

# SYRACUSE UNIVERSITY COUNSELING CENTER



Dear Qualified Health Professional,

Your client has been suspended for alcohol and/or drug related reasons from Syracuse University. When this student is ready to return to Syracuse University, the student must provide verification from a qualified health professional that they have followed through with successfully completing a treatment program, and any recommendations, prior to their return.

To help facilitate this process, please complete and return the following:

- Treatment Provider Readmission Questionnaire
- A brief treatment summary on office letterhead that recommends resuming full-time study at Syracuse University
- A Release of Information authorizing further communication

## **Return to:**

Syracuse University Counseling Center  
Attn: Options Program Coordinator  
200 Walnut Place  
Syracuse, NY 13244-2480

Please take note of the deadlines below. Failure to meet a deadline might result in the students' return to Syracuse University being postponed until the following semester.

- Readmission for FALL semester:
  - Supporting documents sent to the Counseling Center by July 15<sup>th</sup>
  - In-person appointment (if recommended) by August 1st
- Readmission for SPRING semester:
  - Supporting documents sent to the Counseling Center by December 1<sup>st</sup>
  - In-person appointment (if recommended) by December 15th
- Readmission for SUMMER semester:
  - Supporting documents sent to the Counseling Center by April 1<sup>st</sup>
  - In-person appointment (if recommended) by April 15th

We appreciate your help. If you have any questions, please feel free to call the SU Counseling Center at 315.443.4715.

Sincerely,

Cory Wallack, Ph.D.  
Director, Syracuse University Counseling Center



**Treatment Provider Readmission Questionnaire**

**Instructions:** *This form is to be completed by a Qualified Health Professional. Please respond to the questions listed below. Attach a brief statement of recommendation for readmission, a treatment summary on your office letterhead as well as a Release of Information authorizing further communication if needed. Please respond to all questions.*

Full name of student: \_\_\_\_\_ Student's DOB: \_\_\_\_\_

Name of Treating Professional (please print): \_\_\_\_\_

Profession/Credentials: \_\_\_\_\_ License #: \_\_\_\_\_

Phone # of Treating Professional: \_\_\_\_\_

Address of Treating Professional: \_\_\_\_\_

Treatment program where treatment was provided: \_\_\_\_\_

Did you provide treatment for the above named student?  Yes  No

If no, who did provide treatment? \_\_\_\_\_

How many treatment sessions have you provided for the student (relating to this matter) including group and individual sessions? \_\_\_\_\_

Please indicate the initial recommendations/treatment plan. If no recommendations were made, why not?

Were there any challenges during the course of treatment (i.e.: positive drug screens, positive breathalyzer results, lack of compliance, etc.)?  Yes  No

If yes, please explain. \_\_\_\_\_

When did the treatment commence? \_\_\_\_\_ Conclude? \_\_\_\_\_

Has the student successfully completed the recommended treatment plan?  Yes  No

What is the aftercare plan for the student? Any additional recommendations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

While in your care were there any safety concerns (suicide risk, homicide risk, etc.)?  Yes  No

If yes, please explain. \_\_\_\_\_

Are there any concerns with the student returning as a full-time student?  Yes  No

If yes, please explain. \_\_\_\_\_

Other comments to assist the student's successful transition to Syracuse University:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Treating Professional

***\*Please remember to attach a brief statement of recommendation for readmission, a treatment summary on your office letterhead as well as a Release of Information authorizing further communication if needed.***

As a reminder, please reference the deadlines below. Failure to meet a deadline might result in students return to Syracuse University being postponed until the following semester.

- Readmission for FALL semester:  
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- Readmission for SUMMER semester:  
Supporting documents sent to the Counseling Center by April 1st  
In-person appointment (if recommended) by April 15<sup>th</sup>

Return all documents to:

Counseling Center  
Attn: Options Program Coordinator  
200 Walnut Place  
Syracuse, NY 13244-2480

OR fax documents to (315) 443-4276 (Attn: Options Program Coordinator)

**The student will NOT be able to be readmitted to Syracuse University without these materials.**