

# Dickinson

## Leave of Absence Assessment documentation from Health Care Providers

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Students requesting to take a leave of absence for health reasons must provide documentation to the College from their health care provider(s) in order to assist the College in (1) understanding how the health concerns impair the student's functioning to the point that the student can no longer participate fully in the campus environment, (2) determining criteria under which the student will be permitted to return.

This information will be reviewed by staff in the College's Wellness Center and the Dean of Students Office. The health professionals in the Wellness Center will make a recommendation to the Dean of Students Office, and may require conversations with the student and/or the treatment provider(s) in order to do so. Consequently, it is helpful to have releases of information signed permitting communication with both of the above offices at the College. Please note that leave-related information may also be shared with representatives from Academic Advising. Any information is shared in accordance with FERPA privacy laws and only as necessary. The staff in the Dean of Students Office will make the decision for the College regarding a student's request for leave.

The College requests the following information from you as the student's health care provider. Please complete and return this form along with any additional records (e.g. psychological assessments, laboratory work &/or other test results) that might inform the College's decision to the Dean of Students Office. Documents should be sent to the attention of Angie Harris, Associate Dean of Students, and can be scanned and emailed to [harrisa@dickinson.edu](mailto:harrisa@dickinson.edu), or faxed to 717-254-8944. For questions, please call Angie Harris, Associate Dean of Students, at 717-245-1556.

**Student:** \_\_\_\_\_ **Dickinson ID#:** \_\_\_\_\_

- 1. Assessment at the time the leave was requested**
  - a. Diagnosis/Diagnoses\*:

b. Relevant symptoms that contributed to impairment in academic or social functioning:

c. Progress expected prior to return:

**2. Description of anticipated treatment**

a. Type and frequency of treatment:

**Provider contact information (including licensure as appropriate):**

\*Students taking leaves due to communicable diseases may not return until the contagious stage has passed.

Return to: Dean of Students Office

FAX: 717-254-8944

Email: [harrisa@dickinson.edu](mailto:harrisa@dickinson.edu)