

Bryn Mawr College Re-Enrollment Assessment Form for Health Care Providers

Instructions for the student:

As a student on medical or psychological leave, you will need to complete this form. Please indicate if you have or have not received treatment while on your leave of absence. If you have received care, you will need to arrange for each of the providers you worked with to fill out the assessment form. If you did not receive treatment while on your leave, you will still need to submit the first page of this form to either the Director of Medical Services or to the Director of Counseling Services.

____ I have received treatment while on leave and have asked my provider to complete the form.

____ I have not received treatment while on leave. I understand that someone from Health and/or Counseling Services may reach out to me to offer support or guidance around my readiness to return.

Student signature

Student name printed

Date

To my treatment provider,

I am currently on a medical or psychological leave of absence from Bryn Mawr College. I left Bryn Mawr on _____ (month / date / year) to engage in appropriate treatment.

Bryn Mawr has two re-enrollment cycles, one for students applying to return in the fall with a deadline of May 1, and another for students applying to return in the spring with a deadline of November 1.

I am now applying for permission to return to Bryn Mawr and my application is due on _____ (date / month / year). As part of the re-enrollment process, I am asking you to complete this form as thoroughly and truthfully as possible and send it to the re-enrollment committee so that they may evaluate my readiness to return.

Sincerely,

Student signature

Student name printed

Date

Instructions for the treatment provider:

Thank you for your help in aiding this student in resuming to their studies at Bryn Mawr College.

We are asking for the following information from you:

- 1) information about your work with the student.
- 2) the progress the student has made.
- 3) your opinion about whether the student is healthy enough to resume studies and residence at Bryn Mawr College for the upcoming semester.
- 4) your recommendations for continuing support or treatment should the student return to campus.

If this student's diagnosis and/or recommended treatment involves either weight and vital sign support greater than once a week or intensive mental health care, we ask that you consider if the student is well enough to return to campus and academic life. If the student returns, we are happy to partner with the home or outside provider for ongoing support when appropriate.

Please complete the attached form and return it to the student. The student will then share the form with the Director of Health Services and/or the Director of Counseling Services. The Directors may be in touch with you if additional information is needed.

Sincerely,

The Re-Enrollment Committee

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Student's Name: _____ Date of Birth: _____

1) Information about your work with the student:

Initial Diagnoses:

Current Diagnoses

Has the student has been in the hospital, PHP, IOP or a treatment program? YES / NO

Please indicate all forms of treatment that apply to your contact with the student (check all that apply):

Behavioral Health Care

___ Individual therapy

___ Group therapy

___ Intensive outpatient

___ Partial hospitalization program

___ Residential program

___ Substance abuse treatment program

___ Other: _____

Medical Care

___ Ongoing medical treatment

___ Physical therapy

___ Hospitalization

___ Surgery

___ Laboratory studies

___ Other: _____

Please indicate the duration of *behavioral health* treatment:

If individual or group treatment, please indicate

_____ date of the first visit after the leave began

_____ the date of the most recent visit

_____ total number of visits

If treatment program, please indicate

_____ name of the program

_____ date of admission

_____ date of discharge

Has the student terminated treatment with you or your program? yes / no

If yes, was the termination mutual and planned? yes / no

If yes, please describe the discharge plan. If no, please explain further

2) Assessment:

Have you observed substantial amelioration of the student's health/psychological condition? yes / no

If yes, check all of the following in which you have observed a marked improvement in this student:

- Number of symptoms
- Functional impairment
- Severity of symptoms
- Subjective level of distress
- Persistence of symptoms

Has there been a substantial reduction in any of the following behaviors the student may have been engaging in?

- Suicidal behaviors
- Self-injury
- Substance abuse
- Failure to maintain ideal body weight for height
- Food binging
- Food purging or any other potentially harmful compensatory behaviors used for weight management (use of laxatives, excessive exercise, etc.)
- Other: _____

Has this substantial improvement been maintained? yes / no. If so, for how many months? _____

Please elaborate:

3) Recommendation regarding return at this time:

In your professional judgment, is the student healthy enough to return to Bryn Mawr’s residential academic community and its rigorous full-time course of study for the upcoming semester? What do you see as the pros and cons of the student returning at this time?

4) Recommendations regarding treatment upon return

If you recommend the student return for the upcoming semester, what are your recommendations for continuing support and care once they return to Bryn Mawr?

Additional information: _____

Name _____ Address _____

Phone Number _____ Email address _____

Professional license _____ License number and state _____

Signature _____ Date _____