Boston University Disability & Access Services

Accommodated Housing (ESA) – Provider Psychiatric Disability Verification Form

Boston University is deeply committed to the full participation of students with disabilities in all aspects of University life. We believe that living on campus, learning to live in a community and sharing a space with others is an integral part of students' educational experience. We strive to meet the needs of students with documented disabilities in accordance with applicable federal and state laws.

Students with a significant documented disability (or disabilities), including temporary injuries, impacting their residential environment must seek accommodations or modifications through the housing accommodation request process administered by BU Disability & Access Services (DAS). A disability is a physical or mental impairment that substantially limits one or more major life activities. A temporary impairment may include a disabling injury, severe illness, recovery from surgery, adjustment disorders, and/or a condition caused by a traumatic event.

DAS provides accommodations and services to students with psychiatric disabilities. Students with psychiatric disabilities may request to have an Emotional Support Animal (ESA) reside with them in University housing as an exception to the University's policy prohibiting animals in University housing units. An ESA is an animal, not just a dog, which provides specific emotional support and comfort for a student with a diagnosed psychiatric disability, thereby enabling the student to live and participate in BU programs and activities. The support provided by an ESA mitigates psychiatric symptoms and is normally part of a larger treatment plan.

DAS recognizes that having an ESA while living in a University residence hall may be necessary for some students with significant psychiatric conditions. Due to the practical limitations of BU Housing, DAS requires careful consideration of the impact of the request on both the student and the campus community. Therefore, students seeking an ESA as an accommodation in their residential environment must provide appropriate documentation of their psychiatric disability. Based on this documentation and an in-person interview with the student, DAS will evaluate the student's eligibility for this and other accommodations on a case-by-case basis.

To verify the student's psychiatric disability and its severity, DAS requires the student to ensure that this completed **Provider Psychiatric Disability Verification Form** is submitted by their physician or other approved specialist with experience and expertise in the area related to the student's disability. The completed **Form** should address the following in detail:

- A **current** clear statement of disability including diagnosis and **DSM-5 or ICD Diagnosis (text and code)** and information concerning **co-morbidity**
- Documentation must be current, not more than one year old. In some cases, documentation may need to be provided every six months, depending on the fluid or static state of their disability.
- **Current Functional Limitations:** Information concerning the **impact** of the disability on **major life activities** as well as the **functional limitations** and how they currently interfere in the **residential** setting. Again, factors to consider include the severity, duration, and pervasiveness of symptoms.
- Suggested accommodations to address each limitation as well as history of accommodations used.
- The diagnostic report must include the ***name, and title, and license number*** of the evaluator.
- The evaluation and documentation much have been conducted by a licensed psychiatrist, neuropsychologist or other qualified and licensed mental health or medical professional.
- The more detail you provide us, the better equipped we will be to determine and provide appropriate and timely reasonable accommodations.
- Please fill out all of the questions on the below form, even if you include a separate evaluation and/or clinical summary.

Please note: DAS will not begin to review a student's ESA accommodation request until this **Form** is received. Also, please be aware that provision of accommodations in high school, other non-BU academic institution or on any standardized test does not guarantee that the same or any accommodations will be awarded at Boston University.

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REQUEST FOR INFORMATION: Emotional Support Animal

Student Name: _____Date _____

Type of proposed animal: _____

Size/Breed/Age of animal_____

The above-named student is currently under your care for evaluation and/or treatment of a psychiatric disorder. The student has requested permission to keep an Emotional Support Animal (ESA) in Boston University housing in order to alleviate symptoms associated with a diagnosed psychiatric disorder. To assist DAS in evaluating this request, please answer the following questions:

The questions below are to be completed by the employee's physician or other approved specialist with experience and expertise in the area related to the employee's psychiatric disability, such as a licensed psychiatrist, neuropsychologist, or other qualified and licensed mental health medical provider. Thank you for your help in providing this information so that we may begin services as soon as possible.

1. **Current clear statement of psychiatric disability.** (*Include all current DSM-5 or ICD Diagnoses (text and code)*):
   a. Diagnosis: _____
   b. Date Diagnosed: _____
   c. Date of last clinical contact: _____
   d. Current severity:_____
   e. How long have you been treating this client for this condition?_____
2. **Evaluation**
   a. How did you arrive at this diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine eligibility for accommodations.
      ☐ i. Structured or unstructured interviews with patient
      ☐ ii. Interviews with other persons (ie. parent, teacher, therapist)
      ☐ iii. Behavioral observations
      ☐ iv. Neuropsychological testing (attach documentation)
      ☐ v. Psychoeducational testing (attach documentation)
      ☐ vi. Other (please specify) _____
   b. Date of last evaluation: _____

3. **Current Functional Limitations:** (*Include information concerning the current impact of the disability on the major life activities and the functional imitations and how the interference in the dorm and residential life setting. Please specially note severity, duration, and pervasiveness of symptoms*):
   Is the student experiencing current functional limitations?
   ☐ a. No
   ☐ b. Yes (please describe) _____
      i. Please describe in detail any functional limitations that fall into the significant range.
      _____
      _____
      _____
      _____
      ii. Please list current medications and treatment history.
      _____
      _____
      _____
      _____

iii. Special considerations, e.g. medication side effects:

_____
_____
_____
_____

iv. Does the student require ongoing treatment? Yes☐ No☐

4. Coexisting Conditions. (*Provide details about any coexisting psychiatric conditions. Please include all relevant reports.*)

_____
_____
_____
_____

5. Past Accommodations. (*Specify whether the student has utilized accommodations in the residential setting in the past, including an ESA.*)

☐ i. No

☐ ii. Yes (please describe) _____

_____
_____

6. Suggested Accommodation (ESA). (B*ased on your assessment of the student's clinical history and diagnosis, please note how current symptoms will be mitigated by the presence of an ESA in Housing.* _____

_____
_____
_____

7. Brief Clinical Summary. (*Narrative summarizing psychiatric history, assessment procedures used to make diagnosis, evaluation results, and basis for recommended accommodation of ESA.*)

_____
_____
_____
_____
_____
_____

8. (Optional) Additional Information. (*Provide any additional information you feel will be useful in determining the nature and severity of the student's disability and any additional recommendations that may assist in determining appropriate accommodations and interventions)*: _____

_____
_____
_____

Provider Information

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the employee named above.

Signature: _____ Date: _____
Print Name and Title: _____
State of License: _____ License Number: _____
Address: _____
Phone Number: _____ Fax Number: _____