ATTACHMENT 3.01

STUDENT SUPPORT PLAN FOR RETURNING TO SCHOOL (SAMPLE)

Student Support and Follow-Up Care Plan Form

Student Name/ID#:			
School:			
Please list the names of key	people involved in collaborat	ively creating this plan.	
☐ Student			
☐ Parents/Guardians			
☐ School Administrato	r(s)		
□ School Mental Healt	h Professional(s)		
\square Outpatient Therapis	t or Mental Health Worker		
☐ Classroom Teacher(5)		
☐ School Nurse			
□ Others as appropria	te:		
deem necessary. STUDENT SUPPORT PLAN: ☐ The student will che	ck in with	[staff member] a	t the following times:
Week 1	Week 2	Week 3	Week 4
The method for checki	ng in will be:		

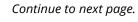
Continue to next page.



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ATTACHMENT 3.01

☐ The student's class schedule will be modified in the following ways:
Notes:
□ Off-campus considerations:
Notes:
☐ Lunch-time considerations
Notes:
☐ Class transition considerations:
Notes:
☐ Restroom access considerations:
Notes:
□ How will the student handle questions lettention from nears?
☐ How will the student handle questions/attention from peers?
Notes:



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ATTACHMENT 3.01

\square Considerations for extracurricular activities (club	os, sports, jobs, community involvement, etc.)
Notes:	
☐ Other circumstances the student may be concer	ned about:
Notes:	
Alerting Teachers & Support Staff (Need-To-Know Only)	
	their teachers and support staff to know? Identify staff.
Notes:	
Additional Safety Precautions to Consider:	
☐ The student agrees to check in daily with a pare	nt/guardian upon arrival home from school. immediately alert the school counselor or school administrator
if there is an unexcused absence during the first w	
	he student will be late, absent, or leaving the school for any
reason (including appointments).	ding considerations for school and home, and this support team
is aware of that plan (attach the plan to this doc	_
	icate with the student's community mental health team (attach
appropriate releases of information to this doc	ument).
Those present for this meeting:	
Signature	Title



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