



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.

### **Required Materials**

Missing or incomplete materials will result in the student being ineligible for readmission. 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.
- On office letterhead, treatment summary with recommendation of resuming full-time study.
- Student signed Counseling Release of Information Request Form, permitting you to speak with a therapist from the Barnes Center at The Arch Counseling team regarding the student's course of treatment and continued care recommendations.

### **Per Semester Deadlines**

Failure to meet a deadline may result in the student's readmission being postponed.

- Fall Semester: Documents: July 15; Appointment: August 1
- Spring Semester: Documents: December 1; Appointment: December 15
- Summer Semester: Documents: April 1; Appointment: April 15

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

Sincerely,

*Carrie Lynn Brown, Ph.D.*

Carrie Lynn Brown, Ph.D.  
Director of Counseling  
Barnes Center at The Arch

**Barnes Center at The Arch Counseling**

150 Sims Drive, St. 302, Syracuse, NY 13244

T 315.443.8000 F 315.443.4276 [experience.syracuse.edu/bewell](http://experience.syracuse.edu/bewell)

## **Treatment Provider Readmission Questionnaire**

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

- Student's full name and date of birth:
  
  
  
  
  
  
- Full name of treating professional:
  
  
  
  
  
  
- Profession/credentials:
  
  
  
  
  
  
- License number:
  
  
  
  
  
  
- Phone number and 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, individual)?
  
  
  
  
  
  
- Please indicate the initial recommendations/treatment plan. Please explain if no recommendations were made.

- Please explain if there were challenges during treatment (e.g. positive drug screens/breathalyzer results, lack of compliance)?
- 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.
- Date and signature of treating professional: