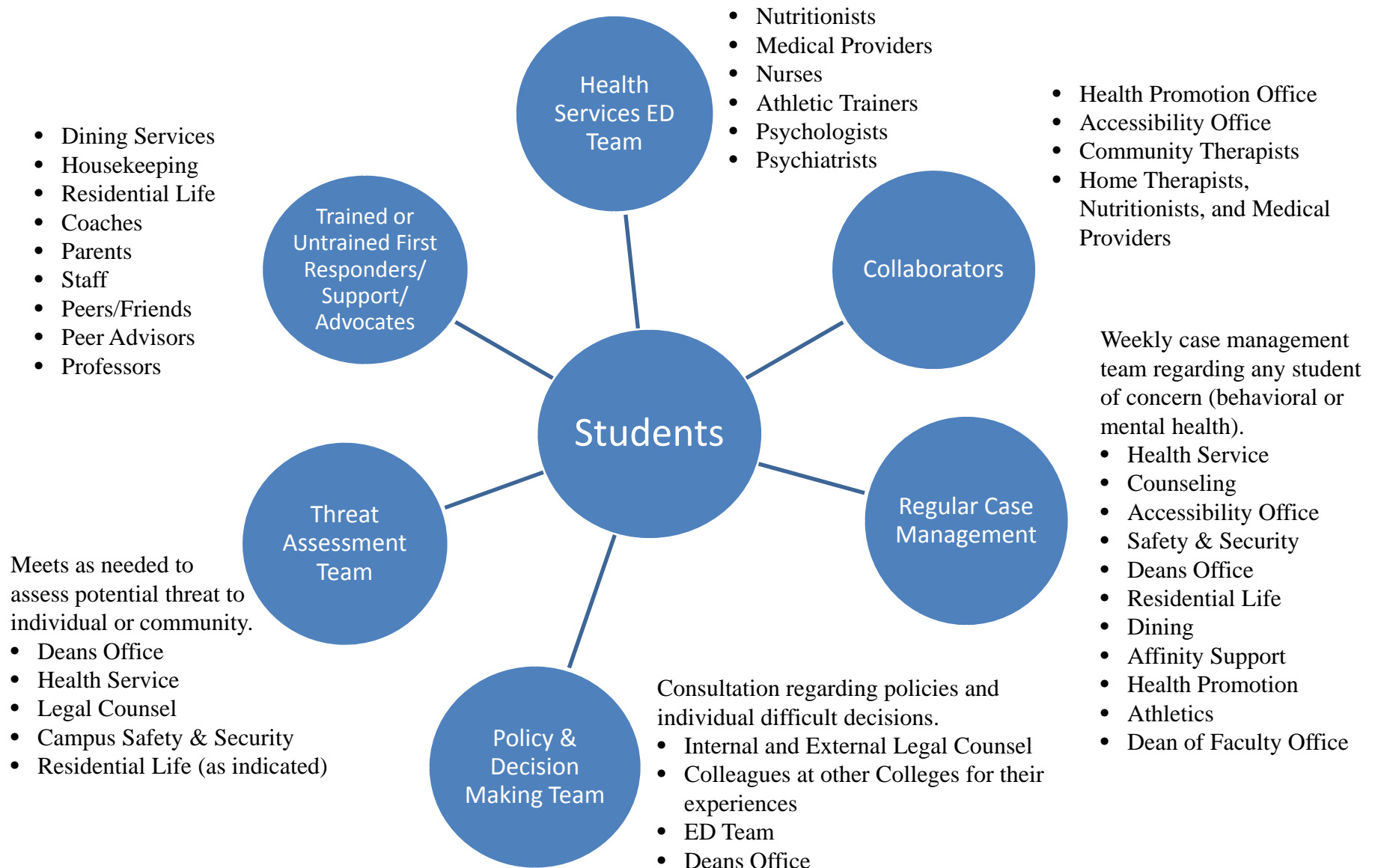


Potential Members of The Village



Appendix F
Table 2.

