

# Sample College Transition Contract

Patient: *(name)*

Parents: *(names)*

Clinical team leader: *(name)*

Other team members: *(names)*

## ***Criteria for Effective Transition to College***

- Weight stable within the therapeutic range established for ongoing recovery by treatment team for a minimum of 6 months prior to leaving for college
- Minimum supervision required for eating, individual is eating majority of meals and snacks without supervision, able to eat in social settings and with and around others. Flexibility in eating demonstrated by eating out at restaurants or others homes at least once a week with minimal planning or special accommodations.
- Rare engagement in compensatory or targeted behaviors and if and when they take place they are addressed immediately in therapy.
- Able to consistently take prescribed medications independently and adhere to treatment recommendations including consistent attendance of appointments with all treatment providers.
- Access to comprehensive team of providers on or near campus for continuum of care treatment and willingness to have treatment contract and open communication with parents for accountability.

## ***Contract:***

- I agree to continue to see all established treatment providers at the frequency discussed and to maintain open releases for my parents to communicate with each provider as well as to all providers to communicate with one another.
- I agree to adhere to the meal plan as prescribed and discussed with dietitians (home dietitians) and ( school dietitian) , and to include all additions and revisions.
- I understand that I am expected to either continue to gain weight at the pre-established rate of (AMOUNT) per week or to maintain my weight within the established range.
- I agree with the following back up plan not as a punishment but as a safety net to facilitate ongoing progress. Physical and emotional health and safety are a higher priority than educational progress or participation.
- If weight goals are not met I have one week to regain lost weight PLUS minimum expected.
- Back-up plan: if lost weight plus min. is not gained at the next appointment I will return home at the end of classes on Friday and all meals and snacks to be supervised by parents for the weekend. I will return to classes on Monday am. Once weight is restored plus 2 weeks of consistent weight gain at min. expected rate then I can remain at school for the weekends pending continued progress as outlined above or return to back up plan.
- If supervised weekends do not result in expected weight restoration/maintenance in (X) days, I will withdraw from school for the semester.
- I agree to update this contract with my team on these dates: (DATES)
- Factors to discuss during reviews:
  - Role of therapy/therapist at school
  - Medical monitoring
  - Non-weight measures of mental health
  - Sleep
  - Athletics/Activity levels
  - Level of communication with family (calls/visits per week/month)
  - Meal plan/in-room food/money for food
  - Meal support peers/adults
  - Communication with college staff/dorm staff
  - Medication management