

## Diman High School Student Re-Entry Plan Checklist

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Team Leader: \_\_\_\_\_ Grade: \_\_\_\_\_

**Directions:** This form is designed to help guide discussion around the needed supports and adaptations to provide a successful school re-entry following extended absence from school, hospitalizations or traumatic incidents impacting the student.

Are all the key staff and family members involved in the _____ Re-entry Team planning meeting?	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Indicate people involved in process, including titles: ___ Student    ___ School Psychologist ___ Parent(s)    ___ School Social Worker ___ Hospital Liaison    ___ School Counselor ___ Case Manager    ___ Classroom Teacher(s) ___ School Administrator    ___ School nurse ___ Outpatient therapist    ___ Special Ed Teacher ___ Others as appropriate (please specify):
<b>PRIOR to SCHOOL REENTRY:</b>		
Staff member designated as Re-entry Team Leader	Date completed:	Name of Re-entry Team Leader:
Re-entry Team Leader contacts parent(s) & obtains consents;	Date completed:	Summary of contacts:
Re-entry Team Leader contacts hospital/treatment team.	Date completed:	
<b><i>Assess student re-entry needs</i></b>		
Does student have academic needs?	<input type="checkbox"/> Yes  <input type="checkbox"/> No	What are they?
Does student have social/emotional needs?	<input type="checkbox"/> Yes  <input type="checkbox"/> No	What are they?
Does student have physical needs?	<input type="checkbox"/> Yes  <input type="checkbox"/> No	What are they?
<b><i>Assess family re-entry needs</i></b>		
Help link to outpatient therapist	Date completed:	Person(s) responsible:
Help link to social support	Date completed:	Person(s) responsible:

Help student develop plan for answering questions/comments by staff and peers about absence	Date completed:	Person(s) responsible:
Help student develop plan for possible “rough” situations; determine whether School Crisis Plan needs to be adapted	Date completed:	Person(s) responsible:
Contact in-patient staff to determine interventions needed to promote student adjustment, stress management and request discharge summary and treatment team contact.	Date completed:	Person(s) responsible:
Determine policy for missed work, grading.	Date completed:	Person(s) responsible:
Schedule discharge staffing:	Date completed:	Person responsible:
Inform teacher(s) about absence:	Date completed:	Person responsible:
Inform teacher(s) about Symptomatology/triggers:	Date completed:	Person responsible:
Inform teacher(s) of medications and side effects:	Date completed:	Person responsible:
Inform teacher(s) of behavioral strategies/accommodations to promote student transition:	Date completed:	Person responsible:
Identify and inform supportive adults at school:	Date completed:	Person responsible:
Identify and inform supportive peers at school:	Date completed:	Person responsible:
(Inform peers about absence, disorder) – Note: Decision should be individualized & based on student & parent input.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Person responsible:
<b>FOLLOWING SCHOOL RE-ENTRY</b>		
Check in with student on a daily basis for 1-3 months after school re-entry:	Start Date:	Staff Responsible:
Implement academic interventions, if needed:	Start Date:	Staff Responsible:
Implement social/emotional interventions, if needed:	Start Date:	Staff Responsible:
Implement physical interventions, if needed:	Start Date:	Staff Responsible:
Progress monitor student:	Start Date:	Staff Responsible:

Maintain ongoing contact with Parents:	Start Date:	Staff responsible:
Maintain ongoing contact with outpatient therapist:	Start Date:	Staff responsible:
Schedule Re-entry Team meeting to review student's progress:	Start Date:	Staff responsible:
Monitor plan fidelity:	Start Date:	Staff responsible:
Maintain & disseminate contact information for all key team members as appropriate:	Date Completed	Staff responsible:

Adapted from Illinois Alliance of Administrators of Special Education ([www.iaase.org](http://www.iaase.org))