

Re-entry Meeting Guidance – OPTIONAL - 2145P Exhibit D

Student Name		DOB	
Student ID #		Grade Level	
School		Re-Entry Meeting Date	
IEP	YES NO		
504	YES NO		
Suggested Meeting Planning Steps			
<input type="checkbox"/> Obtain signed Release of Information with private providers <input type="checkbox"/> Obtain safety plan completed by hospital, CCORS, or other <input type="checkbox"/> Obtain relevant documents from outside clinic/facility <input type="checkbox"/> Involve student’s IEP case manager (if relevant) to consider if current IEP supports are appropriate <input type="checkbox"/> Review student’s disciplinary history and determine if Manifestation Determination Review is needed <input type="checkbox"/> Invite all relevant staff, guardian(s), student, and other providers to the re-entry meeting. Guardian must attend before student may attend school			
Re-entry Meeting			
Document Meeting Attendees (minimum attendees = admin/designee, school counselor, parent/guardian)			
Admin/Designee: Counselor: Parent/Guardian: Student: Other: Other: Other:			
Agenda Topics for Consideration:			
<ul style="list-style-type: none"> - Review relevant information about the student's current needs, outside provider recommendations, safety plan from outside provider, guardian input, student input, etc. - If the student cannot safely return to school immediately, plan for other supports as needed - If student has 504 or IEP, review if current supports/services are sufficient to support the student, or if the GT/IEP team needs to convene to consider changes to the plan - Consider if the student needs referral to GT or MDT - Determine as a team, appropriate steps the school will take to support the student (e.g. increased supervision, class schedule, access to supportive adults/safe spaces, academic or social-emotional intervention supports) - Determine as an administrator and team, supports the parent and student must agree to engage in to ensure a safe transition back to school 			
Complete and/or revise the Safety Plan (2145P, Exhibit C) – Must do before student may attend school. Discuss as a team who this safety plan will be disseminated to, based upon who in the school is “need to know”. Determine who is responsible to send the safety plan to “need to know” staff. See 2145P, Exhibit A, Documentation box for further information			
Agree on a meeting date/time to review the safety plan within about 1 month of this meeting - document this on the school safety plan			

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This optional, student re-entry worksheet is meant to guide teams in considering a variety of supports that may be helpful for the student. This worksheet is not a formalized plan. The Safety Plan (2145P, Exhibit C) "School Supports" box is designed to document supports the school will take to support the student.

Student
<input type="checkbox"/> Willing to connect with identified supportive adults on the safety plan <input type="checkbox"/> Make best effort to connect with _____ (supportive staff) on a daily/weekly basis <input type="checkbox"/> Will follow the safety plan steps, including school supports <input type="checkbox"/> Will communicate updates or needed changes to the plan to _____ (supportive staff) <input type="checkbox"/> Will sign and maintain a current ROI with outside provider for school collaboration with outside provider (cannot be required) <input type="checkbox"/> Will use identified coping skills from the safety plan <input type="checkbox"/> Contact outside therapist or other supportive adult when it is needed/helpful <input type="checkbox"/> Make best attempt to follow staff directions and school routines <input type="checkbox"/> Open to working with teachers and advocate for self – ask for support when needed <input type="checkbox"/> Access the office or another supportive adult or space for support <input type="checkbox"/> Refrain from retreating to unsupervised locations such as the restroom or off campus when upset Other _____
School
<input type="checkbox"/> Provide daily/weekly morning/afternoon check in with the student <input type="checkbox"/> Collaborate with outside providers when a current ROI is in place <input type="checkbox"/> Share Safety Plan with educators who work with the student <input type="checkbox"/> Allow the student to access coping strategies and locations when identified warning signs are present (see Safety Plan for warning signs) <input type="checkbox"/> Allow the student to connect with identified supportive school staff when needed staff and locations listed on the Safety Plan <input type="checkbox"/> Refer the student for additional school supports (GT, MDT) Other _____
Parent/Guardian
<input type="checkbox"/> Communicate concerns and collaborate with school support team <input type="checkbox"/> Help student access outside support as needed <input type="checkbox"/> Follow and support Safety Plan <input type="checkbox"/> Maintain a safe home environment (removal of firearms, sharp objects, prescription medications, etc.) <input type="checkbox"/> Maintain a current ROI with school and outside provider (cannot be required) <input type="checkbox"/> Collaborate with systemic supports which may include school, medical provider(s), therapist, case manager, etc. <input type="checkbox"/> Participate in scheduled school meeting to review current supports and check progress Other _____
During a Crisis (If at imminent risk of carrying out suicide plan, call 911 to request EMT response)
<input type="checkbox"/> Support student using the Safety Plan <input type="checkbox"/> Maintain constant student supervision <input type="checkbox"/> Immediately contact main office staff to initiate a supportive response <input type="checkbox"/> Ensure transfer of care of the student to supportive staff <input type="checkbox"/> School staff will follow Board Policy 2145P Suicide Prevention <input type="checkbox"/> School staff will document the support steps taken using 2145P Exhibit B and Exhibit C (when needed) Other _____