**Student Re-Entry Guide**

*\*Asterisk denotes drop-down list*

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| **Student Inmation:** |
| **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:**  |