



Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

Date(s) Absent: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**The purpose of the Reentry Plan is to review the steps taken by the family and student since leaving campus and to coordinate all efforts to keep the student safe while in the building.**

**Members in Attendance**

Administrator *(required)*: \_\_\_\_\_

School Counselor *(required)*: \_\_\_\_\_

Parent/Guardian *(required)*: \_\_\_\_\_

Student *(if appropriate)*: \_\_\_\_\_

Nurse *(if applicable)*: \_\_\_\_\_

LSSP/Diagnostician/504 Coordinator *(if applicable)*: \_\_\_\_\_

Mentor *(if applicable)*: \_\_\_\_\_

CISD Police Officer *(if applicable)*: \_\_\_\_\_

District Crisis Intervention Specialist *(if applicable)*: \_\_\_\_\_

Translator *(if applicable)*: \_\_\_\_\_

**1. Resources in place/additional resources given:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Recommendations given from medical practitioner or therapist:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Suicide Protocol • Reentry Conference Form

(Continued)

3. Discussion about missed work, credits and absences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Who is the student's "person" and how often will they check in? *Plan:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## 5. Building Safety Plan:

Concerns about lunch period? *Plan:* \_\_\_\_\_

Concerns about bathroom use? *Plan:* \_\_\_\_\_

Concerns about passing periods? *Plan:* \_\_\_\_\_

Need for a nurse pass? *Plan:* \_\_\_\_\_

Any changes needed in schedule? *Plan:* \_\_\_\_\_

Notifications necessary to teachers/coaches/after school activities? *Plan:* \_\_\_\_\_

Supervision during after school activities? *Plan:* \_\_\_\_\_

6. Time frame for review of this plan: \_\_\_\_\_ *Plan:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Steps to be taken in case of continued safety concerns: *Plan:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Other Concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_