



Counseling and Personal Development Center
Division of Student Affairs

Student Name: _____

Banner ID: _____

To Whom it May Concern:

I am Dionne Hall, MA, LCMHCS, NCC, Director of the Counseling and Personal Development Center at Fayetteville State University (FSU). I am sending this letter on behalf of a student who is requesting to have an Emotional Support Animal in the Residence Halls while enrolled at FSU. Information is needed to determine eligibility. Please note, disclosure of the student's current mental health diagnosis is a part of the determination process. Without this information, eligibility will be delayed. Please answer the following questions:

Information About the Student's Disability

Federal law defines a person with a disability as someone who has a physical or mental impairment that ***substantially limits*** one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation). What is the nature of the student's mental health impairment (that is, how is the student ***substantially limited?***)

1. What is the nature of your clinical relationship with this student?
2. What is the student's mental health diagnosis (Must include DSM-5 or ICD 10 codes)?
3. Does the student require ongoing treatment?
4. When did you first meet with the student regarding this mental health diagnosis, and in context (that is, was it a face-to-face meeting or a virtual interaction)?
5. Approximately how many times have you met with the student regarding this mental health diagnosis?
6. When did you last interact with the student regarding this mental health diagnosis?
7. Is your principal clinical relationship with the student for the mental health diagnosis for which the animal is being recommended?

8. Are you the provider involved with the ongoing mental health treatment?
9. Did you specifically prescribe the animal as a part of treatment for the student?
10. What is the rationale for prescribing an ESA to help alleviate the symptoms associated with the person's disability?
11. Is there evidence that an ESA has helped this student in the past or currently?
12. How was this recommendation for an ESA evaluated, assessed or otherwise observed?
13. What specific symptoms will be reduced by having an ESA?
14. How will those symptoms be mitigated by the presence of the ESA?
15. Please describe the services the ESA animal will provide.
16. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing?
17. Do you believe those responsibilities might exacerbate the student's symptoms in any way?
18. Do you certify that information provided is true? (Y/N)

Thank you for taking the time to answer these questions. If additional information is needed, I may contact you at a later date. In your response, please provide the following information:

Contact information:

Physical Address:

Telephone:

FAX and/or Email address:

Printed Name:

Type of License:

License #:

State of Issue:

Date of Issue:

Professional Signature:

Date Signed:

If you have any questions, please feel free to contact me. I can be reached at 910-672-1222 or via email at dhall9@uncfsu.edu.

Respectfully,

 Dionne Hall, MA, LCMHCS, NCC

Dionne Hall, MA, LCMHCS, NCC
Director, Counseling and Personal Development Center