**Student Re-Entry Process**

*\*Asterisk denotes drop-down list*

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| **Student Information:** |
| **Student Name:**  | **ID:**  | **Date:**  |
| **School:** **\***  | **Grade:** \*  |

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| **Meeting Information:** |
| Meeting Scheduled for:  |  *Date* |  *Time* | Meeting Location:  |

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| **Initial Checklist** |
|  | Yes | No |  |
| Release of Information(s) Completed? |[ ] [ ]  Provider(s):  |
| Did Student Receive In-Patient Services? |[ ] [ ]  Provider: Placement: (Admitted Date) to (Discharge Date) |
|  If yes, was provider contacted? |[ ] [ ]  In-Patient Client Code:  |
| Is Student Receiving Outside Counseling? |[ ] [ ]  Provider:  |
|  If yes, was provider contacted? |[ ] [ ]   |
|  If no, has referral been completed if  necessary? |[ ] [ ]  Provider: Date of referral:  |
| Is Student receiving services through a 504 Plan or IEP? |[ ] [ ]  Which:  |
| Team Members Invited to Meeting? |[ ] [ ]  Invited: Administrator, Counselor, Parent, Student, Mental Health Provider (if applicable), other support staff (if applicable), CPS (if applicable) |
| Is a 504 Plan Referral Needed?[504 Procedural Handbook](https://docushare.everett.k12.wa.us/docushare/dsweb/Get/Document-129292/504%20Handbook%20EPS%202023-24.pdf) |[ ] [ ]  If yes, who will initiate referral:  |
| Student Initial Support Plan Needed? |[ ] [ ]  If yes, date completed:  |
| Student Safety Plan Needed? |[ ] [ ]  If yes, date completed:  |
| Student Supervision Plan Needed? |[ ] [ ]  If yes, date completed:  |
| Teacher(s) and Support Staff Notified of Initial Support Plan, Student Safety Plan, and/or Temporary Support Plan (if appropriate) |[ ] [ ]  Staff responsible for notification:  |

(Please provide building administrator with a copy of checklist following the meeting)

**Re-Entry Meeting**

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| **Meeting Information:** |
| **Meeting Date:**  | **Meeting Time:**  |

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| **Meeting Participants:** |
| Name: | Role: | If “Other” please identify |
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| **Information Gathering:** |
| Student Input |
| ***Do you have concerns about returning to school?***  |
| ***Who do you want to know about your absence?***  |
| ***What information is okay to tell them?***  |
| ***Who is a teacher or other adult in school you feel like you can go to if needed?***  |
| ***How can your school team best support you?***  |
| Family Input |
| ***Do you have any academic concerns?***  |
| ***Do you have any social emotional and/or mental health concerns?***  |
| ***Do you have any additional comments or concerns?***  |
| School Input |
| ***Do you have any academic concerns?***  |
| ***Do you have any social emotional and/or mental health concerns?***  |
| ***Do you have any additional comments or concerns?***  |
| Provider Input and Recommendations (if available) |
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| **Follow up meeting scheduled for:**  |
| **If not scheduled, please explain:**  |

**Initial Support Plan**

*\*Asterisk denotes drop-down list*

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| **Student Information** |
| **Student:**  | **Student ID:**  | **Date:**  |
| **School:** \*  | **Grade:** \*  |

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| **Initial Support Plan:**  |
| The Initial Support Plan is intended to be a short-term plan initiated to support a student upon transition back into the school setting. If long-term accommodations are necessary, please follow the 504-referral process. |
| **Action Step(s)** | **Notes (Include Duration and Individual(s) Responsible)** |
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| * \*
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| * \*
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| * If other, please explain:
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| **Action Plan:** |
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| **Follow-Up Meeting Information:** |
| Meeting Date:  | Meeting Time:  |

**My Safety Plan**

**Sometimes life can get pretty difficult – to the point where you may not care about things that used to matter.** Remember, you are not alone. There are resources and people who want to help. Using these action steps can help keep you safe and more in charge of your emotional wellbeing. One step at a time, starting now.

