School District Re-entry Plans
Resource Guide

Pennsylvania
Department of Education

School District Re-entry Plans
Resource Guide

Table of Contents

INTRODUCTION

In public schools across Pennsylvania, students may face extended absences due to physical or mental health challenges, disciplinary issues, family responsibilities, or other life events. When these students return, they are not simply re-entering a classroom, they are rejoining a community. This Re-entry Plans Resource Guide is designed to support Pennsylvania educators in helping students transition back to school successfully after a significant absence. Without a thoughtful and structured plan in place, students may struggle academically, socially, and emotionally, which can lead to further disengagement or chronic absenteeism.

Grounded in these principles, the Pennsylvania Department of Education (PDE) emphasizes inclusive practices and trauma-informed care as foundational to school success. Re-entry plans align directly with these principles by recognizing that every student's experience during their absence is unique and may have lasting impacts (PDE, 2022). Research supports that proactive, individualized re-entry support can significantly improve student outcomes and reduce the likelihood of future absences (Kearney & Graczyk, 2014). This is especially critical in a state as diverse as Pennsylvania, where student populations vary widely in needs, resources, and access to support.

To be effective, re-entry planning is not a "one-size-fits-all" protocol. It should be collaborative, involving teachers, school counselors, school psychologists, social workers, school nurses, administrators, and families to create a plan that reflects both the student's challenges and their strengths.

A well-designed plan can restore academic continuity, rebuild peer and adult relationships, and provide the emotional safety students need to reengage fully in learning (NASP, 2020). In Pennsylvania, where attendance policies must be balanced with the mandate for equitable and accessible education, re-entry plans serve as both a compassionate and compliance-conscious response.

This guide offers practical strategies, sample templates, case studies, and step-by-step planning tools aligned with Pennsylvania's educational policies and student support frameworks. Whether a student has been away for two weeks recovering from surgery, or for two months managing a mental health crisis, this resource will help educators ensure every return is intentional, supported, and successful.

References

Kearney, C. A., & Graczyk, P. (2014). A response to intervention model to promote school attendance and decrease school absenteeism. Child & Youth Care Forum, 43(1), 1–25.

National Association of School Psychologists. (2020). School reentry considerations: Supportingstudent social and emotional learning and mental and behavioral health.
https://www.nasponline.org.

Pennsylvania Department of Education. (2022). Creating trauma-informed schools.
https://www.education.pa.gov.

SCHOOL DISTRICT RE-ENTRY CHECKLIST

For any student whose attendance has been interrupted for a period of time due to medical, mental health, or other reason.

Student Name	
School Contact	
Name of Placement	
Contact at Placement	
Date and Time of Student's Re-entry Meeting	
How Student is Being Educated	☐ By SD ☐ By Placement/Facility
Number of School Days	
Excuses on File With Attendance Office	☐ Yes ☐ No

While Student is Out of School: Preparation and Communication

Completed By	Date	Action Item
		When a staff member learns a student is out for an extended time, they should inform the principal and school counselor
		Designate a school-based point person. In most cases this will be the school nurse or the school counselor
		School identified point person reaches out to parent/guardian.
		Confirm with the parent/guardian: where is student; who is the student working with; did the parent/guardian (and possibly student) sign release with placement for school district staff; and that a re-entry meeting will take place prior to returning to school.
		LEA point person (with consent) should contact placement to determine academic supports necessary for placement.
		Point person (with consent) should contact placement staff to discuss potential academic, social/emotional, and physical re-entry needs.
		Clarify medical or mental health recommendations.
		Assist student and parent/guardian through absence by staying in communication.

While Student is Out of School: Preparation and Communication (continued)

Completed By	Date	Action Item
		Point person has discharge date communicated through contact at external placement or provided by parent.
		If physician orders homebound instruction, assist with that process.
		When return date is identified, schedule re-entry meeting.
		Invite parent/guardian, student, administrator, school psychologist, nurse (if applicable), special education teacher (if applicable), and any instructional staff identified as being part of the return plan.
		Schedule re-entry meeting as soon as possible upon return.