MALE height and weight chart with corresponding BMI values

Height	IBW lbs.	BMI	90% weight	BMI 90%	85% weight	BMI 85%	80% weight	BMI 80%	75% weight	BMI 75%
5'0"	106	20.7	95.4	18.6	90	17.6	85	16.6	80	15.6
5'1"	112	21.2	100.8	19	95	17.9	90	17	84	15.9
5'2"	118	21.6	106.2	19.4	100	18.3	94	17.2	89	16.3
5'3"	124	22	111.6	19.8	105	18.6	99	17.5	93	16.5
5'4"	130	22.3	117	20.1	111	19.1	104	17.8	98	16.8
5'5"	136	22.6	122.4	20.4	116	19.3	109	18.1	102	17
5'6"	142	22.9	127.8	20.6	121	19.5	114	18.4	107	17.3
5'7"	148	23.2	133.2	20.9	126	19.7	118	18.5	111	17.4
5'8"	154	23.4	138.6	21.1	131	19.9	123	18.7	116	17.6
5'9"	160	23.6	144	21.3	136	20.1	128	18.9	120	17.7
5'10"	166	23.8	149.4	21.4	141	20.2	133	19.1	125	17.9
5'11"	172	24	154.8	21.6	146	20.4	138	19.2	129	18
6'0"	178	24.1	160.2	21.7	151	20.5	142	19.3	134	18.2
6'1"	184	24.3	165.6	21.8	156	20.6	147	19.4	138	18.2
6'2"	190	24.4	171	22	162	20.8	152	19.5	143	18.4
6'3"	196	24.5	176.4	22	167	20.9	157	19.6	147	18.4

Level of Care Guidelines for Patients with Eating Disorders

	Level 1: Outpatient	Level 2: Intensive Outpatient	Level 3: Partial Hospitalization	Level 4: Residential	Level 5: Inpatient Hospitalization
Medical Status	Stable	Stable	Stable	Does not require IV or nasogastric feedings, or multiple daily labs	HR <40bpm; blood pressure <90/60mmHG; Glucose <60mg/dl; K+ < 3mEq/L; electrolyte imbalance; temperature <97.0 F; dehydration; hepatic, renal or CV organ compromise; * see full range of symptoms for children and adolescents
Weight as a % of healthy body weight	>85%	>80%	>80%	<85%	Generally <85%, acute weight decline with food refusal even if not <85% health weight
Motivation to recover; cooperation, insight, ability to control obsessive thoughts	Fair-to-good	Fair	Partial motivation; cooperative, but preoccupied with intrusive thoughts >3 hours per day	Poor-to-fair motivation; preoccupied with intrusive thoughts 4-6 hours per day, cooperative with highly structured program	Very poor to poor motivation; preoccupied with intrusive thoughts; uncooperative with treatment or cooperative only in highly structure setting.
Co-occurring disorders: substance, depression, anxiety	<div>Presence of comorbid condition may influence choice of level</div>				Any existing psychiatric disorder that would require hospitalization
Structure needed to eat/gain weight	Self-sufficient	Self-sufficient	Needs some structure	Needs supervision to at meals	Needs supervision during and after all meals

www.psychiatryonline.com/popup.aspx?aID=139471

* This table represents an abbreviated version. Please see website for greater details.

Level of Care Guidelines for Patients with Eating Disorders

	Level 1: Outpatient	Level 2: Intensive Outpatient	Level 3: Partial Hospitalization	Level 4: Residential	Level 5: Inpatient Hospitalization
Ability to control compulsive exercise	Can manage through self-control	Some degree of external structure beyond self-control require to prevent patient from compulsively exercising			
Purging behavior (laxative and diuretics)	Can greatly reduce incidents of purging in an unstructured setting; no significant medical complications.			Can ask for and use support from others to inhibit purging	Needs supervision during and after all meals and in bathrooms; unable to control multiple daily episodes of purging that are severe, persistent, and disabling, despite appropriate trials of outpatient care.
Environmental stress	Others are able to provide adequate emotional support and structure	Others are able to provide adequate emotional support and structure	Others able to provide at least limited support and structure	Severe family conflict or problems or absence of family so patient is unable to receive structured treatment at home	
Geographic availability of treatment program	Patient lives near treatment setting			Treatment program is too distant for patient to participate from home.	

www.psychiatryonline.com/popup.aspx?aID=139471

* This table represents an abbreviated version. Please see website for greater details.

Athletic Medicine Monitoring Guidelines for Eating Disorders Dartmouth College Athletics and Dartmouth College Health Services

When to refer for further assessment?

If student athlete presents with one or any combination of the following symptoms, coaches and trainers are asked to please refer to the Eating Disorder Consultation Team and/or Sports Medicine MD for further assessment

- Obsessions about food, weight or diet
- Ritualistic eating patterns
- Avoidance of social eating, social withdrawal
- Exercise dedication beyond what is prescribed by coaching staff
- Binge eating
- Purging (vomiting, use of diuretics, laxatives, or diet pills)
- Drug/alcohol use and abuse
- Erratic performance
- Perfectionism and self-criticism
- Being dangerously underweight (<90% IBW)
- Being dangerously overweight (>125% IBW)
- Sudden and unexpected changes in weight during or between seasons
- Weakness
- Early fatigue in practice or events
- Dehydration
- Overuse injuries
- Repeated stress fractures

What to expect once a referral is made?

