Return-to-School Letter Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026

A return-to-school letter is a short note from a treating mental health clinician telling a school when and how a student can resume attendance after a mental health absence or hospitalization. It states the return date, attendance plan, functional limitations, recommended supports, and follow-up, with the minimum detail needed; most run 100 to 300 words, under one page.

Header, recipient, and student identifiers the minimum that matches records
Do: date, the named school contact and role, the school or program, the student's name and grade.
Pitfall: over-identifying; a full DOB, address, and health numbers travel with every copy; PHIPA bars more than necessary.

Clinician identity and relationship treating opinion or one-time evaluation
Do: your name, discipline, credentials, license jurisdiction, practice contact, and your relationship to the student.
Pitfall: an unstated relationship; a treating opinion and an independent evaluation carry different weight.

Basis of the opinion how current, resting on what
Do: the date and type of your most recent contact; treatment visits, a discharge assessment, records, collateral information.
Pitfall: an undated opinion; assessment standards require conclusions to rest on a stated, adequate basis.

Return date and attendance plan the line attendance staff enter
Do: the proposed date and the shape of the return: full days, a gradual build, or a reduced schedule with step-up dates.
Pitfall: "cleared to return" with no plan; a bare clearance line leaves the school to improvise the schedule.

Functional limitations relevant to school function, not diagnosis
Do: what the student can and cannot yet do in school terms: concentration span, stamina, testing tolerance, transitions, breaks.
Pitfall: leading with the diagnosis; no US federal rule requires one here, and Ontario guidance calls it ordinarily unnecessary.

Recommended supports specific and actionable
Do: two to five supports: a pre-agreed break location, staggered make-up work, deadlines, check-ins, escalation response.
Pitfall: pasting in the clinical safety plan; give observable signs and an agreed response, not session content.

Duration, review, and signature time-bound the opinion
Do: duration, review date, reassessment triggers, follow-up confirmed; sign and date; consent documented in your record.
Pitfall: an open-ended plan; no review date turns a two-week restriction into a permanent feature of the student's file.

Before you send

- [ ] Only what the school needs: no diagnosis or medication
- [ ] Attendance plan dated at every step
- [ ] Supports operational: who does what, where, and when
- [ ] Escalation line: observable signs, agreed response, contact
- [ ] Basis dates stated; consent documented in your record
- [ ] Review date set and follow-up care confirmed

Drafting with AI

Bring a few bullets, your discharge recommendations, or a dictation; convention fixes the order: return date and plan first, then function, supports, and review.

"Draft a return-to-school letter for an adolescent returning after a treatment episode: half days for two weeks then full days, two supports (break passes, staggered make-up work), no diagnosis named, review in four weeks: …"

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

100 to 300 words	10 to 20 min by hand	Function, not diagnosis	Family · school · record
under one page	clinical team estimate	minimum necessary	who reads it

Full guide, sample letter, and compliance notes:
bastiongpt.com/template/return-to-school-letter

Return-to-School Letter Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Date: To (name and role at the school):

School / program:

Student: Grade / year:

From (treating clinician): Credentials:

Practice contact: Relationship to student:

Basis of opinion

Date and type of most recent contact · what the opinion rests on (treatment contacts, discharge assessment, records, collateral)

Return date and attendance plan

The proposed date and the shape of the return, with step-up dates the school can enter directly

Return date: _____ ☐ full days ☐ gradual return ☐ reduced schedule

Functional limitations relevant to school

Function, not diagnosis: concentration span, stamina across the day, testing tolerance, transitions, need for breaks

Recommended supports

Two to five, specific and actionable: who does what, where, and when (break location, staggered make-up work, deadlines, check-ins)

If distress escalates

Observable signs · agreed response · who the school contacts

Duration and review (how long this applies; review date; when to reassess):

Follow-up care in place: ☐ yes ☐ scheduled, first date:

Consent / authorization: ☐ documented in the clinical record

Signature: Date signed:

Name / credentials: