READMISSION AFTER MEDICAL LEAVE OF ABSENCE
STUDENT QUESTIONNAIRE

Student name: (please print) ____

Student ID number: __________________________ **Date of Birth:** __________________

Mailing address: ____

Phone number: ______________________ **Email address:** _________________________

Semester of withdrawal from Boston College: ____________________________________

Semester of requested re-entry to Boston College: _________________________________

Please review the questions below, attach your responses, and return to:

Boston College University Counseling Services - MLOA
Gasson Hall 001
140 Commonwealth Ave
Chestnut Hill, MA 02467
617-552-3310
617-552-2562 (fax)

STUDENT READMISSION QUESTIONS – Provide brief responses to the following:

1. **Please describe the circumstances which led to your withdrawal from Boston College.**
2. **How have you addressed and resolved those issues that led to your withdrawal?**
3. **Please describe why you feel you are ready to return to Boston College.**
4. **Please describe what steps you will take to manage your transition back to the university and the pressures of academic work, on/off campus living, social life, athletic and/or organization commitments, etc.**
5. **Do you feel that you need additional support when you return to the university to assist you in your transition? If yes, what support would you require to assist you with this transition? If you feel you do not need additional support at this time, why not?**

Thank you for taking the time to provide your thoughtful perspective as we review your request for readmission.

HEALTHCARE PROVIDER REPORT

This completed form must be received directly from the Healthcare Provider. Please submit the Healthcare Provider Report to:

Boston College – University Counseling Services – MLOA
Gasson 001
140 Commonwealth Ave
Chestnut Hill, MA 02467
Phone: 617-552-3310 Fax : 617-552-2562

TO BE COMPLETED BY STUDENT:

Student name: (please print) ______________________________

Student ID number: ______________________ **Date of Birth**: ______________

Mailing address: ______________________________

Phone number: ______________________ **Email address**: ______________________

Semester for requested re-entry to Boston College: ______________________

TO BE COMPLETED BY THE HEALTHCARE PROVIDER:

Full name: (please print) ______________________________

License # and State: ______________________ **Licensed as**: ______________

Mailing address: ______________________________

Phone number: ______________________ **Fax number**: ______________

Signature of Treatment Provider: ______________________ **Date:** __________

PROVIDER REPORT

Date of first contact: __________ **Date of most recent contact:** __________ **Total # sessions:** __________

Diagnosis/diagnoses/problems for which the student received treatment: ______________________

____

____

Treatment modalities student received since withdrawal from Boston College:

____ Acute Inpatient
____ Rehabilitation or Residential
____ Outpatient Individual
____ Outpatient Group
____ Outpatient Family
____ Other ______________________

Please remark on your observation of the course of treatment and the student's degree of compliance with treatment.______________________________

____

____

____

____

____

____

Has the above-named completed treatment? ☐ Yes ☐ No

If treatment has not been completed, will you be continuing treatment? ☐ Yes ☐ No

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 to which you have referred the client.____

Reasons for referral to continuing treatment: ____

____

If you have referred the student to continuing treatment, do you believe s/he would be able to function appropriately as a student at Boston College without that continued treatment? ☐ Yes ☐ No

Is the student presently on medication? ☐ Yes ☐ No

In your professional opinion, will the student need to continue medication? ☐ Yes ☐ No

Please specify the medications and dosage: ____

____

Has there been an improvement of the student's original condition sufficient for you to believe he or she is ready to function as a full time (5 courses/semester) student at Boston College? ☐ Yes ☐ No

This substantial improvement has been maintained on a stable basis for: ________days/weeks/months (*circle one*).

Has there been a substantial reduction of any of the following safety-related behaviors, which may disrupt the university environment, in which the student may have been engaging?

Safety-Related Behaviors	**Yes**	**No**	**N/A**
Suicidal ideation			
Suicidal behaviors			
Self-injury behaviors			
Substance abuse behaviors			
Failure to maintain weight at a minimum of 85% of ideal body weight for height			
Food bingeing or restricting			
Food purging or any other potentially harmful compensatory behaviors used for weight management (e.g., use of laxatives, excessive exercise, etc.)			
Behaviors that threaten others (e.g, violence, stalking)			
Others (please specify):			

Has the student's use of alcohol or illegal drugs complicated treatment? ☐ Yes ☐ No

If yes, how so? ____

____

Please check the following activities of which you believe the student is presently capable:

___ Attend a lecture of up to 3 hours in length
___ Spend hours in study, maintain concentration, and grasp complex material
___ Organize and write papers
___ Balance academic demands with extracurricular activities
___ Manage social relationships
___ Manage daily living skills (hygiene, adherence to medication regimen, share community living space, respect for reasonable needs of others) so as to live independently in residential housing
___ Manage behaviors such as self-regulation, calming self

What changes have you noticed that demonstrate this student has increased ability to manage stress and cope with life demands? ____

____
____
____
____
____
____

What specific plans regarding the prevention of relapse or recurrence of similar problems have you and the student discussed: ____

____
____
____
____
____
____
____

To your knowledge, are the parents and/or legal guardian of the student aware of the problem(s) for which you have provided treatment? ☐ Yes ☐ No ☐ N/A

During the student's leave from Boston College, has s/he demonstrated the ability to function autonomously in a job, volunteer position, college course, or other position which is supervised and evaluated or graded?

Yes ☐ No ☐

If Yes, please describe:____
____
____

In consideration of all of the information provided in this document, do you recommend that this individual return to full time student status at Boston College in the semester for which he or she is applying?

Yes ☐ **No** ☐ **Please feel free to attach further explanation for you answer as needed.**

If you have any additional information, comments or concerns which you believe should be considered in deciding on the student's application to return to Boston College, please attach these as needed.