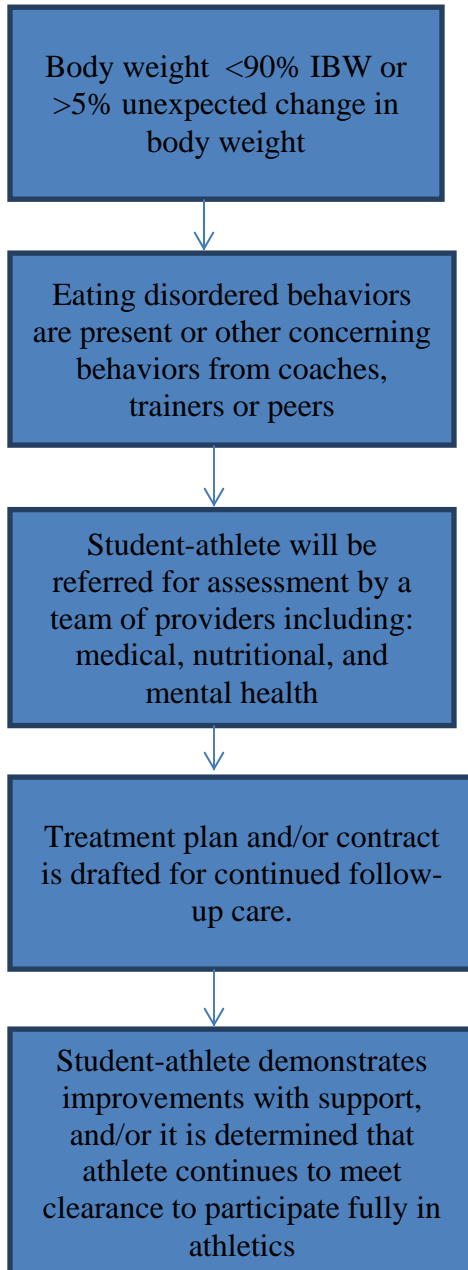
Once the athlete is referred and assessed, a treatment team will determine whether a treatment intervention is needed. Treatment plans will be made by health care providers at Dick's House, with consultation by the athletic trainers and the coaches. Elements of a treatment plan may include:

- Required visits with a psychologist/counselor, nutritionist, and/or physician
- Weight checks
- Medical evaluation which will include the following: heart rate, vitals, lab values, weight and/or history of weight changes, amenorrhea, binge or purge behaviors, and injury history.
- Student athletes will be encouraged to sign a Release of Information for providers to speak to their coaches. Issues related to mental health are highly confidential and coaches must understand that the information they receive may be limited. Details of treatment and recovery status of the student-athlete would only be relayed to the coaching staff through the request and signed consent of the student-athlete.

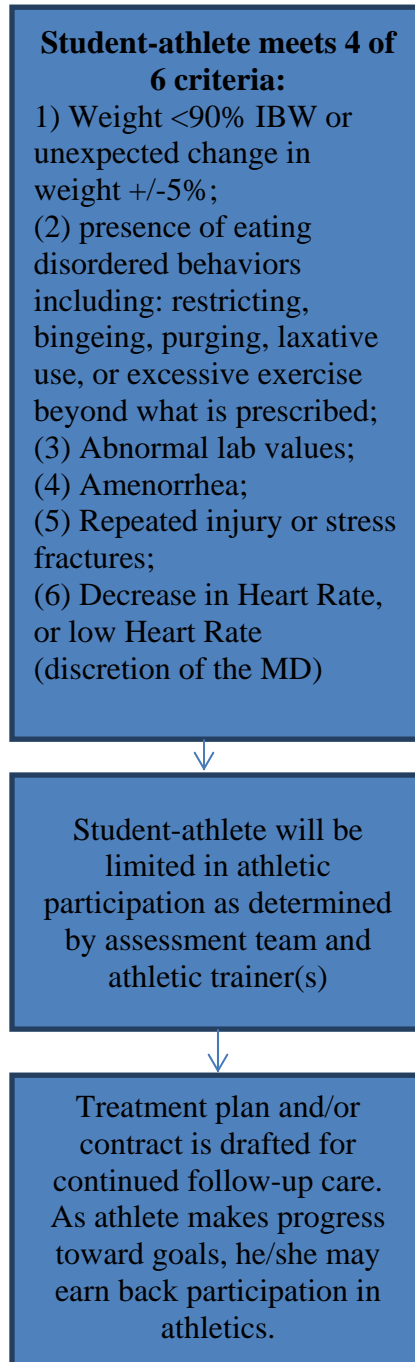
Criteria for Medical Clearance to Participate in Athletics

If an assessment confirms 4 of the 6 following criteria, the student athlete will receive limitations for athletic participation. These limitations would be recommended by the athlete's treatment team, athletic trainer and with input from coaching staff, as allowed by the student-athlete.

