



Campus Life
University Counseling Center

Directions for Students Taking Medical Leave for Psychological Reasons

The enclosed cover letter, questionnaire, and FERPA authorization are to be used for WFU Wake Forest University students who are taking a medical withdrawal that includes psychological reasons. As a part of this type of leave from the university, students are expected to address the psychological condition(s) which necessitated the absence. This includes engaging a licensed mental health professional as a part of the care for these issues. Students will need to complete the attached FERPA Authorization for your provider prior to giving them this form. It is then recommended that the enclosed documentation is provided to a licensed mental health provider at the beginning of a student's treatment so that they understand what information needed from them. Undergraduate students should contact the Office of Academic Advising with any questions related to a leave from the university, while students from Wake Forest University graduate and professional schools should contact relevant administrators.

WAKE FOREST UNIVERSITY

**AUTHORIZATION FOR DISCLOSURE OF INFORMATION
IN EDUCATION RECORDS**

The Family Educational Rights and Privacy Act of 1974 (FERPA) provides certain rights and protections to students regarding the disclosure of their education records maintained by the University. These education records include files, documents and materials in whatever medium which contain information directly related to a student and from which a student can be individually identified.

By signing this Authorization, you hereby authorize Wake Forest University, acting through its employees and/or agents, to disclose the following information from your education record:

The above information from your education records will be disclosed to the following individual(s) or class of individuals for the purpose(s) specified:

Please specify the name(s) of individual(s) or the class of individuals who are authorized to receive information from the education record and the purpose for the disclosure:

This Authorization may be revoked at any time by submitting a written revocation to _____ . Such revocation will not affect disclosures made prior to receipt of the written revocation. Unless earlier revoked, this Authorization will remain in effect for the 20__-20__ academic year.

I hereby voluntarily authorization Wake Forest University to disclose the above specified information from my education records to the individual(s) designated herein. I understand that I may request a copy of the records disclosed.

Signature of Student

Date



Dear Licensed Mental Health Professional,

Your client/patient has taken a medical leave of absence for psychological reasons from Wake Forest University. When this student is interested in returning to Wake Forest University to pursue his/her education, the student must provide verification from a licensed mental health professional that:

- she/he has followed through with a course of treatment appropriate to the condition(s) which necessitated her/his departure from the university,
- his/her condition has improved for a sufficient period of time, and
- she/he is ready to resume full-time student status.

To help facilitate this process, please complete and return the following to the Wake Forest University Counseling Center:

- Licensed Mental Health Professional Reenrollment Questionnaire (enclosed)
- A brief treatment summary on office letterhead with your professional opinion about whether the student is ready to resume full-time study at Wake Forest University

Additionally, to facilitate this process please obtain a release of information, signed by the student, which will permit you to communicate with any senior staff member of the Wake Forest University Counseling Center regarding the student's course of treatment and recommendations, if any, for continued care. Our communication with you in this matter will be essential in the reenrollment consideration process for the student.

We appreciate your help. If you have any questions, please feel free to call the Wake Forest University Counseling Center at (336) 758-5273.

Warmly,

James D. Raper, PhD, LPC-S
Director

Readmission Questionnaire for Medical/Psychological Withdrawal

Instructions: This form is to be completed by a Licensed Mental Health Professional. Please respond to all of the questions listed below and attach a treatment summary – which includes a statement of recommendation – on your office letterhead.

Full name of student: _____

Please check the discipline(s) in which you have an active license:

Psychiatry Psychology Professional Counseling

Clinical Social Work Marriage and Family Therapy

Other _____

Did you provide treatment for the above named student? Yes No

To date, how many treatment sessions have you provided for the student related to the reason for their medical/psychological withdrawal? _____

Please indicate any specific treatment program the student participated in while on leave (e.g., Outpatient therapy, Partial hospitalization, Inpatient hospitalization, etc.)

Has the above student successfully completed treatment? Yes No

On what date did the treatment commence? _____

On what date did the treatment conclude? _____

If the student has not completed treatment, describe the ongoing treatment plan under your care:

At any point during your treatment of the student did he/she receive a prescription for, and/or take medication related to mental health issues (please indicate even if you are not the prescribing physician)? Yes No

If yes, please indicate medication(s), dosage, and schedule: _____

Is it recommended that the student remain on these medications if she/he were to return to Wake Forest University?

Yes No

If yes, what is the plan for medication management? _____

Have you referred the student for continued treatment to another provider or agency appropriate for their concerns?

Yes No

If yes, please indicate the name, address, and phone number of the provider and/or agency:

What are the continued care needs for this student? _____

While in your care were there any increased risk-related concerns (e.g., suicide, homicide, self-injury, psychosis, alcohol/other drug use, etc.)? Yes (If Yes, please elaborate below) No

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

In your professional opinion, is the student ready to return as a full-time student and take on the academic, social, residential, and other demands of student life? Yes No

Please explain the reason(s) for your answer in the statement to be submitted with this questionnaire.

Other comments to assist with the student's successful transition to Wake Forest University:

Signature of Provider

Date

Name of Provider (please print/type)

Phone Number

Address of Provider

Please remember to attach a brief statement of your professional opinion regarding readiness for reenrollment on your office letterhead as well as a treatment summary.

Return to:

University Counseling Center
Wake Forest University
Box 7838
Winston-Salem, NC 27109

Fax: 336-758-1991

**Completion of this documentation does not guarantee the student readmission to the university,
but is a requirement for consideration.**