

Student Re-Entry Checklist

Student: _____ School Staff: _____

Absence Start Date: _____ Return to Site Date: _____

No Hospitalization Hospitalization (Name of Facility): _____

Re-Entry School Meeting		
Date	Initials	Action Items
		<input type="checkbox"/> <i>Parent/Guardian Authorization for Release/Exchange of Information</i> signed <ul style="list-style-type: none"> ● Obtain releases of information from the parent so the mental health provider can talk to school counselor or designated staff <input type="checkbox"/> Physician/Mental Health Professional: <ul style="list-style-type: none"> ● Name: ● Contact Number:
		<input type="checkbox"/> Have a parent/guardian accompany the student on the first day back to school for re-entry meeting: <ul style="list-style-type: none"> ● Parent/Guardian re-entry meeting with Administrator, Counselor, Student (if appropriate), and additional staff as needed ● Plan together what information the student wants shared and with whom Reassure the student and family that sharing information with school personnel will be done on a need to know basis ● Treat the student's return to school as you would have had the student been out sick for a few days. Let the student know you are glad he or she is back
		<input type="checkbox"/> Develop a Care Plan with Student and Parent/Guardian: <ul style="list-style-type: none"> ● It is important that staff and teachers who have direct contact with the student be part of his/her safety plan ● Ask student how school staff can best support the student ● Refer to and update the student's Care Plan as needed ● Relationship map for student to ensure they have a safety net of 3 caring relationships (e.g. Web of Support tool) ● Provide relevant skill building and coping strategy resources (e.g. Teen Guide to Mental Health & Wellness)
		<input type="checkbox"/> Notify student's teachers as appropriate using Treat with Care Memo
		<input type="checkbox"/> Health Technician notified of return and transition instructions <u>if medications are needed</u> : HT Initials _____
		<input type="checkbox"/> Identify school staff member/s to check in with student on a _____ basis (frequency to be determined by team and updated as needed) <ul style="list-style-type: none"> ● Staff Name/s: ● Start date:

		<ul style="list-style-type: none"> ● End date:
		<input type="checkbox"/> Identified school staff will check in with parent on the following date: <ul style="list-style-type: none"> ● Staff Name: ● Date:
		Other (comments):

Student Accommodations (check all that apply)		
Date	Initials	Action Items
		<input type="checkbox"/> Return to previous full day schedule with class changes made to schedule
		<input type="checkbox"/> ½ day (or partial day) for gradual re-entry
		<input type="checkbox"/> Scheduled check-ins with school counselor/ staff person
		<input type="checkbox"/> Provide tutoring services when available
		<input type="checkbox"/> Identify a point person to go to when needed
		<input type="checkbox"/> Safe zone -area to regroup as needed
		<input type="checkbox"/> Connect to a peer support group
		Other (comments):

Assignment Accommodations (check all that apply)		
Date	Initials	Action Items
		<input type="checkbox"/> Shortened or modified assignments
		<input type="checkbox"/> Alternative assignments for specific circumstances
		<input type="checkbox"/> Advance notice of assignments
		<input type="checkbox"/> Assignment assistance
		<input type="checkbox"/> Extended time to complete assignments
		<input type="checkbox"/> Review directions individually or additional review of assignment
		<input type="checkbox"/> Written assignments in lieu of oral presentations or vice versa
		<input type="checkbox"/> Chunking schoolwork, breaking large projects into smaller pieces

		<input type="checkbox"/> Identify classmate to help student
		<input type="checkbox"/> Audio or listening options (e.g. sound canceling headphones)
		Other (comments):

Classroom Accommodations (check all that apply)		
Date	Initials	Action Items
		<input type="checkbox"/> Prearranged or frequent breaks
		<input type="checkbox"/> Preferential seating, near door to allow leaving class for breaks
		<input type="checkbox"/> Arrange with teachers not to call on student unless hand raised
		<input type="checkbox"/> Printed copies of all notes and board work
		<input type="checkbox"/> Water bottle/beverages permitted in class
		<input type="checkbox"/> Assigned classmate as volunteer assistant
		<input type="checkbox"/> Note taker or photocopy of another student's notes
		<input type="checkbox"/> Arrange for student to leave class a little early to avoid crowds and noise in the hallways when changing classes
		Other (comments):

Testing Accommodations (check all that apply)		
Date	Initials	Action Items
		<input type="checkbox"/> Exams in alternate format (multiple choice to essay; presentation or portfolio)
		<input type="checkbox"/> Use of assistive computer software (e.g. Optical Character Recognition)
		<input type="checkbox"/> Extended time for test taking
		<input type="checkbox"/> Exam in a separate, quiet, and non-distracting place
		Other (comments):

Parent/Guardian Signature: _____

School Staff Signature: _____

Administrator Signature: _____