

**RICE UNIVERSITY**

***RE-ADMISSION QUESTIONNAIRE----TO BE COMPLETED BY TREATING  
MENTAL HEALTH PROFESSIONAL***

Instructions: This form is to be completed by the primary psychologist, psychiatrist or other mental health professional who provided treatment for the student named below. Please respond to the questions listed below and attach a *brief statement of recommendation for re-enrollment and a treatment summary* on your office letterhead. Send the completed form and statement directly to the Rice Counseling Center:

Lindley E. Doran, Ph.D.  
Director, Rice Counseling Center  
MS-19, 6100 Main Street  
Houston, TX 77005  
(713) 348-4867 telephone  
(713) 348-5953 fax

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**PLEASE RESPOND TO ALL QUESTIONS**

Full name of patient/client: \_\_\_\_\_

Your name, degree and title: \_\_\_\_\_

1.) Did you provide treatment for the above named patient?      \_\_\_Yes    \_\_\_No

Dates of treatment: From\_\_\_\_\_ To\_\_\_\_\_ Total number of sessions: \_\_\_\_\_

Has the patient successfully completed treatment?      \_\_\_Yes    \_\_\_No

Are you continuing to provide treatment?      \_\_\_Yes    \_\_\_No

If not, was termination with this patient mutual?      \_\_\_Yes    \_\_\_No

If not mutual, please explain why not? \_\_\_\_\_

\_\_\_\_\_

2.) Have you referred the patient/client for continuing treatment?      \_\_\_Yes    \_\_\_No

3.) What were your reasons for referring the patient/client? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4.) In determining whether or not this student is ready to resume studies at Rice University, keep in mind the following criteria:

Academic

- Cognitive abilities ( concentration, memory, etc.) are functioning adequately for someone faced with college-level work
- Person is capable of carrying a fulltime load at this University (12 credit hours)
- Demonstrates sufficient judgment to make reasonable decisions on matters relating to his or her educational progress and goals.

Social

- Is capable of attending classes with others
- Has sufficient social skills to interact with fellow students, as needed
- Is able to express needs to others
- Is able to live in a communal setting with peers.

Personal

- Poses no threat to own safety or that of others
- Can maintain sufficient self-care to function in a social setting
- Complies with treatment recommendations

5.) From time to time, a student's condition may meet criteria for a disability, as defined by the Americans with Disabilities Act. Generally this is the case if an individual has a condition and one which has been on going for six months or more. If you believe the student's condition or circumstances meet this definition, please include that in your opinion, and state why you think this is the case.

This form is to be completed by the primary psychologist, psychiatrist and/or other mental health professional who has provided treatment for this student during the duration of his or her medical leave from Rice University

Do you believe that this individual would be able to function adequately as a student at Rice University without continued treatment?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Please explain: \_\_\_\_\_

**Please attach a brief statement of recommendation for re-admission and a treatment summary on your professional letterhead.**

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Return to: Lindley E. Doran, Ph.D., Director, Rice Counseling Center, MS-19, 6100 Main St., Houston, TX 77005. *The Dean of Undergraduates will not consider the student's request for re-admission until all these documents have been received.*

