

Reinstatement Following Medical/Conditional Leave of Absence Form

Section 1: Personal Information

Name:	Date:	Anticipated Leave Date:	Anticipated Return Date:
Address:			

Section 2: Attestation and Authorization

By signing below I authorize and consent to consultation and exchange of clinical information between members of the Dean of Student Affairs Office and Health & Counseling Services at Bard College to contact the individuals listed below in order to gather information regarding the progress I have made over the course of my medical/conditional leave.

Relationship	Name	Phone Number	E-mail
Primary Care Physician			
Counselor/Therapist			
Psychiatrist			
Parent(s)			
Other (please specify)			

The specific information pertaining to my identity, diagnosis, prognosis, or treatment to be disclosed includes:

- | | |
|---|---|
| <input type="checkbox"/> Attendance and active participation in treatment
<input type="checkbox"/> BASICS
<input type="checkbox"/> Description of the Progress
<input type="checkbox"/> Occurrence of Relapse
<input type="checkbox"/> Medical History
<input type="checkbox"/> Physical History
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Intake Summary
<input type="checkbox"/> Treatment Plan
<input type="checkbox"/> Aftercare Plan
<input type="checkbox"/> Discharge Summary |
|---|---|

The information is needed for the following purpose:

- To provide ongoing treatment.
- To coordinate treatment efforts with my family/concerned persons.
- To determine if I will benefit from longer term counseling
- To determine if I am able to continue to function at a healthy level for myself and the community at Bard College

I understand that I may revoke this consent at any time to the extent that action has been taken in reliance on it and that in any event this consent expires automatically as described below. I understand if I revoke this consent, my standing as a student at Bard College will be discussed in further detail by members of the Dean of Students Office.

Specification of the date, event, or condition upon which this consent expires: _____

Signature: _____

Date: _____

Section 3: Reflections and Planning

On a separate document, please respond to the following statements. If possible, do not hand-write your responses.

- Describe the events which precipitated your leave from Bard College. Specifically, please include the amount of time between events and how factors outside of and within your control contributed to the timing of your leave.
- Discuss the ways in which you have worked to address the factors that lead to your time away from the college. Please be as detailed as possible; provide the names and length of time spent engaging in therapeutic/medical/pharmacological services, what issues or concerns were addressed, how you are utilizing skills learned to function in a healthy manner. In addition, detail any other ways you utilized your time away from Bard (e.g., work, civic engagement, academic courses).
- Please assess the extent to which previous difficulties may affect your transition back to Bard and the stresses of academic life. Detail what steps you will take to recognize these challenges and gain appropriate support.
- Identify on- or off-campus resources you anticipate using to assist you in your return (including number of sessions over time, type of support needed, logistical considerations including transportation to off campus appointments).
- Will you be requesting on-campus housing?