

**HOME & HOSPITAL ONLY**

Date **Initial** Received: \_\_\_\_\_

Date Returned:  
\_\_\_\_\_

*(If applicable)*

Date Revision Rec'd: \_\_\_\_\_  
*(If applicable)*

Date **Final** Received:

## ACTION PLAN FOR STUDENT RE-ENTRY- SY 2020-2021

### **Required for all FULL TIME HOME AND HOSPITAL PROGRAM referrals**

The *Action Plan for Student Re-Entry* must be developed at the time that the IEP Team or Student Support Team meets to refer a student for the Home and Hospital Program.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_

School of Enrollment: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

School Fax Number: \_\_\_\_\_

Date Plan Developed: \_\_\_\_\_

Plan Developed by:  IEP Team  
 Student Support Team

Check One:  Physical Condition/Pregnancy  
 Emotional Condition

### **Current Levels of Performance:**

Attendance: How many days has the student been absent this school year? \_\_\_\_\_

### **Current Performance in Core Subject Areas:**

Is the student currently passing or failing the core subjects? (Indicate P or F)

Math \_\_\_\_\_ English/Language Arts \_\_\_\_\_ Social Studies \_\_\_\_\_ Science \_\_\_\_\_

Areas of Academic Strength:

\_\_\_\_\_

Areas of Academic Weakness:

\_\_\_\_\_

Areas of Behavior Weakness:

\_\_\_\_\_

Effective Behavioral Strategies:

\_\_\_\_\_

\_\_\_\_\_

## MEETING FOR IEP OR SST REVISIONS

What changes will need to be made in the student's IEP, SST or general school plan for the student to successfully return to a school placement?

Team Meeting:  IEP  
 SST

**Date(s)** \_\_\_\_\_

Staff for student transition (**PLEASE PRINT**)

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### **CLASSROOM CONSIDERATIONS:**

(Check all that apply)

- Manage change Example: post daily routine; inform student in a timely fashion of expected change; use relaxation techniques in times of stress.
- Teacher check-ins to reduce stress and anxiety
- Reduce stress from tasks Example: discuss materials before having student read aloud; provide practice time for oral readings; segment work.
- Other: \_\_\_\_\_

### **SCHOOL WIDE CONSIDERATIONS:**

(Check all that apply)

- Allow the student to transition between classes early to avoid crowds
- Map out travel routes within the school to make transitions more comfortable for the student
- Provide a Flash Pass for Guidance Counselor or Behavioral Interventionist
- Provide sessions on social skills or anger management Examples: Social Work services added to IEP or 504; Guidance services. Explain how this service(s) will be provided:

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- Provide Extra academic supports Examples: Increase Academic IEP goals and supplemental supports; tutoring; coach class. Explain how these supports will be provided:

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Does the student require additional adult supervision? Examples of service: provide morning and/or afternoon check-in; escort the student to and from class or other activities; assist with providing a safe place for lunch; act as an adult mentor. Explain in detail what the adult will be doing:

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Does the student need a shared teaching day with the Home and Hospital Program to allow the student time to adjust to a full day program to achieve successful re-entry? Explain in detail what that day would look like and how long it would last:

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RE-ENTRY MEETING:

Student's Anticipated Re-Entry Date: \_\_\_\_\_

For general education and special education students on the Home and Hospital Program for physical conditions or pregnancy or general education students on for emotional conditions, the team must be held **two weeks before the student's anticipated return to a school placement.**

For special education students on the Home and Hospital Program with emotional conditions, a meeting is held **two weeks prior to the 60<sup>th</sup> calendar day of home or hospital instruction**, in preparation for the student's return to a school placement on the 60<sup>th</sup> school day.

1. Do any changes need to be made to the student's IEP or SST? If so, what are the changes?

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2. Specify where and to whom the student should report on the first day of return? Will an intake meeting be needed? Who will provide the student with his/her schedule and check-in with the student/parent at the end of the first day?

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3. Other:

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IMMEDIATELY AFTER EACH MEETING, PLEASE FAX A COPY OF THE FOLLOWING TO THE HOME AND HOSPITAL PROGRAM INCLUDING:

- THE COMPLETED ACTION PLAN FOR RE-ENTRY
- THE INITIAL HOME TEACHING IEP (if applicable)
- THE DRAFT IEP OR SECTION 504 PLAN FOR RE-ENTRY
- SST OR IEP TEAM NOTES.

**Submitted by:**

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**Printed name of IEP Chair or SST Chair submitting this report**

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**Signature of IEP Chair or SST Chair submitting this report**

**Date Submitted:** \_\_\_\_\_

Original maintained by:  
Student's School of Enrollment

Copies to:  
Home & Hospital Program  
Office of Psychological Services (for emotional referrals)