**REINTEGRATION CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| **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: |