



**Student Advocacy
and Accountability**

SOUTHEASTERN LOUISIANA UNIVERSITY

SLU 10390 | Hammond, LA 70402
Ofc: 985-549-2213 | Fax: 985-549-5103
www.southeastern.edu/osaa



Counseling Center

SOUTHEASTERN LOUISIANA UNIVERSITY

SLU 10310 | Hammond, LA 70402
Ofc: 985-549-3894 | Fax: 985-549-5007
www.southeastern.edu/admin/counseling/

**MENTAL HEALTH
ASSESSMENT/EVALUATION**

This form must be completed by a Licensed Mental Health Professional (i.e. Psychiatrist, Medical Psychologist, Clinical Psychologist, Mental Health Nurse Practitioner, or Medical Doctor). Please call (985) 529-2213, if there are any concerns regarding the procedures.

- Forward this completed document to the Office of Student Advocacy and Accountability (OSAA) by
 - Fax: 985-549-5103
 - Email: osaa@southeastern.edu

****Please note recommendations of the Mental Health Professional are generally incorporated into the sanctions.**

I. To Be Completed By The Student: Consent For Release Of Information For Verification

I, (print name) _____, W# (SID) _____, Southeastern Louisiana University Student, hereby authorize the exchange of information between the individual(s) listed below and Southeastern Louisiana University Office of Student Advocacy and Accountability (OSAA) and the University Counseling Center (UCC) through written, verbal or electronic means for the purpose of determining my readiness to return to campus. I consent to consultation between the above-mentioned University departments and/or persons and my mental health provider.

Mental Health Provider: _____

Agency: _____ **Phone:** _____

Address: _____

Student's Signature: _____ Date: _____

II. To Be Completed By The Licensed Mental Health Professional Or Attending Physician Conducting The Assessment

1. Was a full Psychological Evaluation completed? ___ Yes ___ No Date of Evaluation _____
2. If yes, who completed the evaluation? (Print Name and Credentials) _____
3. Diagnosis/Clinical Impressions: _____
4. Treatment Recommendations: _____
 - a. ___ No treatment warranted at this time
5. Prognosis: ___ Good ___ Fair ___ Poor

Based on your assessment, select one of the following:

___ Student **is not** a threat to self or others and **may return** to the University **and** Residence Halls. Contingent upon OSAA's decision.

___ Student **is not** a threat to self or others and **may return** to the University but not the Residence Halls.

___ Student **is** a potential threat to self and others, and is suggested that they **not return** to the University and Residence Halls at this time.

Additional Comments:

_____/_____
Print name and License (M.D., LPC, LCSW, etc.) Signature DEA # Date

Phone: _____ Email: _____