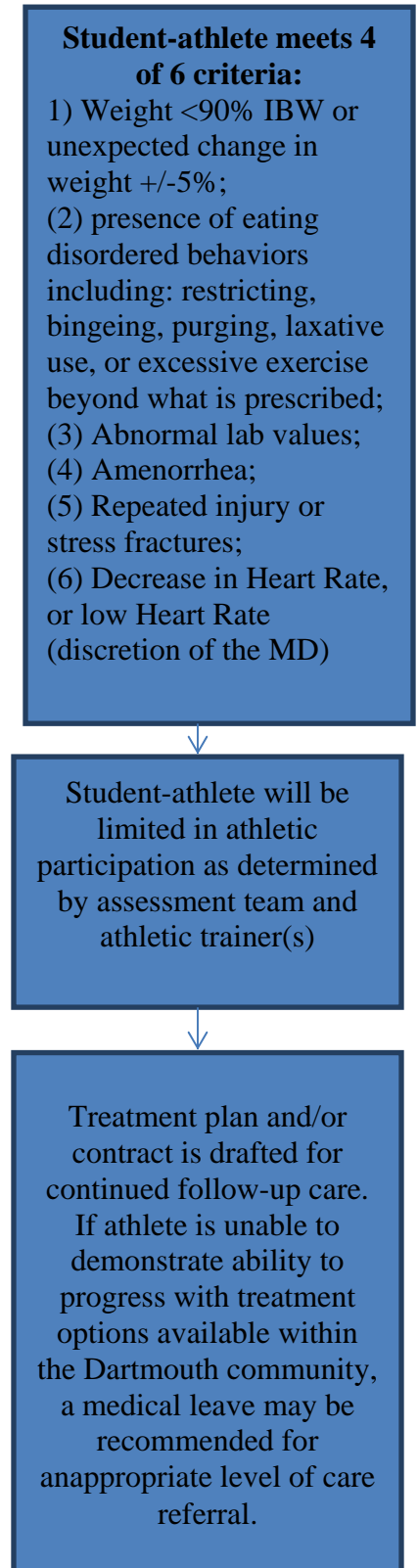
Scenario A



Scenario B



Scenario C



Recommendations and Limits

Medical Recommendations and Limits

Outpatient management of underweight or purging students may require a written medical protocol (goal weights, dates the weights must be achieved, and/or normal laboratory values). The medical protocol is implemented by the referring provider in consultation with the Eating Disorders Team and other treatment professionals. The medical protocol is shared with the student by letter (see the following sample letters, Appendix B, Figures 3 and 4). Students may face restriction from participating in college athletics and/or recommendation for medical withdrawal if they don't meet medical goals. On rare occasions, students may be deemed dangerously ill, but refuse to take a medical leave. In these situations, the deans, with medical support, can implement an involuntary medical leave. Weight goals and limits must be set individually, taking into account the student's weight history, height, frame size, family history, rapidity of weight change, and eating/exercise behavior. We use Body Mass Index (BMI) values and percent of ideal body weight (IBW) as determining factors in establishing weight recommendations and recovery guidelines (see Appendix F, Tables 1 and 2). Using percent of IBW allows the team to establish treatment recommendations such as outpatient versus inpatient treatment, as it follows American Psychiatric Association practice guidelines. Additionally, we use percent of IBW in ways to provide short-term weight goals for students who are trying to make improvements in their recovery while remaining on campus. Outcome studies that indicate greater likelihood of recovery use BMI guidelines, and so we utilize BMI goals as well, especially for students taking a medical leave.

For students who are identified as having Anorexia Nervosa, the team uses an IBW of < 80% as a lower-limit cut-off when considering recommending a medical leave. This limit is based on the APA Guidelines (2002) for level of care for patients with eating disorders (Appendix G). If a medical leave is necessary, then a returning weight which reflects a BMI of at least 19.5 (equivalent to a body weight between 96-98% IBW) is the goal. We have used this BMI standard for completion of a medical leave because recent studies suggest it is associated with significantly lower relapse rates (Gross, Russell, Beumont, Touyz, Roach, Aslani, Hansen, & Allen, 2000; Howard, Evans Quintero-Howard, Bowers, & Andersen, 1999; Baran, Weltzin, & Kaye, 1995; and Wiseman, Sunday, Klapper, Harris, & Halmi, 2001). Many of these studies were conducted primarily with females. We were unable to find similar research on males, but theorize that higher goal weights for males would be associated with lower relapse rates as well. Therefore, we recommend recovery weight goals for males that meet or exceed 90% IBW (reflecting a BMI >19.5 for most heights), to better reflect body composition differences between males and females. Female students must increase their body mass to a BMI of 19.5, and be able to maintain it for a minimum of three months prior to gaining medical clearance. Males must increase body weight to meet or exceed 90% IBW and maintain this for three months prior to gaining medical clearance. Refer to our medical leave letter, and medical leave checklist (see Appendix B, Figure 5 & 6) for more details about medical leave requirements. *Since implementing the BMI of 19.5 or greater for 3 consecutive months prior to returning to school from a medical leave (2005), there have been no students on record with a diagnosis of an eating disorder that have needed to take any additional medical leaves for their eating disorder, during their remaining time at Dartmouth College.*

