

Date: [Date]

To: [School Name / Administrator Name]

From: [Provider Name, Title]

Facility: [Clinic/Hospital Name]

RE: Return to School Clearance for [Student Full Name]

Date of Birth: [DOB]

Dear School Administration,

This letter is to confirm that [Student Name] has been under my clinical care following a mental health crisis related to severe anxiety. During this period, the student has undergone professional evaluation and stabilization.

As of [Date], I have determined that [Student Name] is clinically stable and ready to return to the academic environment. It is my professional opinion that the student does not pose a danger to themselves or others at this time.

To support a successful transition, I recommend the following accommodations for the initial period of return:

- Access to a designated "safe space" or counselor's office if anxiety peaks.
- Frequent breaks during the school day.
- Modified workload or extended deadlines for missed assignments.
- [Optional: Specific Medication or Therapy schedule needs].

A follow-up treatment plan is in place to ensure continued progress. Please contact my office at [Phone Number] or [Email] if you require further clarification regarding these recommendations.

Sincerely,

[Provider Signature]

[Printed Name and Credentials]

[License Number]

[Clinic Stamp/Letterhead Information]