



Colonial Health Center

Mental Health Services

STUDENT CHECKLIST FOR RETURNING TO GEORGE WASHINGTON UNIVERSITY FOLLOWING A MENTAL HEALTH WITHDRAWAL

The Mental Health Services (MHS) is responsible for reviewing a student's progress and readiness to cope with the demands of college life following a mental health withdrawal. This checklist is intended to assist you in the process of returning to GWU.

DUE DATES: To ensure adequate time for the review of materials, it is recommended that you begin the process at least four (4) to six (6) weeks prior to the start of the semester in which you plan to return.

Your request to return may not be reviewed until all documentation and recommendations are received by Mental Health Services. The final decision regarding your return is made by the Director of Advising at your respective college.

Documentation to be submitted:

- A. Letter petitioning for your return** to George Washington University. This letter should include the following:
 1. How you have addressed the concerns that led to the need to withdraw.
 2. All treatment that you have received.
 3. Copies of transcripts showing any grades you have earned since your withdrawal.
 4. Other activities demonstrating your readiness to complete academic coursework (e.g. consistent employment).
 5. Activities/experiences which demonstrate your readiness to live independently in the residence halls without supervision or oversight by GWU staff (if seeking on campus housing).
 6. Activities/experiences which demonstrate your ability to handle college life (e.g. peer pressure, deadlines, etc.).
 7. A plan of action for your return (counseling services, medical treatment, family support, reduced academic load, etc.).
 8. Your current email address and telephone number.

- B. Letter from the licensed mental health provider(s)** who provided treatment during your leave. A separate letter from each provider may be requested. The provider should not be a family member, relative, significant other, or family friend of the student; the nature of the provider's relationship must be entirely professional in nature. To maintain confidentiality, the letter(s) can be placed in a sealed envelope and mailed to "Clinical Services Coordinator, Mental Health Services," sent via email to counsel@gwu.edu, or faxed to 202-994-5267. The letter(s) must include the following.

1. The provider's name, address, and telephone number.
 2. Diagnosis (if applicable) and treatment modality used.
 3. Number and frequency of sessions including the dates of the first and last session.
 4. An assessment of the student's ability to manage or cope with the issues which led to the withdrawal.
 5. An assessment of the student's ability to handle college life (e.g. academic pressure, peer pressure).
 6. Activities/experiences which demonstrate the student's readiness to live independently in the residence halls without supervision or oversight by GWU staff.
 7. Follow up recommendations (e.g. reduced academic load, continued counseling, etc.).
- C. A signed Release of Information (ROI).** The ROI should include the name of the Director of Advising at their respective college/school, and the name of the treatment provider(s) supplying documentation on their behalf.

A MHS staff member will review and evaluate the submitted materials for "sufficient evidence" indicating the student has adequately addressed the concerns that led to their withdrawal. Sufficient evidence includes but is not limited to:

- Verification of mental health treatment since withdrawing from GWU
- Endorsement from a licensed mental health professional(s) that the student's symptoms are in remission or can be realistically managed in this academic setting.
- Activities demonstrating readiness to return.
- Plans for return that are comprehensive and realistic.

Please send the above documentation to MHS via one of the means below:

Email: counsel@gwu.edu

Fax: 202-994-5267

Postal Mail:

Clinical Services Coordinator
Mental Health Services
The George Washington University
800 21st Street, NW
Washington, DC, 20052



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AUTHORIZATION TO DISCLOSE MENTAL HEALTH INFORMATION AS SPECIFIED IN THE DISTRICT OF COLUMBIA MENTAL HEALTH INFORMATION ACT OF 1978

I authorize the George Washington University Mental Health Services to disclose the following information (check all that apply):

- Entire mental health record
- Dates on which services were received
- Intake & termination statements
- Diagnosis
- Assessment / testing
- Treatment information
- Other (please specify): See Below

to the following person(s) or organization(s):

Name(s): Director of Academic Advising: _____

Name(s): Student Support and Family Engagement Office: Tracy Arwari, Kiran Edelstein, KendraScott

Name(s): ISO advisor (if applicable): _____

Name(s): Mental health treatment provider (if applicable): _____

Name(s): Parents/ Other (if applicable): _____

The following information is EXCLUDED from this release (describe if applicable):

The purpose for which the above information is to be disclosed:

To assess student for returning to GWU following a mental health withdrawal for _____ (indicate Fall/Spring and Year) semester. Notification of assessment results and recommendations for future plan/treatment.

This authorization is subject to revocation, except 1) where a separate authorization is executed in connection with my obtaining a life or non-cancellable or guaranteed renewable health insurance policy in which the case the insurance company will set its own date of expiration not exceeding two years from the date of the policy, and 2) where an authorization is executed in connection with my obtaining any other form of health insurance policy in which case the insurance company will set its own date of expiration not exceeding one year from the date of the policy.

This authorization expires 365 days from the date this form is signed, unless otherwise indicated below.

Signature of Client or Authorized Representative

_____/_____
Date signed / Expiration Date (if <365 days)

Name of Client or Authorized Representative (please print)

GW ID Number

Witness (please print)

Signature of Witness