**REINTEGRATION CHECKLIST**

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| **ACTIONS** | **STAFF RESPONSIBLE** | **EXTERNAL CONTACTS** | **TASK COMPLETED** |
| 1. Identify student’s return date. | Lead:  Backup: | Caregiver contact information:  Hospital contact information: | Initials:  Date/Time: |
| 1. Develop a safety and support plan with student/caregivers and disseminate to appropriate staff on a need-to-know basis. | Lead:  Backup: | Re-integration meeting attendees:  Teachers who need to be informed: | Initials:  Date/Time: |
| 1. Identify staff supports and a  check-in / check-out plan. | Lead:  Backup: | Support staff: | Initials:  Date/Time: |
| 1. File the reintegration / student support plan with the school office and/or building administrator and/or the SMHT Coordinator. | Lead:  Backup: | Who was the plan filed with? | Initials:  Date/Time: |