If students are identified as having a weight >80% IBW and meet criteria for either Anorexia Nervosa or Eating Disorder Not Otherwise Specified, and are not voluntarily willing to take a medical leave, we make every attempt to work with these student while on campus for at least one term (10-12 weeks), providing recommendations for treatment on an outpatient basis. Treatment goals for these students to remain on campus would reflect a gradual and progressive gain in body weight up to a body weight > 90% IBW, and demonstrated improvements of other aspects of the eating disorder. If students are unable or unwilling to follow these treatment recommendations we may suggest an increase in intensity of treatment and/or a medical leave to better support the student's needs.

Although a weight of < 90% IBW is considered underweight, we recognize that some people naturally have low weights that are normal and healthy for them. We use these guidelines only for students who have come to our attention due to low weights in conjunction with eating disordered behaviors. We do not seek out students whose weight would be considered low.

Students who have received weight gain recommendations for eating disorders are usually followed by a member or members of our Eating Disorders Team for at least one year once they meet their weight goals. We believe this tracking system is helpful in our attempt to prevent relapse and encourage stability of the student's health status. Students receiving medical clearance are also monitored for at least one year after their return to campus.

For students who are identified as having bulimia, the team uses the American Psychiatric Association (2002) guidelines (see Appendix F, Table 1) for determining intensity of treatment. ***A medical leave may be recommended if a student with bulimia nervosa exhibits four or more of the following six criteria: (1) BMI < 18.5, (2) EKG abnormality, (3) Potassium < 3.0 mEq/liter, (4) any additional lab abnormality, (5) history of bulimia with other treatment attempts, (6) dual mental health diagnosis. If a student meets four of the six criteria and declines a voluntary medical leave, this may be grounds for pursuing an involuntary leave.***

Many students have an eating disorder that does not meet criteria for either anorexia or bulimia. For these students, we make clinical judgments regarding recommendations and limits on a case-by-case basis.

Sport/Athletic Limits

Criteria for participation of a student athlete in his or her sport are based on overall physical health, not the absence of an eating disorder. Students actively involved in an organized college sport with significant eating disordered behaviors should have a physical exam including lab work. Before continued "medical clearance" is granted to students who are underweight and eating disordered, a written weight gain protocol (goal weights and dates that the weights must be achieved) may be implemented by one of the medical providers. Before continued "medical clearance" is granted to students who purge, physical parameters (normal electrolytes, urine pH, and blood pressure) may be established. These parameters and/or weight gain protocols are shared with the student by letter and reviewed in person.

Exercise Recommendations

Excessive exercise is not uncommon among eating disordered students. Clinicians should inquire about duration, intensity, and frequency of exercise habits. Excessive exercise is difficult to define and varies individually. However, if a student exercises to control weight for two or more hours per day, even when injured, sick, against a doctor's orders, or when it interferes with other activities, it is likely the student has an eating disordered behavior. Professionals should be careful about insisting on behaviors and limits that cannot be monitored. However, discussing reasonable exercise parameters is often helpful, particularly when the student needs to gain weight.

Limit-Setting Letter for Anorexia



Dartmouth College

HANOVER • NEW HAMPSHIRE • 03755

Health

• Dick Hall's House • TELEPHONE: (603) 646-9400

Dear Student X,

As you know, Dartmouth's Eating Disorder Consultation Team is very concerned that your eating disorder is seriously affecting your health. The Eating Disorder Team has reviewed your medical records including your recent weight check. Your weight was ____ pounds, which corresponds to a Body Mass Index (BMI) of only _____. This corresponds to only ____% of your Ideal Body Weight (IBW). This low weight, along with your current exercise habits (insert other concerning behaviors), causes us great concern because it puts you at risk for health problems such as osteoporosis, cardiac complications, infertility and possibly death.

We think that the following guidelines will be helpful in restoring weight to reduce the risks outlined above.

