Healthcare/Mental Healthcare Provider Approval Form

Name:

Student ID:

Program:

Reason for Absence:

Intended Commencement Term:

Fitness for Study Policy: Students in the Faculty of Education who have experienced an interruption or disruption in their studies and/or fieldwork G X H W R UHDVRQV RI SK\VLFDO RU PHQWDO KHDOWK PXVW SURYLGH D FigRed SyOthew HG + HI Healthcare/Mental Healthcare Provider, indicating that they are capable of pursuing full (or, in some cases, part-time studies). Where appropriate, this may include fieldwork (see below).

For questions about the scope or demands of the program, or, for questions about this policy, please e-mail <u>isa.education@mcgill.ca</u> or call 514-398-7042.

TO BE COMPLETED BY THE HEALTHCARE PROVIDER:

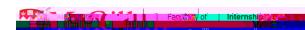
Name:

By signing below, I confirm that I have examined ______ on _____ and I agree that he/she is able to return to McGill University in the Faculty of Education to pursue full-time/part-time studies, as appropriate (please circle one).

If part-time studies are recommended, please include contextual comments below:

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SPECIAL CONSIDERATIONS FOR STUDENTS IN BACHELOR OF EDUCATION PROGRAMS

I understand that the nature of fieldwork for students in Bachelor of Education programs requires that this individual be responsible for teaching and supervising children/adolescents of compulsory school age and I certify that this individual, based on my estimation, is reasonably fit for this task, physically and/or mentally.

As an example, in the case of challenges with mental health, some key indicators of wellness that that one would need to demonstrate would be: