

# Mental Health Assessment

## OFFICE OF STUDENT CONDUCT

Student Union, Suite 1305  
SLU 10390 Hammond, LA 70402  
Ofc: 985-549-2213 ♦ Fax: 985-549-5103

- Assessments must be performed by a Licensed Mental Health Professional, (i.e. Psychiatrist, Medical Psychologist, Clinical Psychologist, Licensed Clinical Social Worker, Mental Health Nurse Practitioner, Medical Doctor)
- Once complete, please have the medical provider forward the prognosis, diagnosis, and treatment recommendations of the evaluation to the Office of Student Conduct. Please call 985-549-2213, if there are any questions concerning this procedure.
- Recommendations made by the Mental Health Professional will be required for completion to satisfy your sanction obligations.**

### STEP I: To be completed by the student – Consent for Release of Information is required for Verification

I, (SLU Student) \_\_\_\_\_, W# \_\_\_\_\_

Print Name

hereby authorize the exchange of information between the individual(s) listed below and Southeastern University Office of Student Conduct and the University Counseling Center through written, verbal or electronic\* means for the purpose of determining my readiness to return to the Residence Hall and/or the University. I consent to consultation between the above-mentioned University departments and my mental health provider.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

May your information be faxed and/or emailed\*? ☐ Yes ☐ No

\*Confidentiality cannot be assured through use of electronic communication such as fax and email.

Print Name of Licensed  
Mental Health Professional

Agency

Address

Phone #

### STEP II: To be completed by the attending Mental Health Professional.

**Narrative summary** (Diagnosis/Prognosis/Recommended Treatment): \_\_\_\_\_

#### THREAT ASSESSMENT RESULTS: \* Required- Check One

☐ 1. Student **IS NOT** a threat to self or others and **may return** to the University **and** Residence Halls. Contingent upon the University's Office of Student Conduct decision.

☐ 2. Student **IS NOT** a threat to self or others and **may return** to the University **but not** the Residence Halls.

☐ 3. Student **IS** a potential threat to self or others and suggested that they **not return to the University and Resident hall at this time**.

#### TREATMENT RECOMMENDATIONS: \* Required- Check One

☐ 1. Must receive treatment from a Licensed Mental Health Provider: MHP: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Consent needed for verification purposes below. General Counseling is available at the Southeastern Louisiana University Counseling Center for students at no charge.*

☐ 2. No treatment warranted at this time.

MHP Evaluator: Signature, Degree, and License type (LCSW, M.D., etc.) \_\_\_\_\_

Date \_\_\_\_\_

Phone # for Verification \_\_\_\_\_