

Date: [Date]

To: [School Name] Administration / School Nurse
From: [Name of Behavioral Health Provider/Facility]
Re: Return to School Clearance

Student Name: [Student Full Name]
Date of Birth: [DOB]

Dear School Administration,

This letter is to certify that the above-named student has been evaluated by the Behavioral Health Department following a mental health crisis. As of [Current Date], the student has been cleared to return to school on [Effective Return Date].

Based on our assessment, the student is currently stable and deemed safe to participate in the academic environment. To ensure a successful transition, we recommend the following (if applicable):

- [Recommendation 1: e.g., Reduced course load for one week]
- [Recommendation 2: e.g., Scheduled check-ins with school counselor]
- [Recommendation 3: e.g., Access to a quiet space if feeling overwhelmed]

The student will continue ongoing outpatient treatment with [Provider Name/Clinic] on the following schedule: [Frequency/Next Appointment Date].

If you have any questions or require further information regarding this clearance, please contact our office at [Phone Number].

Sincerely,

[Signature]
[Printed Name of Licensed Clinician/Doctor]
[Title/Credentials]
[Facility/Department Name]