



Note: Refer to Health and Education Plan Physician Report and the Referral Consent & Follow up form to Complete the Re-Entry Plan

RE-ENTRY FORM

CONFIDENTIAL

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Attendees:

School Psychologist: \_\_\_\_\_ Teacher: \_\_\_\_\_

School Counselor: \_\_\_\_\_ Outside Therapist: \_\_\_\_\_

Parent(s): \_\_\_\_\_ Administrator: \_\_\_\_\_

Student: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Special Ed Case Manager (if applicable): \_\_\_\_\_ Date to be reviewed: \_\_\_\_\_

Transition Plan: Daily Schedule to be shared with Teachers along with Note from their Primary Care OR Behavioral Health Doctor about extended absence.

Table with 2 rows and 5 columns (Monday, Tuesday, Wednesday, Thursday, Friday) for scheduling.

- Indicate any or all which apply: Extended time (assignments), Reduced or eliminated assignments, Modified schedule, Preferential seating, Avoid questions about absence, etc.

Note: Accommodations may continue past the two week period

Follow up meeting date:

Long Term Follow-up by appropriate staff:

Date(s): \_\_\_\_\_ Name: \_\_\_\_\_ Specific info: \_\_\_\_\_

Notes for Teachers: Refer to Health and Education Plan-Physician Report

Note: Accommodations may continue past the two week period. Long Term follow-up by appropriate staff:

Name/s: \_\_\_\_\_

Date for Follow-up meeting: \_\_\_\_\_