



**DOCUMENTATION OF A
PSYCHOLOGICAL/PSYCHIATRIC DISABILITY FOR AN
ASSISTANCE ANIMAL**

The Student ADA Services at University of Arkansas Fort Smith complies with all federal and state disability laws to ensure equal access for qualifying persons with a disability to educational programs, services, and activities. Please complete the form below to assist our department in determining appropriate and reasonable disability accommodations for a student requesting an Assistance Animal. To be considered for an Assistance Animal accommodation, ADA services requires documentation of the student’s current condition from the treating licensed clinical professional. This provider must be thoroughly familiar with the student’s condition and functional limitations. Please complete this form in total. Additional pages may be attached.

Student’s Name: _____

1. Specific diagnosis/disability _____

2. Date of diagnosis

3. In your professional judgment, does this person have a disability? YES or NO If yes, how does their disability substantially limit the major life activities of this person (functional limitations)

4. How will these limitations interfere with the student’s ability to participate in student life, specifically housing and academics?

5. Is the Assistance Animal a prescribed part of treatment for this condition? YES or NO If yes, explain what specific symptoms of the disability that will be alleviated by the Assistance Animal?

6. What type of Assistance Animal have you prescribed for this individual and how long has the animal been part of their treatment?

CLINICIAN'S NAME (Printed) _____

CLINICIAN'S SIGNATURE _____

CREDENTIALS _____

SPECIALTY, IF ANY _____

LICENSE/CERT.# _____ STATE _____

DATE _____

*Please attach your business card