

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

**(please write very legibly)**

Date: \_\_\_\_\_

Patient's Name : \_\_\_\_\_

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:**

\_\_\_\_\_ Pt is ready to resume full-time academic reenrollment, with or without accommodations

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

\_\_\_\_\_ Pt 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:**

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

Comments:

---

---

---

**Recommended treatment plan if pt returns to TCU:**

- Continued treatment is not necessary at this time
- Pt 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  
(circle one)

No

---

**Signature of Provider**

---

**Date**

Please return this completed document to the Campus Life – Dean's Office  
TCU Box 297010  
Fort Worth, TX 76129  
817-257-7314 (fax)