



Reintegration Plan

Student Name:

School:

Charge(s):

Multidisciplinary Team: *List the names of all meeting attendees (parent(s), student, DSS and/or SW, juvenile court personnel, school principal/assistant principal, school counselor, school resource officer, district office personnel, any additional relevant party)*

Today's Date:

Date student will return to school:

Behavioral Interventions: *These address expected behaviors while in school. What the student will/won't be expected to do. Possible supportive and safety measures (ex: backpack search, front office check-in, etc.)*

Short-term mental health or counseling: *Has the student been receiving any treatment? Self-elected or court ordered?*

Academic Interventions: *These address academic expectations or requirements. (Comply with IEP - if existing)*