



**Petition Support Documentation from Health Professional**

*Instructions:* This form is to be completed by a *Licensed Health Professional*.

***Please Respond to All Questions***

Full name of student: \_\_\_\_\_

Please list your name and the health discipline wherein you are licensed:

\_\_\_\_\_

Please indicate whether you have discussed the above named student's petition to WPI and whether you support this petition.

\_\_\_\_\_

Please describe medical and/or psychological symptoms which, in the past, interfered with the student's academic functioning:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of your knowledge, when was the onset of these symptoms? \_\_\_\_\_

Please describe treatment to address these symptoms:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Over what period of time did you meet with the student? \_\_\_\_\_

(over)

Has the above student completed treatment? **Yes**  **No**

If not:

Are you continuing to provide treatment? **Yes**  **No**

Please offer an opinion about the above student's readiness to return to WPI to resume studies:

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Have you referred the student for ongoing treatment? **Yes**  **No**

If yes, please indicate the name, address, and phone number of the individual or agency:

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What are the ongoing care needs for this student?

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Other comments:

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Signature of Treating Professional

Date

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Name of Treating Professional (please print or type)

Phone Number

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Address of Treating Professional

Please remember to attach a brief statement of support for student petition on your office letterhead.  
Return to: **WPI Student Development and Counseling Center, 16 Einhorn St., Worcester, Ma. 01609.**  
Secure fax # (508) 831-5139 Office phone # (508) 831-5540  
All documentation will be held confidentially by WPI licensed health professionals.