At Re-entry Meeting

Completed By	Date	Action Item
		Provide opportunity for student and family to share perspectives and concerns.
		At the meeting, use the school district re-entry plan to guide discussion and record important information. Balance comprehensive communication with legitimate educational interest and ensure confidentiality.
		Following the meeting, ensure that the re-entry plan is carried out, including follow-up with parent/guardian and outside providers.
		Develop communication plan with family and care team.
		An additional meeting to review plan and support should be scheduled for approximately 3-4 weeks after the initial re-entry meeting, with flexibility on timeline provided for unique needs and identified support.

Ongoing Support

Completed By	Date	Action Item
		Track student progress and symptom changes.
		Schedule a follow-up meeting at 3-4 weeks to review progress and plan for any additional supports.
		Determine the need for long-term supports and what additional staff members or teams should be included.
		If re-entry plan is still being implemented and reviewed at 6-8 weeks, determine when re-entry plan will be discontinued and if longer-term supports may be pursued.

SCHOOL DISTRICT RE-ENTRY PLAN and MEETING SUMMARY

Student Name	
Pronouns	

Date of Birth	
Grade	

Existing In-School Supports

☐ ESL
☐ GIEP
☐ IEP
☐ IHP

☐ McKinney Vento
☐ Service Agreement
☐ Other

Existing External Supports

Medical Supports

Mental Health Supports

Drug and Alcohol Supports

Faith-Based Supports

Other Supports

School Attendance:

Date of Last School Attendance: _____

Brief Description of Absence:

If placed in another program, where? _____

Dates of Placement/Attendance: _____

Description of Education Received During Absence:

Excuses on File With Attendance Office: ☐ Yes ☐ No

Review of Student Concerns (including school-related stressors):

Review of Parent Concerns:

Review of Discharge Summary and Recommendations:

Student Physical and Behavioral Health Review:

Review of any diagnoses (list):

[ ]

Review of any medications (list):

[ ]

Review of outside providers involved (list):

[ ]

Obtain release of information for:

[ ]

Create/Review Student Safety Plan (date):

[ ]

Identify person(s) and/or places where student feels comfortable:

[ ]

Student Social/Emotional Review:

Staff-identified safe/preferred staff members:

[ ]

Student identified safe/preferred staff members:

[ ]

Identify safe/preferred peers:

☐ Staff were able to identify and provide names.

☐ Student was able to identify and provide names.

Check-ins with school staff (who/how often):

```
[                                                              ]
[                                                              ]
[                                                              ]
```

Initial review of additional support (see appendix for considerations):

- ☐ Taper days
- ☐ Scheduled breaks: _____
- ☐ Early transition between classes
- ☐ Permission to report as needed to: _____
- ☐ Temporary modified school day (describe): _____
- ☐ Other: _____

Review of additional accommodations (3-4 week review recommended)*:

- ☐ Scheduled breaks: _____
- ☐ Early transition between classes
- ☐ Permission to report as needed to:_____
- ☐ Other: _____

*Follow-up timeframe should be individualized based on need.

Review of extracurricular/athletic involvement and needed supports:

```
[                                                              ]
[                                                              ]
[                                                              ]
```

Review of community-based involvement and needed supports:

```
[                                                              ]
[                                                              ]
[                                                              ]
```

Student Academic Review:

Review of Schedule/List Modifications:

```
[                                                              ]
[                                                              ]
[                                                              ]
```

Review Make-up Work (list any notes; consider exemptions):

```
[                                                              ]
[                                                              ]
[                                                              ]
```

Check-ins with school staff (who/how often):

```
[                                                              ]
[                                                              ]
[                                                              ]
```

Academic accommodations or modifications (list all options discussed):

[ ]

Initial attendance modifications:

☐ Late start: _____

☐ Early release: _____

☐ Alternate HR Check-in: _____

☐ Hybrid days(s): _____

☐ Home visit: _____

Review of additional attendance modifications:

