

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 - Director
Gasson Hall 001
140 Commonwealth Ave
Chestnut Hill, MA 02467
617-552-3310

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 no later than four weeks prior to the student's requested re-entry date to the University. Please submit the Healthcare Provider Report to:

Boston College – University Counseling Services – Director

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

___ Outpatient Group

___ Rehabilitation or Residential

___ Outpatient Family

___ Outpatient Individual

___ 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.