**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 Kathleen Butts, Director of Counseling at 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.

Kathleen Butts, MA, LCMHC, LADC

Director of Counseling, Bergeron Wellness Center

Saint Michael’s College

Box 259 One Winooski Park

Colchester, Vermont 05439

Phone - 802-654-2310

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?

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