[ ]

Re-entry Specific Considerations:

Drug and Alcohol Placement

Identified triggers related to substance use:

[ ]

Identified coping mechanics related to substance use:

[ ]

Reviewed aftercare plan for necessary supports:

[ ]

Consider whether SAP referral is necessary:

[ ]

Address potential social stigma associated with substance use expressed by student/family/staff:

[ ]

Mental Health including Suicide Attempt/Crisis Intervention

Safety plan developed and available to staff working with student:

Document potential medication side effects that may impact learning and behavior for monitoring:

Address potential social stigma associated with mental health treatment expressed by student/family/staff:

Plan for increased monitoring immediately following return to school, as needed:

Safety plan developed, as appropriate:

Safety plan review and revision date scheduled:

Staff and family communication plan in place for expressions of suicidal ideation:

Consider SAP referral:

Physical Illness/Injury

Physical needs and limitations:

Plan for managing ongoing medical needs at school:

Impact of illness and/or treatment on social and emotional well-being:

Head Injuries

Plan to prioritize cognitive rest and gradual return to cognitive activity:

Communication to staff regarding flexible academic adjustments:

Plan for monitoring symptoms:

Students Who Receive Special Education Services

IEP team is involved in all meetings:

☐ Yes ☐ No

IEP was reviewed and revised, as appropriate:

☐ Yes ☐ No

Existing in-school supports were notified about absences and had the opportunity to review documentation and revise supports as needed:

☐ Yes ☐ No

Students Who Have 504s

504 team is involved in all meetings:

☐ Yes ☐ No

504 was reviewed and revised, as appropriate:

☐ Yes ☐ No

Existing in-school supports were notified about absences and had the opportunity to review documentation and revise 504 as needed:

☐ Yes ☐ No

Court Adjudicated Youth (e.g., foster care, congregate care, juvenile justice placement)

Copy of court order is available:

☐ Yes   ☐ No

Identified as part of Act 1:

☐ Yes   ☐ No

Communication plan includes case manager and all relevant parties:

☐ Yes   ☐ No

Homeless Youth

McKinney-Vento liaison has been notified:

☐ Yes   ☐ No

Identified under McKinney-Vento:

☐ Yes   ☐ No

Transportation plan in place:

☐ Yes   ☐ No

Plan for basic need supports:

Contact/Next Steps:

Identified Point Person at School:

Follow up with parent/guardian/caregiver scheduled for:

Indicate any other follow-up plans:

Indicate school staff/administrators to be updated following meeting:

Plan/Accommodations in place through:

Date of Next Meeting:

Plan Completed By:

(Printed Name andTitle)

_____

_____

Signature:

_____

Date:

_____

Administrator:

(Printed Name andTitle)

_____

_____

Administrator Signature:

_____

Date:

_____

Possible Considerations Following Drug and Alcohol Placement

General Considerations

- Maintain nonpunitive, supportive tone in working with student and family. Re-entry is a step toward healing and recovery, not a consequence.
- Establish clear communication pathways, with a clear understanding for school and outside supports regarding limits to confidentiality and communication.
- Monitor for signs of relapse or disengagement; and, intervene early in a supportive manner, not with a discipline focus.
- Monitor progress closely, with patience, as recovery is not a linear process and successful re-entry takes time.

Phase 1: Initial Re-entry (First 3 weeks) Considerations

Goal: Stabilize student's return; build trust; monitor behavior; and ensure safe, supportive learning environment.

Supports (tools and services):

- Re-entry meeting.
- Utilize the student's aftercare plan to implement tools and services to support their recovery.
- Daily check-ins with assigned point person.
- Determine whether SAP referral is necessary.
- Identify peer mentor or safe staff member for connection and support.
- Communication plan between family and school.

- Development of crisis plan or behavioral safety plan.
- Coordination with outside providers (per family/student permission).
- Quiet, structured spaces for breaks or de-escalation.

Accommodations (access to learning):

- Modified schedule (transitions, learning day, attendance).
- Flexible deadlines for make-up work.
- Testing in separate space.
- Use of headphones, fidgets, or other tools to manage anxiety (consider allowing music in headphones).
- Hallway passes for breaks, accessing support.
- Private check-ins for mood, triggers, or substance-related stressors.

Modifications (change in learning goals):

- Temporary reduced academic workload focused on core subjects.
- Alternate assignments to assess understanding (e.g., oral presentation vs. essay).
- Adjusting grading expectations with a focus on effort and participation.
- Shortened or scaffolded assignments to prevent overwhelming the student.

Phase 2: Ongoing Support Considerations (Week 4 and Beyond)

Goal: Adjust supports based on progress, maintain accountability, promote long-term stability.

Supports (tools and services):

- Bi-weekly check-in with identified staff member.
- Revisit and revise safety/behavioral plan, if needed.
- Revise any additional supports put in place in phase 1.

Accommodations (access to learning):

- Gradual increase in academic expectations, based on success with progress monitoring.
- Ongoing access to break spaces or quiet areas, especially in high-stress times.
- Continued flexibility.
- Modified attendance plan, if needed for recovery meetings or treatment follow-up.

Modifications (change in learning goals):

- Continue modified workload if cognitive or emotional recovery is impacting learning.
- Adjust course content to prioritize credit recovery and skill-building.
- Alternate class placements, or electives better aligned with current needs (e.g., hands-on learning, skill building classes).

Possible Considerations Following Mental Health Treatment (Inpatient or Partial Hospitalization)

General Considerations

- Approach the re-entry process with compassion, patience, and flexibility.
- Maintain confidentiality and minimize stigma among peers and staff.
- Include the student's voice in all planning and goal-setting.
- Understand that recovery from mental health challenges is ongoing.
- Reinforce that school is a safe and supportive space for the student.

Phase 1: Initial Re-entry (First 3 weeks)

Goal: Stabilize the student's return, rebuild routine, provide emotional safety, and monitor adjustment.

Supports (tools and services):

- Re-entry planning meeting with student, caregiver(s), admin, counselor, school nurse and key staff.
- Assigned mental health support contact (e.g., school counselor or social worker)
- Daily emotional check-ins with a trusted adult.
- Referral to SAP to support in-school and community-based supports.
- Safe, calm space available for emotional regulation breaks.
- Clear communication plan with family (e.g., weekly updates or shared journal).
- Coordination with outside therapists or care teams (with consent).
- Peer buddy system for reintegration into social and academic life.

Accommodations (access to learning):

- Flexible attendance plan to allow for gradual reintegration.
- Adjusted workload and assignment deadlines.
- Reduced or alternative homework assignments.
- Quiet testing environment, with breaks as needed.
- Visual schedules or planners to support organization and reduce anxiety.
- Hall passes for counselor visits or calm-down time accessible with nonverbal signal.

Modifications (change in learning goals):

- Temporary reduction in course load to essential academics.
- Modified assignments that focus concepts needed for future courses to allow focus on well-being and reflection.
- Alternate assessments (e.g., project-based instead of written test).
- Grading flexibility that reflects effort and re-engagement rather than only performance.

Phase 2: Ongoing Support Considerations (Week 4 and Beyond)

Goal: Promote sustained success, mental health maintenance, and full academic and social participation.

Supports (tools and services):

- Biweekly or monthly mental health check-ins.
- Review and revise support plan with student and caregivers.
- Continue access to in-school counseling and/or referrals as needed.
- Identify a support staff "anchor" for long-term guidance.
- Engage student in wellness activities (e.g., mindfulness, journaling, art).
- If ongoing supports, accommodations and modifications are necessary after 6 to 8 weeks, the team should consider what additional supports are necessary.

Accommodations (access to learning):

- Ongoing flexibility in workload during times of elevated stress.
- Scheduled breaks during the school day for emotional regulation.
- Continued support with organization and executive functioning.
- Extended timelines during high-stress periods (e.g., testing, transitions).

Modifications (change in learning goals):

- Continued reduced workload in one or more classes.
- Adjusted curriculum pace or focus to reduce anxiety.
- Alternate assignments that incorporate student interests or therapeutic goals.

Possible Considerations Following Physical Health Absences

General Considerations

- Typically, less support will be necessary if a student is absent for only a short period of time. Consideration should be made if support is needed, based on how often the absences occur and the level of academic intensity or support the student needs.

- Ensure the student feels welcome and supported, not overwhelmed.

- Avoid drawing unwanted attention to health-related accommodations.

- Monitor for signs of fatigue, pain, or frustration and respond with empathy.

- Balance encouragement with flexibility as the student builds stamina.

- Include student voice in determining what is working and what needs adjustment.

Phase 1: Initial Re-entry (First 3 weeks)

Goal: Support a safe, comfortable return to school while monitoring physical needs and academic reintegration.

Supports (tools and services):

- Re-entry planning meeting with student, caregiver(s), nurse, counselor, and key staff.

- Individualized health plan developed in collaboration with school nurse and care team to support diagnosis through goals/interventions, and outcome planning.

- Designated staff contact for check-ins and assistance.

- Scheduled rest periods or access to a quiet space during the day.

- Coordination with medical providers (with consent) to understand activity restrictions and needs.

- Peer buddy system for navigating school or catching up academically.

- Temporary elevator or mobility assistance pass.

Accommodations (access to learning):

- Modified schedule (e.g., shortened day or reduced class transitions).

- Extended time for assignments and assessments.

- Alternative testing locations or formats if stamina is limited.

- Flexibility with PE participation based on medical clearance.

- Access to seating near classroom exits or nurse's office.

- Hall passes for restroom, nurse, or rest area access.

Modifications (change in learning goals):

- Reduced academic workload to focus on key learning targets.

- Simplified or alternate assignments during recovery period.

- Adjusted expectations for physical activities or lab-based classes.

- Alternate tasks for group work or presentations if energy is limited.

- For required PE credits, assign alternative projects when limited participation is required.

Phase 2: Ongoing Support and Progress Monitoring (Week 4 and Beyond)

Goal: Support continued physical recovery, academic re-engagement, and monitor for any new or recurring medical needs.

Supports (tools and services):

- Ongoing communication between caregivers, nurse, and school staff.
- Health plan reviewed and adjusted as medical needs change.
- Continued rest or break access as needed.
- Periodic check-ins with counselor or designated staff.
- Optional access to school nurse for daily monitoring or medication.
- Support with rejoining missed extra-curriculars or social activities.
- If barriers to learning are present, referral to SAP for action team planning and continued support.

Accommodations (access to learning):

- Gradual return to full schedule and coursework.
- Continued flexibility in attendance for follow-up appointments or flare-ups.
- Transportation accommodations if fatigue or injury limits walking.
- Modified classroom seating arrangements for comfort or accessibility.

Modifications (change in learning goals):

- Ongoing curriculum adjustments in high-physical-demand classes (PE, lab sciences).
- Reduced workload or alternate assessments in select classes.
- Alternate formats for content delivery (e.g., audio/video lessons).

Possible Considerations for Return to School Following a Brain Injury

General Considerations

- Recovery is nonlinear — adjust expectations frequently.
- Prioritize return to learning over return to athletics.
- Homebound is contra-indicated for the majority of students and should be done only when it is medically necessary due to severity.
- Monitor emotional well-being — anxiety and frustration are common.
- Use a student-centered, flexible approach to reduce pressure.
- Keep family in the loop and empower the student to advocate for their needs.
- A Return to Learn After Concussion: Recommended Protocol is maintained and updated by BrainSTEPS (Strategies, Teaching Educators, Parents and Students). Teams should access the current recommended protocol, PaTTAN website.

Phase 1: Initial Re-entry (First 3 weeks)

Supports (tools and services):

- Re-entry meeting with caregivers, school staff, and BrainSTEPS consultant (if applicable).
- Referral to BrainSTEPS for concussions is recommended at this stage if:
  - Concussion is not progressively resolving in first week

- History of past concussions
- History of migraine headaches
- History of anxiety, depression, or other mental health concerns
- History of attention disorders
- History of learning disabilities
- History of sleep disorders
- Referral to BrainSTEPS is recommended immediately if the student has experienced a moderate to severe traumatic brain injury.
- Referral to BrainSTEPS is recommended immediately if the student has experienced a nontraumatic brain injury.
- Development of an educational concussion management plan or academic adjustment plan.
- Symptom monitoring protocol (daily check-ins with nurse or designated staff).
- Gradual return-to-learn schedule based on symptom tolerance.
- Liaison between school and medical team (with consent).
- Access to quiet, low-stimulation space for rest breaks.
- Provision of structured daily schedule with visual supports or planners.
- If the student is an athlete, notify coach, athletic director, and athletic trainer.

Accommodations (access to learning):

- Shortened school day or modified schedule (if medically advised).
- Extra time for assignments, tests, and transitions.
- Reduced screen time or use of paper-based materials.
- Copies of class notes or access to recorded lessons.
- Preferential seating (e.g., away from bright lights or noisy peers).
- Modified PE (or complete excusal) until cleared by physician.
- Avoidance of high-stakes assessments or timed tasks.

Modifications (change in learning goals):

- Reduced academic workload (prioritize essential standards).
- Simplified assignments or alternate formats (oral responses, diagrams).
- Alternate grading criteria (focus on participation, effort, completion).
- Modified instruction (e.g., chunking material, breaking tasks into steps).

Phase 2: Ongoing Support and Progress Monitoring (Week 4 and Beyond)

Supports (tools and services):

- If during weeks 4-6, the student remains symptomatic or there has been a notable change in performance or attendance, a referral to BrainSTEPS should be made at www.brainsteps.net.
- If symptoms persist beyond 6-8 weeks, the team should discuss whether an evaluation is warranted by the LEA to determine the need for more intensive accommodations and/or modifications. It may take several months for students to recover, and the decision to move forward with formalized assessments should be made by the school team and based on individual need.
- Regular team check-ins (student, caregivers, staff, BrainSTEPS).
- Continued symptom monitoring and documentation.
- Access to school counseling or emotional support services.
- Awareness information for teachers on brain injury impacts and accommodations.
- Peer mentoring or academic coaching (if social/academic reintegration is difficult).

Accommodations (access to learning):

- Gradual increase in academic workload, as tolerated.
- Continued use of visual supports, planners, or checklists.
- Adjustments in homework expectations during recovery.
- Flexible deadlines and testing environments.
- Rest breaks during the day for fatigue or cognitive overload.

Modifications (change in learning goals):

- Curriculum adaptations based on cognitive functioning.
- Reduced problem sets or alternate projects.
- Assistive technology (e.g., text-to-speech or dictation software).
- Long-term behavior or emotional regulation supports, if needed.

Possible Considerations Following Return From or Change in Out-of-Home Placement
(e.g., Court Adjudicated Youth, Homeless)

General Considerations

- Lead with empathy and build trust slowly; consistency is key.
- Keep student information confidential, sharing only on a need-to-know basis.
- Validate the student's experience and identity, allowing space for voice and choice.
- Watch for signs of withdrawal, acting out, or regression and respond supportively.
- Collaborate with child welfare or placement agencies to ensure continuity of care.

Phase 1: Initial Re-entry (First 3 weeks)

Goal: Ensure emotional safety, rebuild relationships, provide structure, and assess current academic and social needs.

Supports (tools and services):

- Re-entry meeting with student, caregiver(s), caseworker (if applicable), counselor, and school team.
- Designated point person (e.g., counselor, social worker, trusted staff) for daily emotional check-ins.
- Trauma-informed classroom support and flexibility from all staff.
- Safe adult or space for emotional regulation throughout the day.
- Coordination with caseworkers, therapists, and out-of-home placement teams (with consent).

- Peer connection opportunities (e.g., buddy system, lunch groups).
- Clear routines and visual schedules to provide predictability.
- Access to hygiene supplies, clothing closet, or school-based resources, if needed.

Accommodations (access to learning):

- Flexible attendance and arrival times, especially during placement transitions.
- Extended time for assignments and flexibility with deadlines.
- Quiet testing or alternative testing locations.
- Seating arrangements that promote safety and reduce anxiety.
- Trauma-informed behavioral expectations with restorative approaches.
- Hall passes or check-in/out privileges to access support staff.

Modifications (change in learning goals):

- Temporary reduction in workload to prioritize emotional regulation.
- Alternate assignments (e.g., reflection j ournals, creative options).
- Modified grading to reflect re-engagement and progress, not just content mastery.
- Adjusted classroom participation expectations if social anxiety is high.

Phase 2: Ongoing Support and Progress Monitoring (After 3 Weeks)

Goal: Build stability, monitor for emotional and academic progress, and foster long-term success in school.

Supports (tools and services):

- Ongoing check-ins with designated supprt staff.
- Periodic family/team meetings to review placement changes or needs.
- Continued counseling or mental health services.
- Opportunities for leadership, enrichment, or involvement in school community.
- Trauma-informed training for staff working closely with the student.
- Celebrations of personal milestones or academic growth (privately or publicly, as appropriate).
- If barriers to learning are present, referral to SAP for action team planning and continued support.

Accommodations (access to learning):

- Continued flexibility with assignments or attendance as placement changes arise.
- Breaks or regulation tools embedded in daily schedule.
- Support with executive functioning (e.g., planners, checklists).
- Adapted transitions between classes or buildings for consistency.

Modifications (change in learning goals):

- Reduced academic demands in one or more classes.
- Adjusted curriculum that integrates SEL or coping strategies.
- Alternate classroom settings (e.g., smaller group instruction, co-taught classes).

RE-ENTRY TEMPLATES

Initial Information Gathering Form

Purpose: This form would be initiated when a staff member learns a student will be out for a period of time. It helps gather preliminary information needed to prepare for the re-entry process and serves as the referral form to the school point of contact.

Student Information Requested	Student Information Received
Student Name:	
Date Staff Learned of Absence:	
Staff Member Reporting Absence:	
Reason for Absence (if known):	
Date of Last School Attendance (if known):	
Anticipated Duration of Absence (if known):	
Current Location of Student (if known):	
Contact Information for Parent or Guardian:	
Name of Potential Placement/Facility (if applicable):	
Contact Information at Placement/Facility (if applicable):	
Has a Release of Information been received from the Parent/Guardian?	☐ Yes ☐ No
Designated School-Based Case Manager/Point Person (to be completed by Principal or Counselor):	
Notes: (e.g., initial concerns raised, other relevant information)	
Date Form Completed:	

Follow-Up Review Form

Purpose: This template is for the follow-up meeting(s) to review the initial re-entry plan and make necessary adjustments. Recommended initial follow-up is at 3-4 weeks, and additional follow-up meetings should be scheduled as needed.

Student Name:	
Date of Initial Re-entry Meeting:	
Date of Follow-Up Review Meeting:	
Attendees:	
Review of Student/Family Perspectives and Concerns:	
Progress Toward Goals Outlined in Initial Re-entry Plan:	
Review of Effectiveness of Initial Supports and Accommodations:	
Student Physical and Behavioral Health Update:	
Student Social/Emotional Update:	

Student Academic Update:	
Student Attendance Update:	
Consideration of Additional Supports or Modifications Needed:	
Updates to Communication Plan (if any):	
Plan for Ongoing Support:	
Date of Next Follow-Up Meeting (if needed):	
Decision Regarding Discontinuation of Re-entry Plan:	
Consideration for Longer-Term Supports:	
Meeting Summary Completed by:	

Commonwealth of Pennsylvania

Josh Shapiro, Governor

Pennsylvania
Department of Education