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 Avis Huff Student Support Services

School Re-Entry Plan Checklist*

Student Name: _____ Date: _____

School: _____ Grade: _____

Directions: This tool is intended to help guide teams in thinking through a successful school re-entry plan following extended absence from school and/or psychiatric hospitalization. Plans will vary based on each student's needs.

Were all key people involved in developing plan?	Yes/No? _____	Indicate people involved in process, including titles: ___ Student _____ Educational Psych. _____ ___ Parent(s) _____ EW Officer _____ ___ Hospital Rep _____ HSC Liaison _____ ___ Social Worker _____ Classroom Teacher(s) _____ ___ School Administrator _____ Nurse ___ Community therapist _____ Special Ed Teacher _____ ___ Others as appropriate (please specify): _____	Notes:
PRIOR to SCHOOL REENTRY:			
Staff member designated as Case Manager	Date completed:	Name of Case Manager	
Case Manager contacts inpatient staff & parent(s)	Date completed:	Person(s) contacted:	Summary of contact:
Assess student re-entry needs			
Does student have academic needs?	Yes/No?	What are they?	
Does student have social/emotional needs?	Yes/No?	What are they?	
Does student have physical needs?	Yes/No?	What are they?	
Assess family re-entry needs	<i>Assess family re-entry needs</i>	<i>Assess family re-entry needs</i>	
Help link to community therapist	Date completed:	Person(s) responsible:	Name of Community Therapist and contact info.
Help link to school/social support	Date completed:	Person(s) responsible:	What supports were offered?

Help student develop plan for answering questions/comments by staff and peers about absence	Date completed:	Person(s) responsible:	Plan:
Help student develop plan for possible "rough" situations; determine whether school crisis plan needs to be adapted	Date completed:	Person(s) responsible:	Plan:
Contact hospital staff to determine interventions needed to promote student adjustment, stress management	Date completed:	Person(s) responsible:	Interventions needed:
Determine policy for missed work, grading	Date completed:	Person(s) responsible: (guidance counselor)	Plan:
Schedule discharge staffing- if staffing cannot happen- SW should meet with at least student before re-entry and communicate results to teacher/administration/family	Date completed:	Person responsible: Persons included in staffing:	Summary of staffing:
Inform teacher(s) about absence	Date completed:	Person responsible: (HB/H Coordinator)	Duration of Absence:
Inform teacher(s) about symptomatology	Date completed:	Person responsible: Persons contacted:	Summary of communication:
Inform teacher(s) of medications and side effects	Date completed:	Person responsible: Persons contacted:	Summary of communication:

Inform teacher(s) of behavioral strategies/accommodations to promote student transition	Date completed:	Person responsible: (guidance counselor)	Accommodations:
ID supportive adults at school	Date completed:	Person responsible:	List Staff:
ID supportive peers	Date completed:	Person responsible:	List peers:
(Inform peers about absence, disorder) – <i>Note: Decision should be individualized & based on student & parent input.</i>	Yes/No?	Person responsible:	Decision:
FOLLOWING SCHOOL RE-ENTRY			
Develop a plan for check in for 1-3 months after school re-entry	Start Date:	Staff Responsible:	Plan for check-in: frequency/duration
Develop/Implement academic interventions	Start Date:	Staff Responsible:	Interventions needed:
Develop/Implement social/emotional interventions	Start Date:	Staff Responsible:	Interventions needed:
Develop/Implement physical interventions	Start Date:	Staff Responsible:	Interventions needed:
Progress monitor student	Dates:	Staff Responsible:	Plan for progress monitoring: frequency/duration

Maintain ongoing contact with parents	Dates:	Staff responsible: Name of contact:	Contact summary:
Maintain ongoing contact with outpatient therapist	Dates:	Staff responsible: Name of contact:	Contact summary:
Schedule team meeting to review student's progress	Date:	Staff responsible:	Meeting Summary:
Monitor plan fidelity	Dates:	Staff responsible: HB/H Coordinator	Maintenance summary:
Maintain & disseminate contact information for all key team members as appropriate	Date Completed	Staff responsible: Team members:	Contact summary:

*Adapted and based on Savina, E., Simon, J., & Lester, M. (2014). School reintegration following psychiatric hospitalization: An ecological perspective. *Child Youth Care Forum*, 43, 729-746 and my own experience (Patricia Graczyk, PhD).