**School Re-Entry Plan Checklist**

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| **Archdiocese of Washington Catholic Schools**  Phone: 301-853-4578  Email: Schools@adw.org  P.O. Box 29260 Washington, DC 20017 |

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

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_

**Directions:** This tool is intended to help guide teams in thinking through a successful school re-entry plan following extended absence from school and/or psychiatric hospitalization. Plans will vary based on each student’s needs. Please contact the CSO if you have questions.

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| Were all key people involved in developing plan? | Yes/No?  \_\_\_\_\_ | Indicate people involved in process:  \_\_\_Student  \_\_\_Parent(s)  \_\_\_Teachers  \_\_\_School Administrator  \_\_\_Counselor/therapist  \_\_\_Special Ed Teacher  \_\_\_Nurse  \_\_\_Other as appropriate(Please Specify): | Notes: |
| **Prior to School Re-Entry** |  |  |  |
| Staff member designated as Case manager: | Date completed: | Name of Case Manager: | Notes: |
| Case Manager contacts  Counselor(s) & parent(s): | Date completed: | Person(s) Contacted: | Summary of contact: |
| **Assess student Re-Entry needs** |  |  |  |
| Does student have academic needs? | Yes/No? | What are they? | Notes: |
| Does student have social/emotional/spiritual needs? | Yes/No? | What are they? | Notes: |
| Does student have physical needs? | Yes/No? | What are they? | Notes: |
| **Assess Family Re-Entry needs** |  |  |  |
| Contact with Therapist (form 19): | Date completed: | Person(s) Responsible: | Name of Therapist and contact info: |

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| Help student develop plan for answering questions/comments by staff and peers about absence: | Date completed: | Person(s) Responsible: | Plan: |
| Help student develop plan for possible “rough” situations” regarding incident or suspension: | Date completed: | Person(s) Responsible: | Plan: |
| Contact his/her counselor to determine interventions needed to promote student adjustment stress management: | Date completed: | Person(s) Responsible: | Interventions needed: |
| Determine policy for missed work, grading, makeup work, assessments: | Date completed: | Person(s) Responsible: | Plan: |
| Inform teacher(s) about absence: | Date completed: | Person Responsible: | Summary of communication: |
| Inform teacher(s) about symptomatology: | Date completed: | Person Responsible:  Persons included in staffing | Summary of communication: |
| Inform teacher(s) of medications and side effects: | Date completed: | Person Responsible:  Persons included in staffing: | Summary of Communication: |

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| Inform teacher(s) of behavioral strategies/accommodations to promote student transition: | Date completed: | Person Responsible: (Guidance Counselor) | Accommodations: |
| ID supportive peers if necessary: | Date completed: | Person Responsible: | List peers: |
| (Inform peers about absence, disorder)-**Note: decision should be individualized & based on student & parent input:** | Yes/No? | Person Responsible: | Decision: |
| **Following School Re-Entry** |  |  |  |
| Develop a plan for check in for 1-3 weeks after re-entry: | Start Date: | Staff Responsible: | Plan for check-in frequency/duration: |
| Progress monitor student:  How/When: | Start Date: | Staff Responsible: | Plan for progress monitoring frequency/duration: |

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| Maintain ongoing contact with parents: | Dates: | Staff responsible:  Name of contact: | Contact summary: |
| Maintain ongoing contact with therapist: | Dates: | Staff responsible:  Name of contact: | Contact summary: |
| Schedule team meeting to update student’s progress: | Date: | Staff responsible: | Meeting Summary: |
| Monitor plan fidelity | Date: | Staff responsible: HB/H Coordinator | Maintenance summary: |
| Maintain & disseminate contact information for all key team members as appropriate | Date Completed: | Staff responsible:  Team members: | Contact summary: |