THE UNIVERSITY OF SCRANTON

OSSS

OFFICE OF STUDENT SUPPORT & SUCCESS

PART I: COMPLETED BY STUDENT

Questionnaire for Medical Professional

Introduction: The Center for Teaching and Learning Excellence has received documentation from a student and is requesting accommodations pursuant to the Americans with Disabilities Act. Our office requires additional information to understand how the functional limitations of the student's disability impacts the major life activities as they relate to the academic pursuits at the University of Scranton. To provide the student with the tools to success at the University, the University requests that you provide the information to determine reasonable accommodations.

Student's Name: _____ _____ _____
(Last) (First) (Middle)

Diagnosis: _____

PART II: COMPLETED BY MEDICAL PROVIDER

Please respond to the following items regarding the above named student:
(Note: A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")

1. What are the functional limitations of the student's disability? How is the student substantially limited?
   _____
   _____
   _____

2. Does the student require ongoing treatment? _____
   _____
   _____

3. How long have you been working with the student regarding this physical/mental health diagnosis?
   _____

4. Please explain the identifiable relationship or nexus between the disability and the assistance the animal provides as part of treatment for the student? In what way is the animal necessary for the student to enjoy an equal opportunity to "use and enjoy residential housing"? _____
   _____
   _____
   _____

5. What symptoms will be reduced by having the animal? _____

_____
_____

6. Is there evidence that an animal has helped this student in the past or currently? _____
   _____
   _____

7. How important is it for the student's well-being that the animal reside in the student's residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?
   _____
   _____
   _____

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

Thank you for taking the time to complete this form.

Name/Title: _____

Address: _____

Phone: _____

License #: _____ Date: _____

Signature of Provider: _____

By typing your full name you are thereby signing this form.

Please Note: The provider completing this form cannot be a relative of the student.
Please attach medical information needed to substantiate a disability and the need for accommodations (i.e. current medical records, additional copies of test results, etc.)

Please email the completed form to disabilityservices@scranton.edu or return it to the student so it can be uploaded to the Accommodate system.