

**UNIVERSITY OF CALIFORNIA
HASTINGS COLLEGE OF THE LAW**

Office of the Disability Resource Program
200 McAllister Street
San Francisco, CA 94102-4978
(415) 565-4876 TDD: (415) 581-8937
Fax(415) 581-8807

CERTIFICATION OF DISABILITY FOR EMOTIONAL SUPPORT ANIMAL

The student named below has applied for services from the Disability Resource Program at UC Hastings. In order to determine eligibility and to provide services, we require documentation of the student's psychological disability.

Under the Americans with Disability Act (ADA) of 1990, as amended in 2008, and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the disability substantially limits one or more major life activities. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic adjustments.

After completing this form, please print it out, sign it, and mail or FAX it to us at the address in our letterhead. The information you provide will be kept in the student's file at DRP, where it will be held strictly confidential. This form may be released to the student at their request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment. Please contact us if you have questions or concerns. Thank you for your assistance.

1. Student's Name:	Today's Date (mm/dd/yyyy):	
2. Are you the student's current treating mental health professional? If not, in what capacity are you recommending an Emotional Support Animal?		Yes: No:
3. If yes, how long have you been treating the student?		
4. What is your DSM-V diagnosis(es) for this student?		
5. Date above diagnosis (mm/dd/yyyy)		
6. Date student was last seen (mm/dd/yyyy)		

7. In addition to DSM-V criteria, how did you arrive at your diagnosis?
 Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student

Check	Arrival at diagnosis	Notes for Accommodations and Services
	Structured or unstructured interviews with the student	
	Interviews with other persons	
	Behavioral observations	
	Developmental history	
	Educational history	
	Medical history	
	Neuro-psychological testing . Date(s) of testing	
	Psycho-educational testing. Date(s) of testing	
	Standardized or non-standardized rating scales	
	Other (please specify)	

8. Please check which of the major life activities listed below are affected because of the psychological condition. Please indicate the level of limitation.

Life Activity	No Impact	Moderate Impact	Severe Impact	Don't Know
Concentrating				
Memory				
Sleeping				
Eating				
Social Interactions				
Self care				
Managing internal distractions				
Managing external distractions				
Timely submission of assignments				
Attending class regularly and on time				
Making and keeping appointments				
Stress management				
Organization				
Other				

9. Is this student currently taking medication(s) for these symptoms?

Describe medication(s), date(s) prescribed, affect on academic functioning, and side effects

Do limitations/symptoms persist even with medications?

10. What is this student's prognosis? How long do you anticipate the student's academic achievement will be impacted by this disability?

six months

one year

more than one year

11. Other information...

What other specific symptoms currently manifesting themselves might affect the student's academic performance?

12. Is there anything else you think we should know about the student's psychological disability?

What academic accommodations do you recommend?

13. CERTIFYING PROFESSIONAL*

Signature of professional

Date

Professional's name (printed) and Title

License No.

Address

Telephone No.

City, State, Zip

Fax

*Qualified diagnosing professionals are licensed psychologists, psychiatrists, and psychotherapists (MFT, LPCC or LCSW.) The diagnosing professional must have expertise in the differential diagnosis of the documented mental disorder or condition and follow established practices in the field.