

Date: [Date]

To: [Name of School/Administrator]

School Name: [Name of Institution]

Re: Return to School Clearance for [Student Name]

Date of Birth: [Student Date of Birth]

To whom it may concern,

I am writing to formally clear [Student Name] to return to school following a mental health related absence. Based on my clinical assessment, the student is medically stable to resume academic activities under a **Graduated Return to School Schedule** to ensure a successful transition.

Recommended Graduated Schedule:

- **Phase 1 (Dates: [Start Date] to [End Date]):** Partial days only (e.g., [Number] hours per day or morning sessions only). No testing or high-stakes assignments.
- **Phase 2 (Dates: [Start Date] to [End Date]):** Full days with modified workload. Student should be allowed access to a designated "quiet space" if feeling overwhelmed.
- **Phase 3 (Date: [Date]):** Resumption of full-time status and standard academic expectations.

Required Accommodations during Transition:

- Extended deadlines for assignments missed during the absence.
- Permission to visit the school counselor or nurse as needed.
- [Insert specific accommodation, e.g., "No physical education for 1 week"]

I will continue to monitor the student's progress. If there are any concerns regarding the student's behavior or well-being during this transition, please contact my office immediately at [Phone Number].

Sincerely,

[Provider Signature]

[Provider Name, Credentials]

[Clinic/Organization Name]

[Contact Information]