Request to Return 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*](mailto:deanofstudents@calvin.edu)*).*

**Student instructions**

Please ask your treatment provider(s) to complete this Request to Return provider form as soon as possible, as an accompaniment to your own Request to Return 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](mailto: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:** This student is in the process of requesting return to Calvin University after a Health Leave of Absence. To support success through the process, students who wish to return after a Health Leave must demonstrate they are able to safely resume their program and will not be disruptive to the community (with or without reasonable accommodations arranged through the office of Disability Services). Completion of the student’s Health Leave Plan (created at the commencement of the Health Leave) will be considered in evaluating readiness to return.

Your assessment and recommendations are an integral part of this process of evaluating a student’s ability to function safely and successfully in the rigorous academic and social environment of the university. Your input here will support the Dean of Students (or other Calvin personnel) in determining whether a return from Health Leave is advisable for this student and, if so, what might be most helpful to include in a supportive return plan. You are welcome to attach additional documentation to expand on your comments.

Due to the time-sensitive nature of the student’s request for a return from Health Leave, it is requested that this provider form be submitted within one week of receipt. Information can be submitted to the Dean of Students at Calvin University using the online form below. Alternatively, you may choose to download this Word Doc version and submit it via one of the following methods:

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* 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 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 Return 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 physical or mental health condition(s) for which the student has received treatment.**
2. **Please describe the specific date(s) and type(s) of treatment provided during the student’s Health Leave of Absence, including any known ER visits or hospitalizations.**
3. **Do you have any concerns about the student’s capacity to carry out substantial self-care obligations and/or to participate meaningfully in educational opportunities (ex. activities of daily living, coping strategies, class attendance, homework completion, residential living, etc.)?**

* **No concerns**
* **Minor concerns**
* **Moderate concerns**
* **Student is unable or unwilling to carry out substantial self-care obligations**

**If you have indicated concerns or believe that the student is unable or unwilling to carry out substantial self-care obligations, please explain below, including any recommendations on mitigating such concerns.**

1. **Do you have any concerns about the student pertaining to their own personal safety (ex. medical decompensation, suicidality, substance misuse, disordered eating, dangerous/reckless behavior, etc.)?**

* **No concerns**
* **Minor concerns**
* **Moderate concerns**
* **Student presents an actual risk of serious personal harm**

**If you have indicated concerns or believe that the student presents an actual risk of serious personal harm, please explain below, including any recommendations on mitigating such concerns.**

1. **Do you have concerns about the student pertaining to the safety of others (ex. dangerous/disruptive behavior, verbal aggression, threats of violence, abuse/stalking/harassment, etc.)?**

* **No concerns**
* **Minor concerns**
* **Moderate concerns**
* **Student presents significant risk to the safety of others**

**If you have indicated concerns or believe that the student poses a significant risk to the safety of others, please explain below, including any recommendations on mitigating such concerns.**

1. **Do you anticipate any difficulties for the student upon return to classes and/or university housing, and if so, what difficulties? What circumstances might exacerbate the student’s condition?**
2. **Please describe the student’s current treatment plan (including specific treatment types, frequency, duration, medications, etc.) and tell us if continued treatment is recommended upon return to the university environment.**
3. **Will the student continue to receive care from your office if they return to Calvin University?**
4. **Please share any additional recommendations to ensure the student’s safety and success in the university environment.**
5. **Any additional notes or considerations for the university to take into account as related to this student’s request for return from Health Leave?**

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Signature of Provider Date Completed

**Next steps**

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

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* 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.