

Health Advisory Team Re-Enrollment Form

This form should be filled out five weeks prior to the beginning of the term for which the student plans to re-enroll. It should be returned to Michigan Union 3000, if you have any questions please call (734) 764-7421.

Students who wish to re-enroll need to have this form filled out by a psychiatrist, licensed psychologist, certified social worker (CSW or ACSW), licensed professional counselor or doctor. The professional completing this form must have first-hand knowledge of the student's condition and will be an impartial professional **who is not related to the student**.

Student Information (This section to be completed by the student)

Last Name _____ First _____

Student ID# _____ Date of Birth _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Certifying Professional

Name _____ Credentials _____

Address _____ City _____

City _____ State _____ Zip Code _____

License/Certification number and state of licenser _____

Years of experience working with college students _____

Date of initial contact with student _____ Date of last contact with student _____

Multi-axial DSM IV diagnosis :

Axis I _____

Axis II _____

Axis V _____

Date of Diagnosis _____ Basis on which diagnosis was made _____

If psychological tests were used please include all scores used to support the diagnosis _____

Current medications including dosage and side effects _____

Long term medication plan _____

Current compliance with medication plan _____

Prognosis for medication plan. (Include likelihood of improvement or further deterioration and within what approximate time frame.)

Planned therapeutic interventions _____

Prognosis for therapeutic interventions (Include likelihood for improvement or further deterioration and within what approximate time frame _____

Current compliance with therapeutic interventions _____

Does this person currently pose a threat to him/herself or others? If so please specify in what ways

History of Hospitalization _____

Implications for Educational Success

Is this student ready physically, cognitively, emotionally and behaviorally ready to continue as a University of Michigan Student?

_____ Yes _____ No

Explain your answer in either case.

Learning abilities specific to the post secondary environment that are impaired by the mental health disability (e.g. difficulty with concentration, slow processing speed etc.)

Implications for taking exams and other classroom activities caused by the disorder or medications. Please specify which.

Suggested accommodations (Final determination of appropriate accommodations will be determined by SSD Office in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws.) Each recommended accommodation should be accompanied by an explanation of its relevance to the disability that is diagnosed.

_____ Extension of time to complete exams. Why?

_____ Quiet room in which to take exams. Why?

_____ Extension of a deadline to complete an assignment. Why?

_____ Take a reduced course load. Why?

_____ Other services or accommodations needed. Why?

This document may not be released without written permission from the student or by order of a court. It will be destroyed three years after the student is no longer enrolled. The student will have access to this document but you may specify that this access be given when there is a person qualified to explain the document available.

Signature of Certifying Professional

Date