



HEALTH PROVIDER'S Statement for Mental Health Withdrawal

Please keep the following information in mind while completing the student's Mental Health Withdrawal request:

1. This statement must be from an attending healthcare provider (e.g., physician, therapist, psychiatrist, and/or psychologist) who treated the student for the expressed mental health concern. The Healthcare Provider's statement must be typed on *letterhead*. The letter should provide enough information to support and justify the student's need for a mental health withdrawal.
 - a. The statement must include specific dates (e.g., January 8, 2018) that identify the onset of the mental health concern. If possible, please include specific dates and/or timelines to indicate the point at which the student experienced the highest severity of symptoms. In addition, please provide a timeline which explains the duration of the student's participation in your services (e.g., from August 1st and September 20th, 2018).
 - b. Please include a diagnosis for the student (if applicable), based on your clinical impressions.
 - c. Please provide information related to the treatment plan implemented with the student. In addition, please indicate your professional opinions as to the student's prognosis.
2. Your personal statement should include your recommendation for withdrawal.
 - a. Please provide an explanation of how the student's symptomology warrants a Mental Health Withdrawal.
 - b. Please cite any further corroborating evidence to justify the student's Mental Health Withdrawal for the semester in question.