



Student Support Services
Student Re-Entry Plan

Student: _____ Date: _____
School: _____ Grade: _____ DOB: _____
Person Completing Form: _____
Meeting Date: _____ Date Returning to School: _____
Length of Time Out of School: _____

Table with 3 columns: Item, Yes, No, Agency or Person's Name. Rows include: Signed release of information from mental health provider, Mental health provider present, Student present (required), Parent/guardian present, Student Safety plan, Student has a 504 plan or IEP.

Daily/weekly check-in: Yes [] No [] With whom: _____ a.m. [] p.m. [] both []

Are you receiving outside counseling? Yes [] No []

Where? _____

Therapist name? _____

How often? _____

Do you have concerns about returning to school? Yes [] No [] If yes, describe:

Re-entry conference notes (academic/social/family needs or concerns)

Do you have a teacher or other adult on campus you feel like you can go to if needed? Yes [] No []

Who do you want to know about your absence?

What is okay to tell them?

How do you want to respond to potential questions from teachers/peers?
