

Date: [Date]

To: [School Name/Administrator Name]

Re: [Student Full Name]

Date of Birth: [Student Date of Birth]

To Whom It May Concern,

This letter is to confirm that [Student Name] has undergone a comprehensive psychiatric evaluation on [Date of Evaluation] following a recent mental health crisis.

Based on my clinical assessment, it has been determined that the student is currently stable and no longer poses a danger to themselves or others. I have cleared [Student Name] to return to school and resume all academic activities effective [Return Date].

Recommendations for Support:

- [Insert specific accommodation, e.g., modified schedule]
- [Insert specific accommodation, e.g., access to school counselor]
- [Insert specific accommodation, e.g., extra time on assignments]

The student is currently under my care and will continue a treatment plan consisting of [Frequency of follow-up care].

Should you have any questions or require further documentation regarding this clearance, please contact my office at [Phone Number].

Sincerely,

[Provider Signature]

[Provider Name, Credentials]

[Clinic/Organization Name]

[License Number]