

ASSUMPTION COLLEGE
STUDENT DEVELOPMENT & COUNSELING CENTER
500 SALISBURY ST
WORCESTER, MA 01609
(508) 767-7409

Information for Psychiatric Evaluators

NOTE: This form is intended to be given to the psychiatric evaluator when students are transported by ambulance to the emergency room.

**DESCRIPTION OF THE RESIDENT HALL ENVIRONMENT AT
ASSUMPTION COLLEGE**

Each residence hall has a full-time student life professional Resident Director (RD), who oversees a range of 150-300 residential students. There are also undergraduate Resident Assistants who assist the RD in maintaining the good order of the residential halls.

Resident students are responsible for their own behavior and sign contracts agreeing to abide by college policies, which support the maintenance of the primary educational purpose of the institution. Students may live alone in a room or in a room with up to 5 other students. With the exception of emergency situations or disciplinary infractions, students' lives are not monitored by professional staff.

Support services available to students include Health Services, (Monday-Thursday 9 a.m. – 5 p.m., and on Friday 9 a.m – 4 p.m.) and personal counseling at the STUDENT DEVELOPMENT & COUNSELING CENTER, (Monday – Wednesday, 8:30 a.m. – 12:00 p.m., and 1:00 - 9:00 p.m., Thursday and Friday, 8:30 a.m. – 12:00 p.m., and 1:00 – 4:30 p.m.). In case of emergency, Public Safety is available 24 hours a day, 7 days a week. They can arrange ambulance transportation of students to local ER facilities.

To the student: Students are responsible for meeting with the Associate Dean of Campus Life/Director of Residential Life within 24 hours upon their return to campus. They must bring the clinician's note with them. It is recommended that students sign a release of information giving the evaluator permission to speak to the Dean if the Dean needs additional information or clarification.

To the psychiatric evaluator: In cases of psychiatric crises, the student must be assessed and obtain a written note from a professional clinician. Please fill out the back of this form and return to the student.

For further consultation, contact Public Safety at Assumption College:
(508) 767-7225.

(over)

Name of Facility: _____

Name of Evaluator (please print): _____

1. Is this student capable of returning to an **unsupervised residential facility**, as described on the front of this sheet?

2. In your professional opinion, are there any recommendations that this student needs to follow in order to return safely to the campus environment?

Evaluator's Signature * _____ **Date** _____

Title _____

Phone number _____

***The college reserves the right to contact the evaluator for additional information or clarification pertaining to the student's safety on campus.**