We expect that you will gain a pound of weight a week until you reach the minimum weight goal of ____ pounds, reflecting your weight to be within a range of 90-100% IBW. If you do not gain weight in one week, you have one more week to gain two pounds. Not showing for appointments is considered not gaining weight for that week. Two consecutive weeks of not gaining weight would indicate to us that you need more support than we can provide for you, and we may decide to contact your Dean at that time to discuss a medical leave. In the event we believe there is a direct threat to your medical stability we may choose to disclose information about your health status to your parents or other Dartmouth College personnel.

You can have weekly weigh-ins with a nurse in our infirmary, your nutritionist, or with your primary care provider. If your care providers are off campus, you will be required to sign a release of information for us to be notified weekly of your weights.

We believe that counseling will be important to you in this process and recommend you begin this process, if you haven't already. Additionally, we encourage you to follow up with the referral to meet with a nutritionist. We can provide recommendations for counselors and nutritionists in the area, if you need assistance with this.

If you have any questions, please do not hesitate to contact one of us.

Sincerely,

Co-chair Eating Disorders Team

Co-chair Eating Disorders Team

Limit-Setting Letter for Bulimia



Dartmouth College

Health

HANOVER • NEW HAMPSHIRE • 03755

• Dick Hall's House • TELEPHONE: (603) 646-9400

Dear Student X,

The Heath Service's Eating Disorders Team is very concerned that your eating disorder is seriously affecting your health based on (update with recent information). The Eating Disorders Team has reviewed your medical records, and has outlined the following recommendations for you.

1. We recommend interdisciplinary treatment, including nutrition counseling, psychotherapy, medical monitoring, and psychiatric evaluation for medication.
2. Medical monitoring may include any of the following: bone density scans, blood pressure, glucose monitoring, temperature checks, hepatic, renal and cardiac status, metabolic function, hormone studies, and electrolyte function.
3. If your lab results, cardiac status, electrolyte stability, or other indicators of health are problematic, and your symptoms of bulimia are contributing to these problems, then the team may recommend more intensive treatment than you can obtain while also being a student at Dartmouth College.
4. We will be contacting your dean to discuss a medical leave if we cannot effectively treat you while you are also a student here.
5. The Eating Disorders Team further recommends that you engage in psychotherapy and nutrition counseling until you are consistently maintaining a healthy weight. The team recommends that until your weight is at least _____ pounds, you do not seek employment outside of the College or engage in any regular or strenuous exercise.

Please feel free to contact either one of us with any questions or concerns.

Sincerely,

Co-chair, Eating Disorders Team

Co-chair, Eating Disorders Team

[These are sample letters for educational purposes. Actual letters are individualized based on specific student needs and goals, allowing for edits and/or omission of certain portions of this letter template.]

Administrative Issues

Physical Education Requirements

The Dartmouth undergraduate degree requires three terms of physical education (PE) classes to be completed by the end of the summer term of junior year. In rare instances, a student who is underweight and eating disordered may receive a letter from a health professional in support of extra time to complete the PE requirement due to her or his physical condition. This student can be encouraged to enroll in the academically slanted PE courses. Furthermore, the group for students who binge and/or purge, which is offered at the Department of Counseling and Human Development, can meet the PE requirement for some students.

Another PE requirement is completing a swim test before graduation. Some overly body-conscious students have had trouble fulfilling this requirement because they are embarrassed to be seen in public in a bathing suit. We have occasionally been able to arrange for students (who are in treatment) to have their swim test administered in private. This can be arranged through the associate director of physical education, intramurals, and recreation at (603) 646-2478, once the student has signed a Release of Information form.

Residential Life

Students with eating disorders occasionally request a change in their living situation. For students who are too disturbed to eat with others and need to be alone to eat, the privacy of a single room may help their recovery. In these situations, we have supported students (who are in treatment for eating disorders) requesting a room change at the discretion of the Office of Residential Life. The student should sign a Release of Information form so that the health practitioner can explain the situation (with as few details as possible) to the director of housing services at (603) 646-3093.

Most students however, find that living with others helps them to eat more normally. For those who purge, having roommates can also put natural restrictions on this behavior. If a student's purging behavior greatly disturbs roommates and/or hall mates however, the student may be asked to change rooms or take a medical leave at the discretion of the school officials.

Academic Dispensations

Extensions, incompletes, and course drops are all academic dispensations that students may require when their medical condition interferes with their ability to study. Extensions are usually arranged between a student and a professor directly. Incompletes and course drops must go through the student's dean. If the student's request is clinically indicated, she or he must sign a Release of Information form so that the health practitioner may contact the professor or dean to explain the situation and offer medical support for the request. The professor and/or dean will make the final decision on academic dispensations.

Voluntary or Involuntary Medical Withdrawals

Medical withdrawals allow students with severe eating disorders to take a leave from college so that they may receive more intensive eating disorder treatment. Health Service clinicians who are considering recommending a medical withdrawal to a student should consult the Eating Disorders Team.

If a student has a history of an eating disorder, and four of the six following symptoms listed below, then the Eating Disorder Team makes a clinical judgment about the appropriateness of a medical leave. See additional specific references for Anorexia Nervosa and Bulimia Nervosa on pages 16 and 17.

- 1. Chronic physiological signs** such as: heart rate < 40 bpm; blood pressure < 90/60 mm Hg; glucose < 60 mg/dl; potassium < 3 meq/liter; electrolyte imbalance; temperature < 97.0 degrees F; dehydration; or hepatic, renal, or cardiovascular organ compromise requiring acute treatment (American Psychiatric Association, 2002).
- 2. Abnormal EKG finding(s).**
- 3. Inability to maintain minimum body weight** (Gross, Russell, Beumont, Touyz, Roach, Aslani, Hansen, & Allen, 2000; Howard, Evans, Quintero-Howard, Bowers, & Andersen, 1999; Baran, Weltzin, and Kaye, 1995; and Wiseman, Sunday, Klapper, Harris, & Halmi, 2001).
- 4. Inability to “break the cycle” of chronic eating disordered behavior.**
- 5. Inability to engage in effective outpatient therapy while enrolled** (Kaplan, 2002).
- 6. Dual mental health diagnosis**

Voluntary Medical Withdrawals

A voluntary medical withdrawal is granted by the student's dean at the request of the student. Students are advised to contact their dean to initiate a medical withdrawal. The dean requests a letter of support from a clinician (usually a counselor from the Department of Counseling and Human Development). Once the medical withdrawal is approved, the counselor writes a letter (see Figure 8 for a sample medical leave letter) to the student and the dean outlining the terms of the medical withdrawal. The counselor completes a medical withdrawal checklist (see Appendix B, Figure 6.) for the student, and the dean's office receives a similar checklist.

Involuntary Medical Withdrawals

When a student refuses a voluntary medical withdrawal and the eating disorder is potentially life threatening, the Eating Disorders Team may recommend an involuntary medical withdrawal to the student's dean.

Sample Medical Leave Letter



Dartmouth College

HANOVER • NEW HAMPSHIRE • 03755

Health

• Dick Hall's House • TELEPHONE: (603) 646-9400

Dear Student X:

I am writing to outline the circumstances that led to our supporting your request for a medical withdrawal. This letter will also review the steps for you to take in order to receive medical clearance to return to Dartmouth College. **The vast majority of students who take medical leaves, return to Dartmouth and successfully complete their degrees.** (*personalize here*)

It is important that during your medical withdrawal you get involved in treatment in order to get yourself to a healthier and more stable state. You should take an academic class in order to show your ability to manage your time and gain self-confidence. You should also take on a commitment such as a job or a volunteer position to show you are able to manage your time and be responsible in attending and following through. With this in mind the following are steps for you to take in order to ensure your return to Dartmouth. (*choose as appropriate*)

- You need to obtain outpatient psychotherapy on an intensive basis, meaning that the sessions should occur at least weekly and should continue until you and your therapist are convinced that your symptoms will no longer interfere with your academic progress or ability to function at Dartmouth. Counseling should be obtained from a qualified psychiatrist, psychologist, or psychiatric social worker with expertise in your area of difficulties. This professional should not be a relative of the family.
- **(For FEMALE students with anorexia):** Before returning to Dartmouth College, you will be required to increase your Body Mass Index to at least 19.5, which corresponds to a minimum weight of _____ pounds. You need to be able to maintain this weight for at least a three-month period of time prior to applying for readmission. Other medical symptoms associated with anorexia must also be evaluated for medical clearance prior to your return. Determination for medical clearance is under the discretion of Dartmouth College medical personnel.
- **(For MALE students with anorexia):** Before returning to Dartmouth College, you will be required to weigh at least 90 percent of your Ideal Body Weight (IBW), which corresponds to a minimum weight of _____ pounds. You need to be able to maintain this weight for at least a three-month period of time prior to applying for readmission. Other medical symptoms associated with anorexia must also be evaluated for medical

clearance prior to your return. Determination for medical clearance is under the discretion of Dartmouth College medical personnel

- **(For students with bulimia):** Before returning to Dartmouth College, you will required to demonstrate your ability to maintain a healthy weight (BMI 19.5 or greater), stable eating patterns, and management of binge-purge symptoms for at least three months prior to applying for readmission. Other prompting medical symptoms, (i.e., electrolyte disturbances, cardiac function, and so forth) as outlined above, must also be stable and within normal limits for three months prior to your return. Determination for medical clearance is under the discretion of Dartmouth College medical personnel.

