

Student Re-entry Plan

Student Information									
Student:					ID:		Grade:		
Person Completing Form:									
Meeting Date:					Date Returning to School:				
Length of time out of school:									
					Yes	No			
Signed release of information from outside provider									
Outside provider present (if yes, provide name)									
Parent/Guardian present (if yes, provide name)									
Student Safety Plan (must complete before re-entry)									
Student on 504 plan or IEP									
Daily check-in upon Reentry		Yes	No	With whom:			AM	PM	Both
Family Concerns:									
Academic Concerns:									
Re-entry Conference: (Names & titles of all present)									
Re-entry Conference Notes:									

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	

Provide copy to parent/guardian, school nurse, school counselor, school psychologist, principal, student's teachers, coaches, and health care providers.

Other Notes: