

# Provider Report Form

NOTE: This form is to be completed by the student's mental health clinician/service provider and be sent directly by the provider to the Office of Community Standards & Student Responsibility by either fax (740-593-4613) or United States mail to the following address: **Community Standards, 349 Baker University Center, One Park Place, Athens OH 45701.**

Clinician Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Licensed as: \_\_\_\_\_

Student's OU PID #: \_\_\_\_\_

License #: \_\_\_\_\_

Date of First Visit w/ Student: \_\_\_\_\_

State of Licensure: \_\_\_\_\_

Date of Most Recent Visit: \_\_\_\_\_

Clinician Phone #: \_\_\_\_\_

Total Number of Visits: \_\_\_\_\_

This student has been required to complete an assessment with a mental health clinician/service provider as a function of a sanction stemming from the Community Standards process. The student has been provided a letter outlining their charges and sanctions and has been asked to provide this letter to you prior to or at their first visit. If the student does not provide the letter, please call our office (740-593-2629) so that we may provide you with relevant information regarding this requirement. We will require a FERPA release from the student prior to speaking with you.

The student provided me with a copy of the Community Standards letter.  I spoke with a Community Standards staff member.

## Type of Assessment Completed:

Behavioral (psychosocial) Date of Assessment \_\_\_\_\_  Substance use Date of Assessment \_\_\_\_\_

## Has the student been compliant with completing any recommendations for further treatment or education?

Yes  No  Not Applicable (no recommendations)

## Is the student ready to return to the University at this time and, if so, under what conditions?

If you wish to provide additional documentation or expand on your comments, please attach those to this form. This document and any additional materials should be faxed or mailed as per the directions at the top of the form.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date