## 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 Colleg	e:

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: 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.

treatment has not been completed, will you be continuing treatment?       Yes       No         lave 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 referred the client				
tave you referred the student for continuing treatment?       \Pes       No         If yes, please indicate the name, address, and phone number of the individual or agency to which you referred the client	Has the above-named completed treatment?	Yes	) No	
If yes, please indicate the name, address, and phone number of the individual or agency to which you referred the client	If treatment has not been completed, will you be continuing treatment?	Yes	] No	
referred the client	Have you referred the student for continuing treatment?	Yes	) No	
easons for referral to continuing treatment:	If yes, please indicate the name, address, and phone number of the individual	or agency to	which	you h
'you have referred the student to continuing treatment, do you believe s/he would be able to function         'popriately as a student at Boston College without that continued treatment?       Yes       N         's the student presently on medication?       Yes       N         'a your professional opinion, will the student need to continue medication?       Yes       N         lease specify the medications and dosage:	referred the client			
pypopropriately as a student at Boston College without that continued treatment? Yes   Yes Yes   a your professional opinion, will the student need to continue medication? Yes   lease specify the medications and dosage: Yes   It as there been an improvement of the student's original condition sufficient for you to believe he or she is ady to function as a full time (5 courses/semester) student at Boston College?   his substantial improvement has been maintained on a stable basis for:	Reasons for referral to continuing treatment:			
it the student presently on medication?       Yes       No       No       No       Yes       Yes       No       No       Yes       Yes       No       No       Yes       Yes       No       No       Yes       Yes       Yes       No       No       Yes       Yes       Yes       No       No       Yes       Yes       Yes       Yes       No       No       Yes       Yes       Yes       Yes       Yes       Yes       No       No       Yes       Y	If you have referred the student to continuing treatment, do you believe s/he wou	ld be able to	o functio	on
a your professional opinion, will the student need to continue medication? Yes	appropriately as a student at Boston College without that continued treatment?		Yes [	] No
lease specify the medications and dosage:	Is the student presently on medication?		Yes [	] No
It as there been an improvement of the student's original condition sufficient for you to believe he or she is ady to function as a full time (5 courses/semester) student at Boston College?       Yes       No         In this substantial improvement has been maintained on a stable basis for:	In your professional opinion, will the student need to continue medication?		Yes [	] No
ady to function as a full time (5 courses/semester) student at Boston College?       Yes       No         his substantial improvement has been maintained on a stable basis for:	Please specify the medications and dosage:			
icidal ideation       Image: Construction of the system of t	Has there been a substantial reduction of any of the following safety-related beha university environment, in which the student may have been engaging?		may di	srupt t
icidal behaviors       Image: Construction of the specify in the specific of	Safety-Related Behaviors	Yes	No	N//
elf-injury behaviors       Image: Construction of the second	Suicidal ideation			
abstance abuse behaviors       Image: Construction of the system of the sy	Suicidal behaviors			
ailure to maintain weight at a minimum of 85% of ideal body weight for height       Image: Content of the information of the	Self-injury behaviors			
ood bingeing or restricting       Image: Construction of the potentially harmful compensatory behaviors used for weight anagement (e.g., use of laxatives, excessive exercise, etc.)       Image: Construction of the potentially harmful compensatory behaviors used for weight anagement (e.g., use of laxatives, excessive exercise, etc.)         ehaviors that threaten others (e.g, violence, stalking)       Image: Construction of the potentially harmful compensatory behaviors used for weight anagement (e.g., use of laxatives, excessive exercise, etc.)         there (please specify):       Image: Construction of the potential of the po				
ood purging or any other potentially harmful compensatory behaviors used for weight anagement (e.g., use of laxatives, excessive exercise, etc.) <ul> <li>ehaviors that threaten others (e.g, violence, stalking)</li> <li>thers (please specify):</li> <li>itematical content of the stalking is the specify is the specific of the specifi</li></ul>	Substance abuse behaviors			
anagement (e.g., use of laxatives, excessive exercise, etc.)       ehaviors that threaten others (e.g, violence, stalking)       thers (please specify):	Substance abuse behaviors Failure to maintain weight at a minimum of 85% of ideal body weight for height			
ehaviors that threaten others (e.g, violence, stalking) thers (please specify):	Failure to maintain weight at a minimum of 85% of ideal body weight for height			
thers (please specify):	Failure to maintain weight at a minimum of 85% of ideal body weight for height Food bingeing or restricting			
	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			
as the student's use of alcohol or illegal drugs complicated treatment?				
	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.)			

Please che	ck the	following	activities	of which	you believe	the student is	presently of	apable:

- \_\_\_\_\_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
- <u>Manage social relationships</u>
- \_\_\_\_\_ 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 II 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.