

APS BEHAVIORAL HEALTH RE-ENTRY MEETING FOR STUDENTS – *NOT TO BE USED IF HOSPITALIZED FOR SUICIDE ATTEMPT*

Student Name: _____ **ID:** _____ **Grade:** _____ **School Name:** _____

Meeting Date: _____

Student/Family Decline: _____

Length of hospitalization: _____

CYFD custody? Yes No

Name of facility _____

If Yes, BID completed? _____

Date returning: _____

If BID not complete, contact Foster Care Point of Contact Manager:

Stephanie.browne@aps.edu or 855-9843

1. Request **transcripts** if student received education at a treatment facility and **IEP** if applicable.
2. Determine applicable **accommodations**:

Accommodation Type	Date of Current Plan or Date Review Scheduled	Person Responsible for Updating and Distributing as Needed	Comments
Sped-IEP			
SAT Process			
504			
Health Plan/Discuss Meds with Nurse			

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Gender Support Plan			
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3. Does student need a **modified schedule** or **school day***? Yes No

If yes, modifications made:

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4. Does student have **missing assignments** or **class work**? (If **yes**, use attached work sheet) Yes No

5. **Release of Information** from health provider to address medical and academic needs? Yes No

6. **Outpatient follow up** scheduled? Yes No If no, referring to:

If yes, Name of outpatient provider:

Date scheduled:

7. Identify a school staff member to **check in with student regularly** and update Re-Entry Plan as needed:

Name of identified staff member:

8. **Additional information from facility, family, and student** regarding student's diagnosis, behavior, recommended school interventions to support success, or concerns about re-entry process:

Student Re-Entry Action Plan for Teachers

_____ is returning to school on _____ after an extended absence. (Student name) (Date)

The following considerations will support the student's re-entry:

- Student is permitted access to:

- Counselor
- Nurse
- Office
- Other _____

- Student has a modified schedule or school day as follows: N/A

- The following accommodations have been updated or are scheduled for review: N/A

- Student needs plan for missed work and an opportunity to make up assignments (may use table below): N/A

<i>Course</i>	<i>Teacher</i>	<i>Missed assignment(s)</i>	<i>Assignment forgiven or Plan for make-up work</i>

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