(Chose any of the following that are appropriate to the needs of the individual student)

- Inpatient Psychiatric Hospitalization for comprehensive diagnostic assessment, treatment and stabilization of your symptoms/illness.
- Partial Hospitalization or Intensive Outpatient program consisting of illness-specific treatment for at least four hours per day, at least three days per week for at least two consecutive weeks until symptoms are stable or in remission.
- Outpatient Psychiatric Evaluation by a psychiatrist and follow-up as recommended. The psychiatrist may not be a relative of the family.
- Continuation of psychiatric medications. Monitoring and adjustments of medications should occur through regular office visits with a qualified psychiatrist, psychiatric physician assistant, psychiatric nurse practitioner, internist, or family physician.
- As soon as you begin treatment, please have your treatment provider(s) contact us so that we can be of assistance in helping to put together a treatment plan.
- In addition, during your time away you should take academic courses at a local college or university in order to improve your confidence and demonstrate your ability to handle academic requirements as this was impaired over the course of the last term. This recommendation does not constitute permission for taking courses for credit. Students must receive prior permission from the Registrar and the relevant academic department in order to receive credit for courses taken while away from Dartmouth.
- Finally, you should arrange for a job/volunteer position while you are away. This will help you with issues around time management, attendance, follow-through, and working with others.

When medical withdrawals are granted by the Dean of the College's Office, they are granted for an indefinite time period. In general, we recommend that students are feeling better for at least a few months before returning to Dartmouth.

This is an excerpt from Dartmouth College's Eating Disorders Consultation Team Manual, 2012 edition, and was designed for use by Dartmouth College. This is to be used for educational purposes only.

- Should you and your treatment provider(s) feel that different or additional treatment approaches would be more appropriate, please call us to discuss them.

Whenever our office recommends a medical withdrawal, the Dean of the College's Office requires us to issue a medical clearance before a student can be considered for re-enrollment at Dartmouth. The final decision regarding readmission rests with the Dean of the College's Office. When you feel you are ready to come back, you will need to undertake the following steps in order to initiate the clearance process:

- Contact the Dean of the College's Office and obtain the appropriate forms.
- Have your treatment provider(s) send us a detailed letter documenting the difficulties that you initially presented, the frequency of your meetings, the course of your treatment, your progress on the issues, copies of all testing done and observations on whether s/he feels you are ready to return to the academic and social environment of Dartmouth College. Please advise your treatment provider(s) that a brief letter is generally not sufficient for our purposes and that we will need to have detailed information.
- Have your treatment provider(s) send us clinical documentation evidencing your weight stability, and that your electrolytes are balanced over a period of at least three months.
- Please have a transcript sent from the college where you have taken courses during your time off.
- Please arrange for one of your professors to send a letter regarding your classroom and academic performance during your time away.
- Please arrange for your work or volunteer supervisor to send a letter regarding your performance and quality of work during your time away.

Please call our office manager after you have made these arrangements to make sure that we have received these materials. You will need to check back with us again after we have received all of the above information so that you can arrange to come to Hanover to have a personal interview, or a phone interview if you live a distance away. At that time, either I or another member of our staff will visit with you to assess in person your readiness to benefit fully from a residential college experience. *Please note that in light of housing and administrative issues, it may take several weeks to process your readmission. Therefore, gathering and supplying information as soon as available is most helpful.*

This plan may sound complicated right now, but it is really designed to ensure that you obtain the help that you need. This is the same practice that we follow for all medical withdrawals when students have difficulties similar to yours. Additionally, if during your time away, you feel that alternatives other than those outlined in this letter will be helpful to you, please call me to discuss your plans.

This is an excerpt from Dartmouth College's Eating Disorders Consultation Team Manual, 2012 edition, and was designed for use by Dartmouth College. This is to be used for educational purposes only.

I wish you the best of luck in your time away from school. Please feel free to contact me if you have any questions or if you would like to update me on your progress.

Sincerely,

(Medical personnel's signature)

I have discussed with my counselor the recommendations that should be met prior to applying for re-admission from my medical leave. I both understand and agree with these requirements. Additionally, I understand that if during my time away, I feel that alternatives other than those outlined above will be helpful to me, I am encouraged to call CHD to discuss my plans. I understand that recommendation to the Dean's office will be delayed 24 hours so that I can have this time to consider the Medical Leave implications. If I have any questions I can also talk with the Affirmative Action Coordinator at IDE (646-3197) and the ADA Coordinator at the ASC (646-2014).

Student Signature_____

Date_____

[These are sample letters for educational purposes. Actual letters are individualized based on specific student needs and goals, allowing for edits and/or omission of certain portions of this letter template.]