

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				

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RE-ENTRY PLAN COURSE MODIFICATIONS FOR

Course	Teacher
Modification	
Course	Teacher
Modification	
Course	Teacher
Modification	
Course	Teacher
Modification	
Course	Teacher
Modification	
Course	Teacher
Modification	
Course	Teacher
Modification	
Course	Teacher
Modification	