**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:** |