



### Mental Health Professional's Initial Report

The information in this report will be used by BARC to guide interventions to promote student academic success and safety. It is confidential under the Federal Educational Rights and Privacy Act (FERPA). A summary of FERPA confidentiality can be found at:

<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Reason for report: \_\_\_\_\_

**Mental Health Professional Completing/Providing Assessment or Report**

Name: \_\_\_\_\_

Degree:  MD (Psychiatrist)  Psychologist  Social Worker  Counselor

Other: \_\_\_\_\_

Business Address (May attach business card):

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax#: \_\_\_\_\_

**Assessment/Treatment Information**

Date(s) of assessment: \_\_\_\_\_

Summarize any prior treatment relationship with this student, to include approximate start of treatment, number and frequency of appointments, and significant breaks in treatment:

\_\_\_\_\_  
\_\_\_\_\_

If the student is a current client/patient, will that affect your objectivity in this assessment?

No  Yes

If this student is a current client/patient, will assessment impact on-going care? No  Yes

To confirm you had all necessary information, please list sources of information used in assessment, including dates where appropriate (example, police reports, University records, medical records, clinical interview; interview with John's Mother, Jane Smith): \_\_\_\_\_

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*Please contact BARC if you require additional information to complete the assessment.*

<p align="center"><b>Assessment/recommendations regarding student's readiness to remain or return to academic enrollment and/or the residential environment</b></p>
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Considering the following areas of concern, is the student able to function safely, effectively, and without disrupting others in the academic and/or residential setting?

- clinical and psychosocial history
- diagnosis
- substance use
- social support
- coping mechanisms
- history of threats or violence towards self or others
- functional impairments in attention, concentration, motivation, or communication

Yes  No  Unable to comment  Other/comment: \_\_\_\_\_

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Do you recommend that the student seek accommodations to maintain or improve their level of functioning (e.g. a reduced course load or specific housing needs)? \_\_\_\_\_

Considering the above areas of concern, does the student represent a direct threat to the safety of members of the UGA community? \_\_\_\_\_

Please provide any additional information of which you wish BARC to be aware in assisting this student.

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Yes No N/A

Ongoing counseling/psychotherapy is recommended.

Ongoing psychiatric treatment is recommended.

*Will the student continue treatment with you?*  Yes  No  Unknown

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**Signature of Provider**

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**Date**

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**Please Print Name**

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**License #**

**Fax form to: Behavioral Assessment and Response Council, (706) 583-0206**  
**Please direct questions to Megan Edwards, Assistant Director, Student Care and Outreach (706) 542-7774**

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**Behavioral Assessment and Response Council**

**Bill McDonald, Ed.D, Dean of Students (706) 542-7774**  
**Chair, Behavioral Assessment Response Council**

**Beau Seagraves, Ph.D., Associate Dean of Students (706) 542-7774**  
**Co-Chair, Behavioral Assessment Response Council**

**Academic Advising**

**Counseling and Psychiatric Services**

**Disability Resource Center**

**Office of the Vice President for Student Affairs**

**Office of the Dean of Students**

**Office of Legal Affairs**

**Office of Student Conduct**

**Student Care and Outreach**

**UGA Police Department**

**University Housing**