



Barnes Center at The Arch
Attn: Counseling
150 Sims Drive, Ste. 302
Syracuse, NY 13244

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, they 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. Without the following materials, the student is not eligible to be readmitted. Please complete the following and return by mail to the address listed above or by fax to 833.780.1937.

- Completed Treatment Provider Readmission Questionnaire.
- Treatment summary with recommendation of resuming full-time study on office letterhead.
- Release of information authorizing further communication.
- Failure to meet a deadline may result in the student's readmission being postponed.

Fall Semester

Documents sent by July 15. If recommended, in-person appointment by Aug. 1.

Spring Semester

Documents sent by Dec. 1. If recommended, in-person appointment by Dec. 15.

Summer Semester

Documents sent by April 1. If recommended, in-person appointment by April 15.

We appreciate your help. If you have questions, please call Barnes Center at The Arch Counseling at 315.443.8000.

Sincerely,

Cory Wallack, Ph.D.
Executive Director of Health and Wellness
Barnes Center at The Arch

Treatment Provider Readmission Questionnaire

This form is to be completed by a qualified health professional. Please respond to all questions.

Full name of student:

Student's date of birth:

Full name of treating professional:

Profession/credentials:

License number:

Phone number of treating professional:

Address of treating professional:

Treatment program where treatment was provided:

Did you provide treatment for the above named student? If no, who did provide treatment?

Relating to this matter, how many treatment sessions have you provided for the student (e.g. group and individual sessions)?

Please indicate the initial recommendations/treatment plan. Please explain if no recommendations were made.

Were there any challenges during the course of treatment (e.g. positive drug screens, positive breathalyzer results, lack of compliance, etc.)? Please explain.

When did the treatment commence?

When did treatment conclude?

Has the student successfully completed the recommended treatment plan?

What is the aftercare plan for the student? Please explain and include any additional recommendations.

While in your care were there any safety concerns (e.g. suicide risk, homicide risk, etc.)? If yes, please explain.

Are there any concerns with the student returning as a full-time student? If yes, please explain.

Please share other comments to assist the student's successful transition to Syracuse University.

Signature of treating professional:

Date: