

SiS: Suicide in Schools Model Re-Entry Plan

Student name _____ Meeting Date _____
School name _____ Grade _____
Completed by (name/title) _____
Parent invited _____ Date contacted _____

IEP/504 Plan Yes No Classification:

I. HOSPITALIZATION INFORMATION

Placement returning from:

Type of placement:

Date of return to school:

Diagnoses:

Medication:

Medication in school Yes* No

*Complete required paperwork

Describe reason for placement:

Describe progress made/coping strategies learned:

Concerns for re-entry:

What will student tell peers (practice/model/role-play):

II. SYMPTOMS

Symptoms/barriers identified by student/parent that should be monitored in school that may be indicative that this student is struggling, or behaviors are worsening.

Individual triggers/stressors identified by the student:

III. INTERVENTIONS

Examples: *Modified assignments / extended time on assignments / Revision to IEP/504 supports and specially designed instruction / School-based counseling / Permission to evaluate/reevaluate administered / Suicide risk monitoring / Referral to Student Assistance Program (SAP) / Safety plan / Modified Schedule / Guidance pass / Relaxation room / Tutoring / Academic assistance / Make-up work plan / Other (be specific)*

Intervention	Person Responsible

Student AND parent wish for teachers to be informed: Yes No

Describe agreed upon information to be shared with teachers:

Follow-up appointment(s) scheduled (include dates/times/providers): _____

Release of Information Form(s) signed Yes No N/A

Re-Entry Plan progress meeting scheduled for: _____

IV. ATTENDEES

Print NAME	TITLE	Signature	I agree with the Plan*
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**If there is disagreement with the plan, a parent is welcome to make suggestions and/or provide a written statement.*

SiS: Suicide in Schools Model Re-Entry Plan Progress Meeting

Student name _____ Grade _____
 Initial Meeting Date _____ Progress Meeting Date _____
 Completed by (name/title) _____
 Parent invited _____ Date contacted _____

Overall plan will be: Continued Yes No Modified Yes No Discontinued Yes No

List each intervention implemented below and briefly describe progress. Include reasons for continuation, modification, or discontinuation of each intervention:

Intervention implemented	Continue Modify or Discontinue

ATTENDEES

Print NAME	TITLE	Signature	I agree with the Plan*
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**If there is disagreement with the plan, a parent is welcome to make suggestions and/or provide a written statement.*