



Office of Student Success: Accessibility Services

PROVIDER VERIFICATION OF PHYSICAL / MEDICAL/ PSYCHIATRIC DISABILITY FOR EMOTIONAL SUPPORT ANIMALS (ESA)

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

The form below must be completed by your medical provider who is qualified to diagnose and treat your disability. Luther College Accessibility Services reserves the right to request additional documentation or contact your provider for additional information. If this form is completed by anyone other than a qualified licensed professional, the information will not be used to support your accommodation request. Inaccurate and incomplete documentation may hinder the College's ability to accommodate you based on its policies and procedures.

Please sign the box below to give your medical provider authorization to release information to Accessibility Services.

I, \_\_\_\_\_, authorize my medical provider to release to Luther College Accessibility Services the  
Printed Student Name

medical information requested on this form for the purpose of determining appropriate accommodations for my disability while a student at Luther College.

Patient Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_  
Student Signature

**\*This authorization and consent will expire one year from the date of authorization.**

The section below is to be completed by the medical provider.

The above is a student of Luther College. The student has requested a reasonable accommodation for a disability under the Americans with Disabilities Act (ADA) and has identified you as the treating physician. To assist Luther College in evaluating this request, please answer the following questions. Please provide specific and detailed answers to these questions, using additional sheets where necessary. This information will be used in conjunction with the student's self-report and our structured interview to determine reasonable accommodations on an individual basis. Medical information will be considered, but is not the definitive information that informs our final decisions. A medical provider's recommended accommodation does not automatically bind Luther College to approve the accommodation as being reasonable.

The Fair Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer sale documentation that is not reliable for purposes of determining whether an individual has a disability or disability-related need for an ESA because the website operators and health care professionals who consult with them lack the personal knowledge that is necessary to make such determinations.

**PART I: Questions to Determine whether a student has a disability.**

Are you the student's primary care provider? Yes  No

How long has the student been under your care?

Have you examined the student for the disability relating to their request for a reasonable accommodation? Yes  No



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If yes, please provide date(s) of examination:

Does the student have a documented disability as determined by ADA?  Yes  No

If yes, what is the specific disability and describe the symptoms the student has that meet the criteria for this diagnosis as compared to the general population of college students.

Identify all instruments used to reach diagnosis (diagnostic test, clinical interview, etc.).

**PART II: Questions to determine whether an accommodation is needed.**

A student with a disability is entitled to reasonable accommodations only when needed because of barriers from a disability as defined by the ADA. The following questions may help determine whether the requested accommodation is needed because of the disability.

Does the impairment substantially limit a major life activity as compared to most people in the general population? Yes  No

State a minimum of one major life activity of the student that limits their ability to function due to the student's diagnosed disability compared to the general population of college students.

What impact of collegiate life is the student having trouble performing or accessing because of their diagnosed disability and how are the major life activities limiting the student compared to the general population of college students?

Is this a short-term (less than 90 days) or long-term (more than 90 days) disability? If short term, what is the expected duration?

**PART III: Questions to help determine effective accommodation options.**

If a student has a disability and needs an accommodation, the college must consider a reasonable accommodation, unless the accommodation poses an undue hardship or it is a fundamental alteration to the course. The following questions may help determine effective accommodations:

**The student is requesting an ESA. Please note: pets (with the exception of fish) are not allowed on campus. Therefore, Accessibility Services needs to determine if the requested ESA is part of an ongoing therapeutic plan.**



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Is the ESA specifically part of a therapeutic treatment plan?

Yes  No

What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of an ESA?

What evidence is there that an ESA has helped this student in the past or currently? (Data from treatment plan)

How would your recommendations specifically mitigate the student's disability and improve their educational performance?

Do you have any other recommendations regarding accommodations for Accessibility Services to consider?

Yes  No

If Yes, what are the recommended accommodations?

PART IV: Please provide any other comments that may be helpful for Accessibility Services to determine if the student is eligible for the specific recommendations:

I certify that the above-named patient (student at Luther College) needs reasonable accommodations as described above due to a diagnosed disability. My signature verifies that I am currently treating this patient, and that the above information is true and accurate.

*Medical Provider Signature:	*Date:
*Medical Provider Name: <small>(please print)</small>	*Office Telephone Number:
*License #:	*Facility Name or Private Practice:
*Address: (Include Street name, City, State, & Zip Code)	

Thank you for taking time to complete this information. Please return this form (and any additional information or attachments) directly to Accessibility Services via fax at 563-387-1411 or mail to Accessibility Services at the address below.

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