Medical Withdrawal and Readmission Process

**Purpose:** Students wishing to withdraw from IIT due to medical or psychological concerns must consult with a clinician at Student Health and Wellness Center to assess the appropriateness of such a leave, and to develop a treatment plan.

Students wishing to return to IIT following a medical leave of absence must meet with a clinician at SHWC to determine readiness to return to IIT.

**Medical Withdrawal Procedure**

- **Medical Withdrawal Consultation Meeting:** Students wishing to withdraw for medical reasons should make a consultation appointment with the Associate Vice Provost of Student Health and Wellness. Students wishing to withdraw for psychological reasons should make a consultation appointment with the Clinical Coordinator of SHWC. If the student is in ongoing therapy at SHWC, the student’s therapist can be present for this meeting. The purpose of the consultation meeting is to gather background information about the student’s medical or psychological concerns, to offer recommendations for the student for treatment during the medical leave, and to outline expectations for readiness to return to IIT. These appointments should be 30 minutes in length.

- **Releases of Information:** During the consultation meeting, the student should sign a Release of Information that authorizes communication between the clinician and the Office of Undergraduate Academic Affairs (for undergraduate students) and the Office of Graduate Academic Affairs (for graduate students). (see Appendix _).

- **Communication with Academic Affairs:** Following meeting with the student, the clinician will direct the student to speak with an advisor in either Undergraduate or Graduate Academic Affairs to initiate the withdrawal process. The clinician will send a brief report to the Office of Undergraduate or Graduate Academic Affairs (depending on the student’s level in school) outlining their findings and recommendations.

**Return from Medical Leave Procedure**

- **Initiating the Return Process:** When a student is ready to return to IIT following a medical leave, the student will first contact the Office of Undergraduate Academic Affairs or the Office of Graduate Academic Affairs to initiate the process of returning. That department will provide the student with current Releases of Information (see Appendix _) to allow for communication between Academic Affairs, SHWC, and any outside treatment providers.

- **Return from Medical Leave Form for Current Treatment Provider:** Students will then be directed to have their current treatment provider complete a Return from Medical Leave form (see Appendix _) and submit it to the Associate Vice Provost of Student Health and Wellness (if the leave was for medical reasons) or Clinical Coordinator of SHWC (if the leave was for psychological reasons) through fax, email, or post.

- **Return from Medical Leave Evaluation:** Upon receipt of the form, the Associate Vice Provost or Clinical Coordinator will contact the student to schedule a Return from Medical Leave Evaluation. This evaluation focuses on the events leading up to the medical withdrawal, what has transpired since the medical withdrawal, and plans for continued treatment. Focus should be given to the student’s compliance of the recommendations made during the Medical Withdrawal Consultation Meeting. It is preferred that this is an in person evaluation. However, if there is a valid reason that it is not possible to meet in person (e.g. the student is out of the country), it is acceptable to conduct this meeting via Skype, or as a last resort via phone.
- **Communication between SHWC Clinician and Current Treatment Provider**: Following the evaluation, the Associate Vice Provost or Clinical Coordinator will contact the student’s current treatment provider to confirm the student’s participation in and compliance with treatment and to obtain the clinical opinion of the provider about the student’s readiness to return to school.

- **Written Report**: After the evaluation and consultation with the treatment provider take place, the Associate Vice Provost or Clinical Coordinator will write a report in the format below. The report is submitted to the Office of Undergraduate Affairs or the Office of Graduate Academic Affairs. A copy of this form can be found on the Shared Drive in the Return from Medical Leave folder.

  **BRIEF DESCRIPTION OF MEETING:**
  **DATA FROM CURRENT TREATMENT PROVIDER:**
  **RECOMMENDATIONS:**

- **Additional Follow-up with Current Treatment Provider**: If there is more than one month between the evaluation and beginning of the semester, the Associate Vice Provost or Clinical Coordinator may choose to have a follow-up conversation with the student and/or treatment provider, in order to confirm continued treatment compliance and/or readiness to return. A copy of this form can be found on the Shared Drive in the Return from Medical Leave folder.

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**Student Health and Wellness Center**  
**Return from Medical Leave**

**TREATING HEALTH CARE PROVIDER READMISSION QUESTIONNAIRE**

**Please Note: We must receive this form by 6/15 for Fall re-entry, 11/15 for Spring re-entry, or 4/15 for Summer re-entry**

**Instructions**: This form is to be completed by a treating healthcare provider. The purpose of this questionnaire is to help us assess the readiness of the patient to resume studies at the Illinois Institute of Technology. Please respond to the questions listed below and attach a brief statement on your office letterhead regarding the extent to which you believe this patient is ready to resume studies. For questions about this form, please call the IIT Student Health and Wellness Center at 312-567-7550.

Please mail, email, or fax the completed form and statement directly to:

**IIT Student Health and Wellness Center**  
10 W. 35th Street, 3rd floor  
Chicago, IL 60616  
Email: student.health@iit.edu  
Fax: 312.567.5702

Updated: 10.8.2015
Patient Name: ____________________ Clinician Name: ____________________________

Are you a: _____ Psychiatrist _____ Other M.D. _____ Licensed Mental Health Provider

Date of first session ______________ Date of most recent session ________________

How many treatment sessions have you provided for the patient? ________________

Current Diagnosis ____________________________________________________________

Are you continuing to provide treatment? ____ Yes ____ No

If not, was treatment terminated with your approval? _____ Yes ____ No

If the patient is receiving treatment with you, what is the assessment on the progress made and the needs for further treatment?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

If the treatment has terminated, have you referred the patient for continuing treatment?
____ Yes ____ No
If yes, please indicate the name, address, and phone number of the individual or agency:
__________________________________________________________________________
__________________________________________________________________________

If the patient is continuing treatment with you or someone else, do you believe he/she would be able to function appropriately as a student at IIT without the continued treatment?
____ Yes ____ No

___________________________ (______) __________________________
Name of Health Provider Phone Number

___________________________
Signature of Health Provider

___________________________ / __________ / ________
Date