

FISHER COLLEGE

118 Beacon Street
Boston, MA 02116

Readiness to Return to School from Medical Leave Form

To the evaluator: The student named below has requested to return to Fisher College from a Medical Leave. The information you provide will be used to determine the appropriateness of the student’s return to school, as well as the type of assistance the student may require if allowed to return. Please secure the student’s permission to release information regarding the care you provided. After completing this form, answering all questions, please return the form with your signature. This information will be held in confidence. Thank you for your assistance.

Student Name: _____ Student’s Date of Birth: _____

1. Since what date have you worked with the student? _____

2. How often have you seen the student? _____

3. Describe the student’s impairment at the beginning of the medical leave. Please specify symptoms and include the diagnosis: _____

4. Explain the current status of the impairment: _____

5. Explain certain situations or circumstances that may exacerbate the condition: _____

6. What is the current treatment plan? Please include information regarding follow-up psychotherapy and medical management if any.

7. Please consider the student's level of functioning and his/her treatment plan when answering the following questions.

a. What difficulties do you anticipate for the student performing academically, fitting into the College community, or having recurring symptoms? _____

b. Is this student able to return to school? If yes, do you recommend full-time or part-time status?

c. Do you believe it would be appropriate for the student to live in a college residence hall?

8. Please include any additional information:

Evaluator's Name (please print): _____

Professional Degree and Licensure/Certificate: _____

Address: _____

Telephone: _____ E-mail address: _____

Signature: _____ Date: _____

Student's signature providing release of information: _____