

Student Transition and Integration Plan

School Name: _____

Student Name: _____ Gender: M F

ID# _____ Date of birth: _____ Grade: _____

Form Completed by: _____ Date: _____

Describe behavioral/ mental health concern: _____

A. Warning signs (thoughts, behaviors, images, mood, environment or situation) that a crisis may be developing:

- a. _____
- b. _____
- c. _____

B. Healthy coping strategies to be used in class (relaxation, distraction, etc.):

- a. _____
- b. _____
- c. _____

C. Peers/ friends that are a part of a positive support system:

- a. _____
- b. _____
- c. _____

D. Trusted adults to seek help from:

- a. _____
- b. _____
- c. _____

E. Professionals or agencies to contact during a crisis (therapists, counselors, psychiatrist):

- a. Name _____ Title _____
Phone _____ Currently seeing: YES NO
Frequency of visits _____ Release of info. signed and on file YES NO
- b. Name _____ Title _____
Phone _____ Currently seeing: YES NO
Frequency of visits _____ Release of info. signed and on file YES NO
- c. Name _____ Title _____
Phone _____ Currently seeing: YES NO
Frequency of visits _____ Release of info. signed and on file YES NO

F. Medications that are currently being taken:

G. Accommodations* for safe classroom environment:

- a. _____
- b. _____
- c. _____

Student goals for the future: _____

What does the student value the most in life: _____

Parent FERPA form attached: Yes No Date _____

Notification sent to teachers/ administration: _____ Date: _____ Entered in interventions screen: _____

*Note: The purpose of this form is to strategize the re-integration process following a crisis. This is not a legally binding document used to replace a 504 or IEP.