



Provider Report Form

For students seeking re-enrollment at Grand Valley State University

The student named below is seeking re-enrollment at Grand Valley State University to continue their academic pursuits following a Voluntary Medical Complete Withdrawal. We ask students in these circumstances to submit the opinions of one or more appropriately licensed community providers/mental health clinicians regarding the nature and extent of the student's current condition as it relates to their ability to return to GVSU successfully. The university will weigh your opinion when assessing the student's ability to function safely and autonomously in this environment, to meet the essential elements of the student's intended academic program of study, and to adhere to the University's Student Code of Conduct. To be considered, this Community Provider Report Form must be based on clinical information and diagnoses that are current within **one month** of the date this report was completed.

This form is to be completed by the student's community provider/mental health clinician and mailed or faxed to the University Counseling Center **by the provider**. Please mail or fax to:

Nicole Marganti, Psy.D., ABPP
Coordinator of Case Management
University Counseling Center
206 Student Services Building
Allendale, MI 49401-9403

Phone: (616) 331-3266
Fax: (616) 331-3215

*An electronic copy of this form is available at: www.gvsu.edu/counsel

Please complete the information requested below:

Student Name: _____	Provider Name: _____
Provider's Professional Credentials: _____	License #: _____
State Licensure: _____	Provider Phone: _____
Date of first appointment: _____	Most recent appointment: _____
Total # of treatment sessions: _____	
Student's reason(s) for leaving Grand Valley State University:	

I have read the attached "Full Medical Withdrawal Form" from the GVSU University Counseling Center that was provided to me by the patient/client

Initial DSM-V Diagnosis: _____

_____ Date Given: _____

Current DSM-V Diagnosis: _____

_____ Date Given: _____

1. How did the focus of treatment address the reason(s) for the student withdrawal?

2. Was the student compliant with all treatment? (e.g. attended sessions, took medications as directed, followed through with referrals, etc.) Comments:

3. Please check all of the following substantial improvements in the student's health/psychological condition that you have observed:

- Reduced number of symptoms
- Reduced symptom severity
- Reduced subjective level of patient distress
- Improved level of functioning
- Other: _____

4. Please comment on all substantial, maintained reductions in high-risk behaviors, including suicidal ideation, substance abuse, self-injury, disordered eating, etc.

5. Please comment on the student's ability to function autonomously and successfully in an academic/campus residential environment. Please see criteria/examples listed below:

- Student can attend classes and manage academic assignments while maintaining good physical and/or psychological health.
- Student can manage medications on their own, plans to follow up with their provider regularly, and is committed to maintaining medications with consistency.
- Student can follow the recommended treatment plan once they return to the University.
- Student can successfully engage in self-care activities that promote immediate relief/support and long-term prevention of relapse

Comments:

6. The University Counseling Center can provide the following services to enrolled students:

- Short-term Individual Counseling
- Group Therapy
- Limited Psychiatric Services **(for students receiving on-going, individual or group counseling at the UCC)**

Students requiring additional treatment should be referred to providers within the Allendale/ Grand Rapids community. Please visit: www.gvsu.edu/counsel/community

Please specify recommended follow-up treatment:

7. Please specify any recommended stipulation(s) for the student's re-enrollment at GVSU (e.g. housing restrictions, tutoring services, disability support resources, AA/NA meetings). Note: Some accommodations may require additional documentation, testing, etc. from outside the University before being granted by GVSU.

8. Please comment on the student's support system:

9. Please comment on the student's coping skills:

If you wish to elaborate on your responses or record additional comments and observations regarding the student and his/her ability to function safely, stably, and successfully as a student, please use additional pages or attach additional documentation.

Attestation by the Community Provider

By signing below, I am attesting that my responses above are true, complete, and accurate to the best of my knowledge. These statements constitute my best professional judgment and opinion, and the student did not prepare or draft any of the responses.

(Provider Signature)

(Date)