

13. Why have you referred the client for continuing treatment? _____

14. If you have referred the client for continuing treatment, do you believe he/she would be able to function appropriately as a student at a University without that continued treatment? ___Yes ___No

15. Do you consider that the client presently, or in the reasonably foreseeable future, may be a threat to his/her own life or the lives of others? ___Yes ___No

Comment: _____

16. Do you think this client is capable of carrying a full academic load (12-19 credit hours) at a University? ___Yes ___No

17. To your knowledge, are the parents and/or legal guardian of the client aware of the problem(s) for which you have provided treatment? ___Yes ___No

18. Other Comments: _____

(Signature of Treating Agent)

(Printed name of Treating Agent)

(Date)

Note: Please remember to attach a statement of recommendation for readmission using your office letterhead. The Readmission application will not be accepted for consideration unless it includes this completed questionnaire and letter of recommendation submitted on your office letterhead. This information is confidential and will be used as an aid to make a recommendation to the Dean of Students for the purpose of readmission.

Return to:

**Director,
Counseling Center,
Suite S-200
3003 N. Charles St.,
Baltimore, MD. 21218-2690.**