Request to Leave form (to be completed by provider)

Calvin University

*This form will be reviewed by Calvin staff involved in the Health Leave process upon submission, with information shared between staff members only on a need-to-know basis. Questions about the confidentiality of the form can be directed to the Dean of Students office (**deanofstudents@calvin.edu**).*

**Student instructions**

Please ask your treatment provider(s) to complete this Request to Leave provider form as soon as possible, as an accompaniment to your own Request to Leave student form (submitted separately by you) if applicable. Your provider(s) can submit the form to the Dean of Students at Calvin University using the online option at <https://calvin.edu/directory/policies/health-leave-of-absence-return-policy>, or they may choose to download this Word Doc version and submit it via one of the following methods:

* email attachment – deanofstudents@calvin.edu
* fax – 616-469-2979 (c/o Director, Center for Counseling and Wellness)
* in-person – Dean of Students, Student Life Office (Spoelhof Center 364), Calvin University, 3201 Burton St SE, Grand Rapids, MI 49546

If you have not already provided consent for your provider(s) to share information with the Dean of Students at Calvin University, you may contact their office to provide consent using either their form or the *Authorization to Release Information Form* provided at <https://calvin.edu/directory/policies/health-leave-of-absence-return-policy>.

**Provider instructions**

A Health Leave of Absence from Calvin University is under consideration for this student in order to address personal health concerns. Students who take a Health Leave are encouraged to use time away to focus on treatment and recovery, creating a specific Health Leave Plan in collaboration with Calvin personnel at the commencement of their leave.

Your input here will support the Dean of Students (or other Calvin personnel) in determining whether a Health Leave is advisable for this student and also what conditions might indicate that the student is healthy enough to return to the rigorous academic and social environment of university in the future. You are welcome to attach additional documentation to expand on your comments regarding the student’s ability to function safely and successfully.

Due to the time-sensitive nature of the Health Leave decision, it is requested that this provider form be submitted within three business days of receipt. Information can be submitted to the Dean of Students at Calvin University using the online option at <https://calvin.edu/directory/policies/health-leave-of-absence-return-policy>, or you may choose to download this Word Doc version and submit it via one of the following methods:

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The full Health Leave of Absence Policy for Calvin University can be found at <https://calvin.edu/directory/policies/health-leave-of-absence-return-policy>. Thank you for your time!

Request to Leave form (to be completed by Provider)

Calvin University

**Student information**

**Name (first & last):**

**Date of birth:**

**Phone number:**

**Provider information**

**Name & degree/credentials:**

**Practice/organization name:**

**Mailing address:**

**Email address:**

**Phone number:**

**Fax number:**

1. **Please summarize the student’s reason for treatment.**
2. **Please describe the specific date(s) and type(s) of treatment provided, including any known ER visits or hospitalizations.**
3. **Please provide a brief description of how this student’s health issues have impacted academic and/or social functioning in the university environment.**
4. **Please provide a brief description of how a Health Leave of Absence from university may or may not be helpful for this student. Is it anticipated that a Health Leave might improve the student’s health and contribute to their successful return to Calvin University?**
5. **What are your specific treatment recommendations for this student to address current health concerns?**
6. **Do you have additional recommendations for this student’s time on Health Leave (work, education, housing, activities, etc.)?**
7. **Any additional notes or considerations for the university to take into account, as related to Health Leave for this student and safe return to the university environment in the future?**

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Signature & Credentials of Provider Date Completed

**Next steps**

Thank you for completing the Request to Leave provider form. Please submit the form to the Dean of Students office at Calvin University utilizing one of the following methods:

* email attachment – deanofstudents@calvin.edu
* fax – 616-469-2979 (c/o Director, Center for Counseling and Wellness)
* in-person – Dean of Students, Student Life Office (Spoelhof Center 364), Calvin University, 3201 Burton St SE, Grand Rapids, MI 49546

The information you shared will be reviewed by the Dean of Students (or designated representative) at Calvin University. If you have any questions or would like to discuss recommendations further, please contact the Dean of Students office at deanofstudents@calvin.edu or 616-526-6546.