

Florida Southern College Re-Enrollment Form

To be completed by treating physician or mental health professional.

Instructions: This form must be completed by the treating physician, psychiatrist, licensed psychologist or other licensed mental health professional only. Please respond to each question and note a recommendation for the student's re-enrollment.

It is the policy of Florida Southern College that any student desiring re-enrollment or continuation of enrollment after a break for medical or psychological reasons must have this form completed by a physician or mental health professional and submitted to the College for approval before being allowed to re-enroll or continue enrollment. This requirement applies whether the student's physical or mental health concerns have necessitated a break in attendance or have occurred during times when the student might not be attending classes or internships as, for example, during summer break or breaks between semesters.

If the reason for the break in enrollment is medical, a physician must complete the form. If the reason is psychological, a psychiatrist, licensed psychologist or other licensed mental health professional must complete the form. The physician or mental health professional completing and signing this form must attest to having seen the student for a minimum of two medication checks or psychotherapy sessions.

1. Student's full name _____

Student's FSC identification number _____

2. Your qualifications for completing this form. Please include your name, profession, license number, and the address at which you practice.

Florida Southern College Re-Enrollment Form

To be completed by treating physician or mental health professional.

3. Briefly describe the student's problems as you see them and include all diagnoses that apply (Axes I, II, III, IV, V). Please attach a separate page if needed.

4. Did you provide the treatment for the aforementioned student? _____

If the treatment was by someone other than yourself under your supervision, please provide the name, qualifications, and practice address of the treatment provider.

5. How many treatment sessions have you provided for the student? _____

6. When did treatment begin? _____

7. Is treatment ongoing? _____

If not, when did treatment conclude? _____

Florida Southern College Re-Enrollment Form

To be completed by treating physician or mental health professional.

8. If treatment has concluded, was it completed? _____

9. At the conclusion of treatment, was there a substantial amelioration of the student's original medical or mental health condition? _____

Please circle all the following in which you have observed a marked reduction in this student:

- | | |
|------------------------------|---|
| Number of symptoms | Suicidal behaviors |
| Persistence of symptoms | Self-Injurious behaviors |
| Subjective level of distress | Substance abuse behaviors |
| Severity of Symptoms | Failure to maintain a medically healthy weight |
| Functional Impairment | Potentially harmful behaviors for weight management |

Other _____

10. Has the student demonstrated the ability to sustain the improved condition?

11. Has the student substantially improved safety-related behaviors? _____

12. Has the student followed all treatment recommendations? _____

If not, what recommendations were not followed? _____

Florida Southern College Re-Enrollment Form

To be completed by treating physician or mental health professional.

13. Have you referred the student for continuing treatment?

If so, please give the name, address, and telephone number of the individual or agency. You may wish to consult with the Florida Southern College Counseling Center regarding the availability and appropriateness of referral resources in the community. Please keep in mind that the Florida Southern College Counseling Center is a short-term solution-based center and that a referral to the Center for long-term psychotherapy is inappropriate for the student. Students needing long-term psychotherapy are referred to mental health professionals in the community. Student so referred are responsible for all fees and transportation costs related to these appointments and are required to provide proof of treatment through informed consent between the community provider and the Florida Southern Counseling Center.

14. What would continuing treatment for this student entail?

15. If you referred this student for continuing treatment, do you think the student would be able to function appropriately as a student at this College without continued treatment?

Florida Southern College Re-Enrollment Form

To be completed by treating physician or mental health professional.

16. Do you consider that the student is at present or in the reasonably foreseeable future may become a threat to self or others? Please amplify your answer beyond yes or no.

17. Does the student require medication in order to function effectively? _____

If so, please describe the prescribed medication treatment program and how the student will access medications. _____

18. Do you think this student is capable of carrying a full academic load of 12 to 18 credit hours? _____

19. Would you recommend that the student live in campus residence halls, off-campus private housing, or at home with family? _____

Florida Southern College Re-Enrollment Form

To be completed by treating physician or mental health professional.

20. To your knowledge, are the parents or legal guardians of the student aware of the concerns for which you have provided treatment? _____

21. Recommendation for re-enrollment: _____

Signature of Treating Professional

Date

Send completed form to:

Dean Mike Crawford
Florida Southern College
111 Lake Hollingsworth Drive
Lakeland, FL 33811