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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		

