

Health Professional's Assessment and
Recommendation Regarding Student's Ability to Return to
Independent Learning & Living Environment

Date:

Patient's Name:

Patient's DOB:

Mental Health Professional Providing This Report:

Name and Degree:

MD

Psychologist

Social Worker

Counselor

Business Address:

Phone:

Fax:

Treatment Information:

Date of patient's initial appointment with you: _____

Date of patient's last appointment with you: _____

Your recommendation regarding patient's readiness to return to academic enrollment, with or without accommodations:

The patient is ready to resume full-time academic re-enrollment, with or without accommodations

The patient is not ready to resume full-time enrollment, but it is recommended that he/she enroll part-time with or without accommodations

The patient is not yet ready to resume any academic enrollment

Comments:

Your recommendation regarding patient's readiness to return to an independent on-campus residential environment, with or without accommodations:

- The patient is ready to return to the on-campus residence hall, with or without accommodations
- The patient is not ready to return to the residence hall
- The patient should reside with family members

Comments:

Recommended treatment plan if pt returns to TCU:

- Continued treatment is not necessary at this time
- The patient will remain in treatment with current provider(s)
- Treatment should be transitioned to another provider: (s)

Additional treatment plan comments:

Can the student safely and effectively participate, with or without accommodations, in the educational program at this time?

Yes

No

Signature of Provider

Date

Please return this completed document to the Dean of Students Office
TCU Box 297010
Fort Worth, TX 76129
(817) 257-4500
DOS_HPAR@tcu.edu (email)