

STUDENT READINESS TO RETURN FROM HEALTH-RELATED LEAVE

Dear Health Care Provider:

A Williams College student, identified on the following form, is seeking permission to return to the College following a health-related leave. The information you provide on the following form will help the College determine whether the student is ready to return to a rigorous academic program and live in a residential college environment. The information you provide also will help the College determine whether any campus resources will be needed for the student to make a successful reintegration into our community and maintain his or her well-being.

In addition to answering the specific questions on this form, please provide any additional commentary you believe is relevant to the student's readiness to return to the College, either on the form itself or on additional pages as necessary.

Thank you very much.

Student Name: _____ Date: _____

Please describe the injuries, illnesses or conditions for which you have been treating or evaluating the student.

Please indicate the time period(s) in which have you provided those services to the student, including the last time you saw the student.

What is the student's current status and prognosis?

Will the student require any ongoing or recurring treatment or other supports? If so, please describe what the treatment or supports should involve and what arrangements for such treatment or supports have been made or remain to be made.

Is the student ready to re-engage in a rigorous collegiate academic program (i.e., attend classes, meet deadlines, complete work in a timely fashion, seek assistance as needed)? If there are any qualifications to your answer, please explain.

Is the student ready to resume living independently in a residential college environment? If there are any qualifications to your answer, please explain.

Does the student require any academic or other accommodations? If so, please describe the accommodations you believe are required, and why.

Does any aspect of the student's condition present a material risk of self-harm or harm to others? If the answer is "yes," "potentially," or "it depends," please explain.

HEALTH CARE PROVIDER INFORMATION

Name: _____

Licensed as: _____ License #: _____ State: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

PLEASE RETURN TO:

Mail: PO Box 518, Williamstown, MA 01267 (Attn: Cyndi Haley)

Fax: (413) 597-3507

Email: chaley@williams.edu

BY:

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| 1 July - | return for the following fall semester |
| 15 November - | return for the following winter study |
| 1 December - | return for the following spring semester |

October, 2016