

## Student Readiness to Return from Medical Leave of Absence

### Instructions

Dear Health Care Provider: LMU requires documentation before a student is permitted to return to campus following a medical leave of absence. This documentation is intended to verify a student's readiness to return to community living and a rigorous academic program, as well as to facilitate conversations with campus resources in order to best support the student's ongoing care and well-being. To support a student's return to campus after a medical leave of absence, this form should be completed by the student's medical or behavioral health care provider. The following questions serve to assess a student's readiness to return to campus.

Answering "no" to any of the questions contained within this document will not necessarily prevent a student from returning to campus. Information about a student's readiness to return will be considered individually by the Student Affairs Dean's Office, based on all documentation provided, provider recommendations, and university policies. Feel free to provide additional commentary as an attachment if needed.

### Student Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### Medical Care or Mental Health Provider Information

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TREATMENT INFORMATION:

Initial Diagnosis: \_\_\_\_\_

Current Diagnoses: \_\_\_\_\_

**TREATMENT MODALITY** (please check all that apply to *your* contact with the student)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Individual Therapy    | <input type="checkbox"/> Day Treatment             | <input type="checkbox"/> Individual Nutrition Counseling |
| <input type="checkbox"/> Group Therapy         | <input type="checkbox"/> Residential               | <input type="checkbox"/> Partial Hospitalization Program |
| <input type="checkbox"/> Medication Management | <input type="checkbox"/> Substance Abuse Treatment |  |
| <input type="checkbox"/> IOP                   | Program  |  |

### DURATION OF TREATMENT:

**If individual or group:**

Date of first visit *after leave began*: \_\_\_\_\_

Date of most recent visit: \_\_\_\_\_

Total number of visits: \_\_\_\_\_

**If a treatment program:**

Name of program: \_\_\_\_\_

Date of admission: \_\_\_\_\_

Date of discharge: \_\_\_\_\_

### TERMINATION:

Has the student terminated treatment with you or your program?  YES  NO

Was the termination mutual and planned?

Yes **What was the discharge plan?** \_\_\_\_\_

No **Please Explain** \_\_\_\_\_

### Student Readiness to Return

*Students at Loyola Marymount University undertake a rigorous curriculum and are responsible for maintaining good academic standing. While students are assigned an Academic Advisor, students are expected to take ownership of their academic progress and seek assistance, as needed.*

YES NO Is the student ready to re-engage in coursework? (*i.e., attend class, meet deadlines, complete work*).

YES NO Is the student able to manage a full course load (12 units) upon return? (*If approved by Disability Support Services, students may be eligible to drop to 8 or 9 credit hours*)

*If the student is planning on living on-campus, please answer the following questions.*

YES NO Is the student able to live independently without close supervision or support while managing their own self-care? (*e.g., personal hygiene, safety, eating, sleeping, medication management, personal safety*)

YES NO Is the student able to behave in a way that does not substantially interfere with the rightful daily activities of others?

YES NO Is the student able to live and function normally in an environment that can be disruptive to routines (*e.g., study, sleep*) due to distractions and other causes?

YES NO Is the student able to live in an environment where the student might be exposed to substances such as alcohol and other drugs?

YES NO Is the student ready to live with a roommate?

YES NO Does the student require a single living environment? Please explain: \_\_\_\_\_

YES NO Is the student at significant risk of engaging in behavior that could result in physical harm to self or others? If yes, please provide further explanation: \_\_\_\_\_

### Recommendations for Ongoing Care

Please list any on- or off-campus resources that could be helpful to the student (*e.g., weekly meetings with a therapist, ongoing medical treatment, mobility assistance*.)? Please provide as much detail as needed and attach any additional, relevant information to this form.

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**Release of Information signed by the student is attached to form.**

**RETURN TO:** Student Affairs Dean's Office, 1 LMU Drive, Malone Student Center, Suite 301, Los Angeles, CA 90045

Fax: (310) 338-1906 Email: deanofstudents@lmu.edu