

**Students of Concern Assistance Team
(SOCAT)**

University of South Florida
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Student Re-Entry Questionnaire

INSTRUCTIONS:

The following questions have been designed to facilitate the re-entry evaluation process for a student seeking to return to academics after a health-related withdrawal, voluntary or involuntary. Please complete the following questions and return to the SOCAT program at least **30 days before** the start of the semester for which you intend to return. Please feel free to use more paper if necessary. In some cases these questions will be completed as part of a re-entry interview with a SOCAT staff member. Prior to the completing the form or participating in a re-entry interview, you may want to share and discuss these questions with your health care providers (doctors, mental health therapists, etc.).

NOTE:

If you have any questions about this step in the process, you should feel free to contact the Students of Concern Assistance Team program staff at 813-974-6130. If you believe that you may be entitled to accommodations and wish to document a disability, you should contact Students with Disabilities Services, 813-974-4309. Information can be found on their website: <http://www.sds.usf.edu/>

Student's Name:

Student USF ID #:

Re-Entry Interviewer (if applicable):

Date of Interview (if applicable):

(1) What is your understanding of what behaviors or circumstances resulted in your Health-Related Withdrawal from USF?

(2) What has been your treatment participation and plan while you have been on leave?

(3) What have you learned about yourself from therapy and other experiences during this time that will help you become successful in school, both personally and academically?

Upon a return to USF:

(4) What will your living arrangements be?

(5) What social supports do you (or will you) have in place upon ?

(6) What is your follow-up plan or (provider's recommendation) for ongoing medical care?

(7) What medication will you be continuing?

(8) What services will you need help arranging?

(9) What events or behaviors will let you know you may be starting to have problems again?

(10) If you have problems, what will you do to address them?

Other Comments:

Student Signature:

Date:

Re-Entry Interviewer (if applicable):

Date: