



SMC Disability Services Required Treating Professional Documentation Form

Note to Treating Professionals

Your patient (or student) has requested to bring an assistance animal to Southwestern Michigan College. Before making your recommendation, we think it is essential to let you know that, per policy, all assistance animals must remain in the student's dorm room. The student may not leave the animal alone for extended periods, including overnight, nor may they request another student care for the animal. Animals cannot accompany the student to class, work, other dorm rooms, or on-campus events. Furthermore, as the student's education is of the most importance, please keep in mind whether you believe the student can manage academic life and care for an animal.

Patient Information

Patient's Name: _____

Diagnosis/Diagnoses: _____

Date of Diagnosis: _____

Is this condition temporary or chronic/long term? _____

Is this patient currently under your care? _____

Date of last exam or appointment: _____

What symptoms/challenges continue to impact the patient's daily functioning?

What animal is prescribed?

Is an assistance animal a critical element of the current treatment plan you have developed with the patient? Why?

For how long has the animal been a prescribed part of the current treatment plan and necessary in order for the student to live on campus?

How does or might an assistance animal reduce or alleviate current symptoms and better manage the patient's disability?

Is there any other form of accommodation that would address the student's functional limitations? Will the absence of an assistance animal prevent the student from living on campus?

Treating Professional Information

Please list the methods used to assess the patient's functional limitations (e.g. psychological assessments, medical examinations, audiological assessments, etc.)

Treating Professional's Name: _____

Medical/Professional Specialty: _____

License no.: _____

Address: _____

Phone: _____ Email: _____

Treating Professional's Signature: _____

Date: _____

Please return completed form and any relevant assessment reports or other documentation to:

SOUTHWESTERN MICHIGAN COLLEGE DISABILITY SERVICES
ACADEMIC ADVISING AND RESOURCE CENTER, BRIEGEL BUILDING
58900 CHERRY GROVE RD | DOWAGIAC, MI 49047
disabilityservices@swmich.edu | ph. 269.782.1263 | fx. 269.782.1331