Brooklyn College The City University of New York

Office of the Vice President for Student Affairs
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Community Provider Report Form
(for Students Seeking Re-Entry after receiving a Medical Release)

This form is to be completed by the student's community mental health clinician or service provider and included as an attachment to the request to return and sent to the Vice President of Student Affairs.

Please Print

Provider Name:_____ Patient/Student Name:_____

Licensed Profession:_____ Date of First Session:_____

License #:_____ Date of Most Recent Session: _____

State of Licensure:_____ Total # of Sessions:_____

Based on your professional judgment, please respond to the following questions regarding the patient/student named above.

1. Has the student been compliant with all treatment? ☐Yes ☐No ☐N/A
(regular attendance at sessions, took medications as directed, etc.)

2. Has there been a substantial improvement of the student's original health/psychological condition? ☐Yes ☐No ☐N/A
   2a. If yes, please check below, where you have observed marked reduction:
   ☐Number of symptoms ☐Persistence of symptoms ☐ Subjective level of patient/student distress
   ☐Severity of symptoms ☐ Functional impairment

3. Has there been a substantial reduction of any of the following safety related behaviors?
   a. Suicidal ideation and behavior ☐Yes ☐No ☐N/A
   b. Self injury behaviors ☐Yes ☐No ☐N/A
   c. Threats or aggressive behaviors towards others ☐Yes ☐No ☐N/A
   d. Substance abuse/use behaviors ☐Yes ☐No ☐N/A
   e. Other behaviors related to the safety of student or others ☐Yes ☐No ☐N/A
   If applicable please specify
   Comments:_____

4. Has substantial reduction in safety related behaviors been maintained with stability for at least three consecutive months? ☐Yes ☐No ☐N/A

5. Does the student appear capable of functioning autonomously and successfully without supervision in an academic environment? ☐Yes ☐No ☐N/A

6. Please identify any specific precipitants that could put this student at risk:_____

7. In your professional opinion, is the student ready to return to the social and academic demands of the college environment?
   ☐ I believe the student is DEFINITELY ready to return.
   ☐ I have RESERVATIONS about the student's readiness to return.
   ☐I believe the student is NOT currently ready to return.

8. Do you recommend continued treatment when the student returns to college? ☐Yes ☐No

_____ _____
Provider Signature *Date*

Please attach any other documentation that might be helpful.