**Student Life**
**Dean of Students**

3333 Regis Boulevard, J-8
Denver, Colorado 80221-1099
303-458-3507/1-800-388-2366 Ext. 4086
FAX: 303-964-5530

Date:

Regis University
Diane McSheehy, Dean of Students
3333 Regis Blvd. J-8
Denver, CO 80221
303-458-4223
Fax: 303-964-5530

RE:
*Name of Student*

Do you have a current release of information form signed by the above mentioned client that permits you to communicate with Regis University—Dean of Students/Office of Counseling & Personal Development?
Yes No

Have you spoken with Dr. Chaney Givens, 303-458-3507, Director of the Office of Counseling and Personal Development (OCPD),or another member of the OCPD counseling staff, prior to writing this letter in order to obtain information/history about this student?
Yes No

Based upon your assessment/treatment, are there any concerns about the above mentioned student being a danger to self or others?
Yes No

If you answered "yes" to the above question, please specify in detail the concerns:

Dates and number of sessions:

Diagnosis: Axis I:

Axis II:

Axis III:

Axis IV:

Axis V: (current)

Based upon your assessment, (please check one):

- ◯ the student is able to return to Regis University classes and able to reside in the Residence Hall without being a danger to self or others
- ◯ the student is able to return to Regis University classes but is not able to reside in the Residence Hall without being a danger to self or others
- ◯ the student is able to return to Regis University classes and is able to live off campus without being a danger to self or others
- ◯ the student is not able to return to Regis University at this time.

If your recommendation is for the student to return to Regis University classes and/or the Residence Hall, what additional treatment/services do you recommend? (Please check all that apply)

- ◯ The student should receive ongoing psychotherapy/counseling through the Office of Counseling & Personal Development
- ◯ The student should participate/attend a psychiatric consultation
- ◯ The student should attend psychotherapy and I will be the provider of these services. By checking this recommendation, I am acknowledging that as the provider I am willing and able to notify OCPD about the student's attendance and compliance in treatment. I also agree to notify OCPD if any crises arise during my treatment with the above mentioned student.
- ◯ No additional psychotherapy is warranted at this time.
- ◯ Other (describe/explain):

**Please attach an additional letter** that discusses the treatment goals you have worked on with this student, the student's level of participation/compliance in your treatment, ongoing treatment goals that you would recommend for this student, any ongoing safety concerns, as well as any other pertinent information related to your work with this student that will assist the Special Evaluation Team/Dean of Students in reviewing this matter.

_____ _____

Signature/Title Date
(Original, not electronic)

Please **print** this form and **fax**, along with the additional letter mentioned above, to:
**Diane McSheehy, Dean of Students**
**303-964-5530**

In addition, you **must mail** the original form to:

Diane McSheehy, Dean of Students
Regis University, 3333 Regis Blvd. J-8
Denver, CO 80221