



Associate Vice President and
 Dean of Students
 777 Glades Road, SS-8, 226
 Boca Raton, FL 33431
 Tel: 561.297.3546
 Fax: 561.297.2502
 Division of Student Affairs
 www.fau.edu/student

**TREATING DOCTOR or LICENSED MENTAL HEALTH PROFESSIONAL
 ASSESSMENT OR RE-ENROLLMENT QUESTIONNAIRE**

Instructions: This questionnaire is to be completed only by the treating physician, psychiatrist, licensed psychologist, or medical or other appropriate mental health professional. Please respond to the questions listed below and send the following to the address included at the end of this questionnaire:

On occasion a student requests to take a leave of absence and is subsequently held from re-enrollment at Florida Atlantic University for medical/psychological reasons. This procedure is employed only after all available University resources have been pursued in an attempt to reduce or remedy the student's medical/psychological issues and/or behaviors. The University reserves the right to determine whether the student, under certain conditions, may remain enrolled during any particular semester. A decision to administratively hold a student from re-enrollment for medical/psychological reasons is made only after consideration of all pertinent information and appropriate consultation with physicians, psychiatrists, psychologists, and/or other licensed health professionals. Therefore, it is the policy of Florida Atlantic University that any student administratively held from re-enrollment for medical/psychological reasons must have this form completed by a licensed physician or mental health professional and submitted to the University for approval before the student will be permitted to re-enroll.

If the issue and/or behavior is/are medical, a physician (or ARNP or PA) must complete the form. If the issue is behavioral and/or psychological, a psychiatrist, licensed psychologist or other appropriate, licensed mental health professional must complete the form. If a student seeks an evaluation from a community mental health clinic, it is understood that she or he may be seen by psychologists or social workers with the option of being evaluated by a psychiatrist for medication or further diagnosis. If the student has been hospitalized, personnel on the hospital treatment team may appropriately complete this questionnaire.

1. Full name of student: _____ Z# _____

2. a. Are you a licensed _____ physician/ARNP/PA, or _____ psychiatrist, or _____ psychologist
 _____ other (list degree and title) _____

b. Did you provide the treatment for the above named student? _____ **Yes** _____ **No**

c. Has the above-named student completed treatment? _____ **Yes** _____ **No**

3. Briefly describe the student's medical or psychiatric symptoms that required a leave of absence. Attach a separate page if necessary.

a. List dates of relevant treatment: _____

4. Have you referred the student for continuing treatment? _____ **Yes** _____ **No**

If **Yes**, please indicate the name, address, and phone number of the individual or agency. For mental health treatment, you may wish to consult with FAU Counseling and Psychological Services (CAPS) personnel regarding the availability and appropriateness of referral resources in the community. **Please keep in mind**

that FAU Counseling and Psychological Services operates on a short-term model treating moderate levels of psychopathology, and that a referral to FAU CAPS for long-term intensive psychotherapy is inappropriate for the student.

5. Do you consider the student presently to be harmful to others?

Yes **No**

6. In your professional opinion, is the student medically and/or psychologically fit to return to school (i.e.the student is able to assume full academic responsibilities)?

Yes **No**

Comments: _____

7. Other considerations regarding recommendation for re-enrollment

Name of Treating Professional (Please Print)

Signature of Treating Professional

Date

Please stamp with office stamp or write license number here (required): _____

Please return this form to the student for submission, fax the form to 561-297-2502, or mail to the following address:
Dean of Students Florida Atlantic University
Bldg. 8, Room 226
777 Glades Road
Boca Raton, FL 33431