*\*Asterisk denotes drop-down list*

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| **Student Information** |
| **Student:**  | **Student ID:**  | **Date:**  |
| **School:** \*  | **Grade:** \*  |

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| **Step 1 – Recognizing Warning Signs** |
| ***Isolating, drug use, feeling hopeless, angry, exhausted…*** |
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| **Step 2 - Using Internal Coping Strategies** |
| ***Things I can do on my own like deep breathing, music…*** |
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| **Step 3 - Using External Coping Strategies** |
| ***People and social settings that help distract me*** |
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| **Step 4 - Contacting Family/Friends Who Can Help** |
| ***People I can be honest with about what’s bothering me*** |
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| **Step 5 – Environmental Safety** |
| ***Making the environment safe (Plan for lethal means safety)*** |
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| **Step 6 - Turning to Professionals and Resources** |
| *Trusted adults can help. Who could you add to this list?* |
| **Resources for Teens** | **Browse, Call, Text, or Chat** |  | **Trusted Adult Name:** | **Phone:** |
| 24-hr Suicide Lifeline | Dial ‘988’ or call 1-800-273-8255 |   |   |
| 24-hr Crisis Text Line | Text ‘HEAL’ to 741741 |   |   |
| 24-hr Crisis Connections | 1-866-427-4747 |   |   |
| Safe Place – Find Shelter | Text ‘Safe’ to 4HELP |   |   |
| Sexual Assault Hotline | 1-800-656-HOPE |   |   |
| Teen Line | Text ‘TEEN’ to 839863 |   |   |
| Teen Link - Call 6-10pm | 1-866-833-6546 |   |   |
| Trevor Project – LGBTQ | Text ‘START’ to 678678 |   |   |
| Trans Lifeline | 1-877-565-8860 |   |   |
| 211 – Other Resources | Dial ‘211’ or go [Online](https://www.211.org/) |   |   |





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| **Step 7 - Keeping My Personal Space Safe** |
| [ ]  | I let trusted adults help monitor my personal space |
| [ ]  | I let trusted adults know about any harmful items |
| [ ]  | I am keeping my personal environment safe |

*Form adapted from Stanley and Brown (2008)*

**Supervision Plan**

*\*Asterisk denotes drop-down list*

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| **Student Information** |
| **Student:**  | **Student ID:**  | **Date:**  |
| **School:** \*  | **Grade:** \*  |

**Date of Implementation:** \*

**Staff point person:**

|  |  |
| --- | --- |
| **Immediate Responders:** | **Additional Responders** |
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| **Communication Plan:** |
| *All staff in contact with the student throughout his school day will be notified of the supervision while maintaining student’s FERPA rights. Any information about student that required staff must know to maintain a safe environment will be distributed via e-mail, written notice, or during school meetings.* |

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| **Staff Response Plan:** |
| *Supervision plan is currently in place to support the student while at school. Should the student choose not to follow the parameters of this supervision plan, intervention will begin at the classroom level by their immediate teacher. Student is responsible for attending all class periods on time. Any absence will require immediate notification to the main office. If the safety of the student has been compromised, staff will immediately notify immediate responders listed above. Once the incident has been properly assessed, administration and the response team will take the necessary steps to ensure the student’s safety.* |

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| **Transition Supervision:** |
| **Activity:** | **Specific Details:** |
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| **Notification Plan** (Where and when appropriate as per FERPA, state law and collective bargaining agreement. Include classified staff, clerical, custodial, food service, etc. as appropriate): |
| Immediate staff | *Principal, assistant principal(s), counselor, teacher(s), security, secretaries, nurse, health room assistant* |
| Peripheral staff | *Consider: school psychologist, paraprofessional, social worker, IEP case manager* |

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| **Substitute Notification:** |
| Guest teacher | *Substitute plans will include reference to the safety plan and school administration or appropriate staff will share appropriate information* |
| Guest Paraprofessional | *Substitute plans well include reference to the plan and refer the staff member to school administration or appropriate staff for additional information* |

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| **Notification in case of emergency:** |
| *All communications should be directed to student’s staff point person. If the student is to leave campus during the school day and all adult supervisors and school administrators will immediately be notified. School administrator will determine appropriate notification is made dependent upon the situation.* |
|  | Name: | Phone Number: |
| Parent/Guardian: |  |  |
| Parent/Guardian:  |  |  |