



DOCUMENTATION REQUEST FORM FOR ASSISTIVE ANIMALS

The information submitted to the Office of Student Well-Being and Support should reflect the most currently available information. This Documentation Request Form should:

- a) **Be completed by a qualified licensed mental health professional.**
- b) **Be completed as clearly and thoroughly as possible.** Incomplete responses and illegible handwriting may require additional follow up.
- c) **Be supplemented with reports which may include psych-educational or neuropsychological reports, if applicable.** Please do not provide case notes or rating scales without a narrative that explains the results.

An individual requesting an assistive animal in housing must provide reliable support that shows all of the following:

- a) The individual has a physical or mental impairment, has a record of such an impairment, or is regarded as having such an impairment,
- b) The impairment substantially limits at least one major life activity, and
- c) The individual needs the specific animal requested because it performs a job or task, provides assistance, or performs at least one task that benefits the person because of their disability, or because the animal provides therapeutic emotional support to alleviate a symptom or effect of the disability of the individual.

Submit Information to:

Office of Student Well-Being and Support
 Campus Center 225
 College of Coastal Georgia
 One College Drive
 Brunswick, GA 31520
 EMAIL: OWBS@ccga.edu
 FAX: 912-279-4534



CCGA STUDENT NAME: _____ CCGA STUDENT ID: _____

Date Form is being completed: _____

1. Clinician's Date of First Contact with this student: _____

2. Clinician's Date of Last Contact with this student: _____

3. Are you:

The diagnosing clinician, but you are no longer treating the individual

The diagnosing clinician who is still treating the individual

The clinician currently treating the condition, but you are using a diagnosis provided by another clinician

4. Assistive Animal being requested (Type, Breed, etc.): _____

5. What service or task(s) does the animal provide the student:

6. If the animal being requested is anything other than a dog, cat, bird, rabbit, gerbil, fish, turtle, or other domesticated animal (one recognized by the State of Georgia), please state:

Date of the last consultation with the student: _____

Circumstances that indicate that the student needs this particular animal (if already owned or identified by the student) or this particular type of animal: _____

Statement from you as the evaluator that you recommend this specific animal and that you specifically recommend this type of animal: _____

7. Please state the complete diagnosis / diagnoses:

8. How was the diagnosis established? Please check all relevant items below:

- Structured or Unstructured Interview
- Interviews with other person
- Behavioral Observations
- Medical tests
- Medical History
- Developmental History
- Other (Please specify): _____

9. Describe the limitations that are created as a result of this diagnosis, with specific attention to ways those limitations influence classroom and learning behaviors:

10. Describe the strategies and supports that have previously worked to address academic limitations. Provide rationales.

11. Describe any limitations that could impact housing / dining:

12. Describe the strategies and supports that have previously worked to address living limitations. Provide rationales:

13. Discuss any side effects related to treatment or medication that may be relevant to identifying accommodations:

14. Provide any additional information you feel is pertinent or may be of use in identifying appropriate accommodations:

Provider Information

Provider Name (Print): _____ **Date:** _____

Provider Signature: _____ **License or Certification #:** _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____