questionnaire for Emotional Support Animals (ESA)

West Virginia University is committed to providing reasonable and effective accommodations to qualified individuals with disabilities. An individual with a disability is defined as a person who has a physical or mental impairment that substantially limits one or more major life activities. All WVU students requesting disability-related accommodations must register with the WVU Office of Accessibility Services and provide up-to-date, appropriate, and objective documentation that clearly substantiates a significant functional impairment. This documentation must be provided by a qualified, licensed professional whose scope of practice enables them to appropriately render the diagnostic conclusions used as basis for the accommodation request. It is important to note that, under the law, determination of accommodations should be based on need and effectiveness, *not preference*.

Determinations on reasonable accommodations will be based on the documentation submitted to OAS and discussion with the student's Accessibility Specialist.

To be authorized for accommodations, students must:

1. **Register** with the Office of Accessibility Services (OAS) at <http://accessibility.wvu.edu/register>.
2. **Submit a completed Licensed Professional Questionnaire** with a licensed professional who is credentialed in the area related to the diagnosed condition for which the accommodation is being requested. Documentation provided must not be more than one year old. Please type all information, if possible.
3. **Meet with an Accessibility Specialist.**

Please submit all documentation to the West Virginia University Office of Accessibility Services.

Recommended practitioners for accepted documentation

The following practitioners are accepted to provide documentation on the respective disabilities or conditions (all must be appropriately credentialed and licensed in their respective fields):

Disability or Condition	Acceptable Practitioner
Attention Deficit Hyperactivity Disorder	Neuropsychologist, Clinical Psychologist, Psychiatrist, Neurologist, Neurodevelopmental Physician
Chronic Illness/Health	Gastroenterologist, Rheumatologist, Endocrinologist, Internal Medicine, or other physician knowledgeable of condition
Developmental Disability (such as Autism Spectrum Disorder)	Neuropsychologist, Psychiatrist, Clinical Psychologist, Neurodevelopmental Physician
Head Injury/TBI	Neurologist, Neuropsychologist to include general medical physicians
Hearing	Audiologist (CCC-A), Otolaryngologist
Learning Disabilities	School Psychologist, Clinical Psychologist, Neuropsychologist, Neurodevelopmental Physician
Mental Health or Psychiatric	Psychiatrist, Clinical Psychologist, Social Worker (LCSW), Marriage/Family Therapist, Licensed Professional Clinical Counselor, Psychiatric Nurse Practitioner
Mobility/Physical	Physical Therapist, Orthopedic Surgeon, other physician knowledgeable of condition
Speech and Communication Conditions	Speech Language Clinician
Vision	Optometrist, Ophthalmologist

To be completed by the student:

Student Name:

Student ID #:

I request that the following information from my licensed professional be used as documentation of my request for accommodations.

To be completed by the licensed professional:

Please type all information, if possible.

Provider:

Title:

Address:

Phone:

Email:

License Number:

Office Name:

Your role as licensed care provider is to thoroughly articulate the functional limitations of a student's Disability (a sentence or two is *not* sufficient). Functional limitations are ways in which the student's Disability limits their functioning in major life domains and activities. It is not a care provider's role to make recommendations for accommodations; however, a WVU Accessibility Specialist may reach out for additional information or clarification when determining accommodations.

The student has been informed and agrees that the Emotional Support Animal Request process requires the Treating Licensed Professional to document the necessity of the accommodation. It is understood that the Treating Licensed Professional practices in the specialty specific to the mental health condition presented, the documentation shows that there is an identifiable relationship between the disability and the assistance the Emotional Support Animal provides/ will provide and is not in a dual relationship with the student. This request for documentation is in compliance with the Fair Housing Act.

Please note that providing a single sentence or two to the questions below will not be sufficient for the purpose of accommodation determination. As such, failure to provide enough information will prompt our office to request additional information and will delay the process for the student.

Provider: _____ Title: _____

Please type all information, if possible.

1. Is this student currently under your care? Yes No

5. Please indicate the level of impact the student’s disability may have in limiting the following major life activities:

Life Activity	No Impact	Negligible Impact	Moderate Impact	Substantial Impact	N/A
Communicating					
Concentrating					
Hearing					
Interacting with others					
Breathing					
Learning					
Making/Keeping Appointments					
Managing Distractions					
Managing Stress					
Meeting Deadlines					
Memorizing					
Performing Manual Tasks					
Reading					
Seeing					
Thinking					
Writing					
Other:					

6. For the major life activities checked above, please provide an explanation of the functional impact of the limitation in a campus setting. Providing a single sentence or two will not be sufficient for the purpose of accommodation determination.

7. Do you support the student’s request for an ESA in campus housing?
 Yes No

8. Have you and the student discussed the responsibilities associated with properly caring for this ESA while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way?

9. ESA Information:

- a. Type of Animal? (Choose One)

Dog Cat Other:

- b. Age of Animal (if known):

- c. Name of Animal (if known):

**Approval/Denial is NOT solely based on answers provided on this form.

Licensed Professional's Signature

Date

Licensed Professional's Printed Name