STUDENT RE-ENTRY PLAN

STUDENT INFORMATION				
Student:		ID:		Grade:
Person Completing Form:				

Meeting Date:	Date Returning to School:

Length of time out of school:

Signed release of information from mental health provider	Yes	No	
Mental health provider present (if yes, provide name)	Yes	No	
Parent/Guardian present	Yes	No	
Student Safety Plan (must complete before re-entry)	Yes	No	
Student on 504 plan or IEP	Yes	No	

Daily check-in upon Reentry	Yes	No	With whom:	AM	PM	Both

Family Concerns

Academic Concerns

Re-entry Conference (Names & titles of all present)

Modification on course assignments (list course and if assignments can be modified) List modifications on back

Course	Can assignments be modified?			Can assignments be modified?	
	Yes	No		Yes	No
	Yes	No		Yes	No
	Yes	No		Yes	No
	Yes	No		Yes	No

RE-ENTRY PLAN COURSE MODIFICATIONS	Course	Teacher
	Modification	
	Course	Teacher
	Modification	
	Course	Teacher
	Modification	
	Course	Teacher
	Modification	
	Course	Teacher
	Modification	
	Course	Teacher
	Modification	
	Course	Teacher
	Modification	
	Course	Teacher
	Modification	