



Re-Entry Support Meeting

Confidential Information

Do not place this form in the student's cumulative records.

This document should only be accessible by the School Mental Health Team and administrators.

Student Name:	DOB:
School:	Grade:
Parent/Guardian Name:	
Parent Contact Number:	
Duration of Absence:	Return Date:

Background Information: _____

Review Safety Plan*

*A safety plan should have been developed as part of a risk screening.

Student Concerns about return to school:

Hospital/Agency, Diagnosis, and Medication Information:

Hospital:	Hospital Contact Name/Number:
Date of Hospitalization:	
Date of Discharge:	

Release of Information Signed: Yes No

Does the student have a history of hospitalizations: Yes No

If yes, please explain:

Recommendations for Discharge: _____

Diagnoses: _____

Name of Medication	Taken at School	Dosage	Times per day	Start Date	End Date	Possible Side Effects

Additional Outside Services:

Agency Name	Clinician Name	Clinician Contact Number	Release Signed

**If student is not currently receiving outside counseling services, parents should be provided community resources to obtain services.*

Support Plan: Record of Assigned Responsibilities

Name	Role	Responsibilities
	Plan Coordinator/ Manager (MHT Member)	Schedule meetings: <ul style="list-style-type: none"> • When student returns • 30 days following hospitalization • As needed for additional support Write Plan/Keep record of Plan Ensure tasks related to plan are completed Communicate with teachers regarding need to know information Refer for additional intervention as needed through School-Based MTH or RtI Facilitator
	Check In/Out Mentor (Teacher, Admin, or Support Staff)	Check In/Out with student: <ul style="list-style-type: none"> • Daily the first week upon return • Weekly until the 30 day meeting • Weekly between 31 days and 90 days following return to school
	Crisis Point of Contact (MHT Member)	If student becomes agitated or is in crisis, the student will be immediately sent to the crisis POC for intervention/assessment
	Social/Emotional Support Services (MHT Member)	Provide ongoing (weekly, or biweekly) social or emotional counseling
	Academic Monitor (Teacher)	Monitor academic performance/Refer to RtI Facilitator if student is in need of additional intervention

Pre-Scheduled Review Meetings	
1 Week:	
30 Days:	
60 Days:	
90 Days:	

Team Members	Title	Signature