

Medical Withdrawal Re-Entry Student Self-Report Form

In addition to the Community Provider Report Form, students are asked to complete this self-report form as part of the Medical Withdrawal Re-Entry Process. You may use the back of this page and attach additional pages as needed to expand on your responses to the questions below. Please return this completed form to the following by July 1st for the fall semester, December 1st for the spring semester and April 1st for the summer term.

You may mail, fax, or email you responses to Mary Masson, Director of the Bergeron Wellness Center at the contact information listed below. Please include your full name, date of birth, and student identification number with your responses.

Mary Masson MS, APRN-C
Director, Bergeron Wellness Center
Saint Michael's College
Box 259 One Winooski Park
Colchester, Vermont 05439

Phone - 802-654-2234
Fax – 802-654-2699

Please respond to the following questions:

1. Please describe the treatment you received since leaving Saint Michael's College.
2. Describe your plan for treatment when you return to Saint Michael's College.
3. What is your plan to care for yourself when you return to Saint Michael's College?
4. What supports will you have in place for your return?
5. If you return to Saint Michael's College, what are some coping strategies you will use of thing are not going well?
6. What makes you feel that you are ready to Saint Michael's College?
7. What, if any, concerns do you have about returning to Saint Michael's College?

