

ReEntry Plan

Support for Students Re-Entering School after Mental Health Interventions, Threat Assessment Interventions or Other Out of School Placements/Suspensions

Students:

School:

Grade:

Parent/Guardian:

Date:

Form Completed by:

Date Return to School:

Recommendations per Discharge Summary, MH Professional, or Law Enforcement Agency:

Documentation of Discharge Plan/Release Provided to School: Yes No N/A

Current Needs for Successful Return to School as noted by others such as student, parent/guardian, and school:

Support Plan:

Intervention(s)

Monitoring

Person(s) Responsible

Attendees (Name/Position) Including Student and Parent/Guardian:
