

**Jackson County School District 9
Re-Entry Plan**

Name of Student: _____ School: _____ Grade: _____

• **Moderate Risk**

- Designate a staff member to check in with student upon return.
_____ (Staff Name)
- Send out Care Alert to all staff.

Notes: _____ _____ _____

• **High Risk/Hospital Notifications**

- Counselor/Psychologist/RCH meets with student upon re-entry to create an individualized plan for the day or week.
- Send out Care Alert to all staff.
- Call home and communicate with parent if they were not able to attend re-entry meeting.

Notes: _____ _____ _____

School Staff _____ Date _____