**INDIVIDUAL STUDENT RE-ENTRY MEETING & SAFETY PLAN**

Date:

An individual safety plan, unlike a typical behavior plan, addresses specific behavior(s) that is dangerous to the student and/or others.

**STUDENT INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

**CONTACT INFORMATION:**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION (Please attach the Re-Entry to School Referral Form)**

Re-Entry from (check one of the following): Evaluation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospitalization \_\_\_\_\_\_\_\_\_\_\_\_\_

**CRISIS RESPONSE PLAN:**

What to do if student exhibits the described behaviors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behaviors/Actions that warrant contact to Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Case Manager/Responsible Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Warning Signs/Triggers** | **Strategies That Work:** | **Strategies That Don’t Work:** |
| School: |  |  |  |
| Home:  |  |  |  |
| Other:  |  |  |  |

**BEHAVIORAL SUPPORTS (Information provided on Risk Assessment)**

**SCHOOL INFORMATION:**

Strategies/Goals for Making Up Missed Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GOALS:**

|  |  |  |
| --- | --- | --- |
| **Immediate:** | **Short-Term:** | **Long-Term:** |
|  |  |  |

**SAFETY TEAM MEMBERS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name (Please Print):**  | **Signature:**  | **Title:**  | **Date:**  |
|  |  | Student |  |
|  |  | Parent/Guardian |  |
|  |  | Parent/Guardian |  |
|  |  | Counselor |  |
|  |  | Social Worker |  |
|  |  | Teacher |  |
|  |  | Teacher |  |
|  |  | Teacher |  |
|  |  | Teacher |  |
|  |  | Administrator |  |
|  |  |  |  |
|  |  |  |  |

**FOLLOW UP INFORMATION:**

**o Follow Up with Student**

**o Need to Make Parent/Guardian Contact**

**o Home Visit is Necessary**

**o Conference is Necessary**

**o Need to Make Teacher(s) Contact**

**o Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**\*\*Individual Counseling Action Plan\*\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| X | Actions to Complete | Notes | Actions Needed | Staff Member | Parent Follow up Needed? (Y/N) |
|  | Follow Up Meeting 1 (Within two weeks) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  | Follow Up Meeting 2 (One month) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  | Follow Up Meeting 3 (Two months) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  | Follow Up Meeting 4 (Three to Four months) Date: \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

Termination Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_