

Student Re-Entry Process

*Asterisk denotes drop-down list

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

Meeting Information:			
Meeting Scheduled for:	<i>Date</i>	<i>Time</i>	Meeting Location:

Initial Checklist			
	Yes	No	
Release of Information(s) Completed?	<input type="checkbox"/>	<input type="checkbox"/>	Provider(s):
Did Student Receive In-Patient Services?	<input type="checkbox"/>	<input type="checkbox"/>	Provider: Placement: (Admitted Date) to (Discharge Date)
If yes, was provider contacted?	<input type="checkbox"/>	<input type="checkbox"/>	In-Patient Client Code:
Is Student Receiving Outside Counseling?	<input type="checkbox"/>	<input type="checkbox"/>	Provider:
If yes, was provider contacted?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, has referral been completed if necessary?	<input type="checkbox"/>	<input type="checkbox"/>	Provider: Date of referral:
Is Student receiving services through a 504 Plan or IEP?	<input type="checkbox"/>	<input type="checkbox"/>	Which:
Team Members Invited to Meeting?	<input type="checkbox"/>	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	If yes, who will initiate referral:
Student Initial Support Plan Needed?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date completed:
Student Safety Plan Needed?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date completed:
Student Supervision Plan Needed?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date completed:
Teacher(s) and Support Staff Notified of Initial Support Plan, Student Safety Plan, and/or Temporary Support Plan (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	Staff responsible for notification:

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

Re-Entry Meeting

Meeting Information:	
Meeting Date:	Meeting Time:

Meeting Participants:		
Name:	Role:	If "Other" please identify
	*	
	*	
	*	
	*	
	*	
	*	
	*	
	*	
	*	

Information Gathering:
Student Input
<i>Do you have concerns about returning to school?</i>
<i>Who do you want to know about your absence?</i>
<i>What information is okay to tell them?</i>
<i>Who is a teacher or other adult in school you feel like you can go to if needed?</i>
<i>How can your school team best support you?</i>
Family Input
<i>Do you have any academic concerns?</i>
<i>Do you have any social emotional and/or mental health concerns?</i>
<i>Do you have any additional comments or concerns?</i>
School Input
<i>Do you have any academic concerns?</i>
<i>Do you have any social emotional and/or mental health concerns?</i>
<i>Do you have any additional comments or concerns?</i>
Provider Input and Recommendations (if available)

Follow up meeting scheduled for:
If not scheduled, please explain:

Initial Support Plan

**Asterisk denotes drop-down list*

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

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)
• *	
• *	
• *	
• *	
• If other, please explain:	

Action Plan:
•
•
•
•

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*

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

Step 1 – Recognizing Warning Signs
<i>Isolating, drug use, feeling hopeless, angry, exhausted...</i>
•
•
•
•
•

Step 2 - Using Internal Coping Strategies
<i>Things I can do on my own like deep breathing, music...</i>
•
•
•
•
•

Step 3 - Using External Coping Strategies
<i>People and social settings that help distract me</i>
•
•
•
•
•

Step 4 - Contacting Family/Friends Who Can Help
<i>People I can be honest with about what's bothering me</i>
•
•
•
•
•

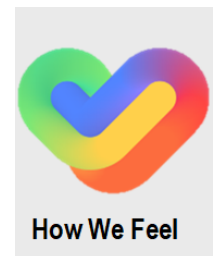
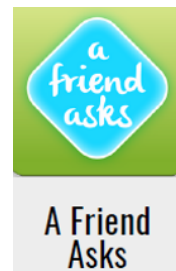
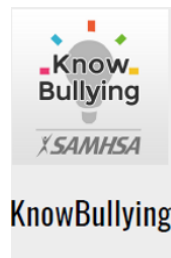
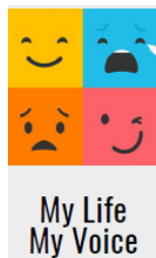
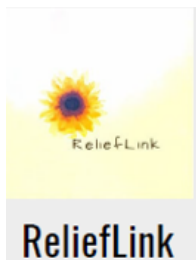
Step 5 – Environmental Safety
<i>Making the environment safe (Plan for lethal means safety)</i>
•
•
•

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		

SAFETY PLANNING APPS



Step 7 - Keeping My Personal Space Safe

<input type="checkbox"/>	I let trusted adults help monitor my personal space
<input type="checkbox"/>	I let trusted adults know about any harmful items
<input type="checkbox"/>	I am keeping my personal environment safe

Form adapted from Stanley and Brown (2008)

Supervision Plan

*Asterisk denotes drop-down list

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

Date of Implementation: *

Staff point person:

Immediate Responders:	Additional Responders

Communication Plan:
<i>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.</i>

Staff Response Plan:
<i>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.</i>

Transition Supervision:	
Activity:	Specific Details:
*	
*	
*	
*	

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	<i>Principal, assistant principal(s), counselor, teacher(s), security, secretaries, nurse, health room assistant</i>
Peripheral staff	<i>Consider: school psychologist, paraprofessional, social worker, IEP case manager</i>

Substitute Notification:

Guest teacher	<i>Substitute plans will include reference to the safety plan and school administration or appropriate staff will share appropriate information</i>
Guest Paraprofessional	<i>Substitute plans well include reference to the plan and refer the staff member to school administration or appropriate staff for additional information</i>

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:		