

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
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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: