

**Date:** [Date]

**To:** [School Name] / [School Nurse/Counselor Name]

**Re:** [Student Full Name]

**Date of Birth:** [Student Date of Birth]

Dear School Administration,

The above-named patient was evaluated at [Clinic Name] on [Date of Evaluation] following a mental health crisis or hospitalization. Based on my clinical assessment, the student is medically and psychiatrically cleared to return to school on [Return Date].

The student is currently stable and does not pose an immediate danger to themselves or others. To support a successful transition back to the classroom, we recommend the following accommodations:

- [e.g., Access to a designated "safe person" or counselor]
- [e.g., Ability to take breaks in a quiet area if overwhelmed]
- [e.g., Modified workload or extended deadlines for assignments]
- [e.g., Shortened school days for the first week]

Please contact our office at [Phone Number] if you have any questions or require further clarification regarding this clearance.

Sincerely,

[Provider Signature]

[Provider Printed Name and Title]

[Clinic Name]

[Clinic Address]