

STUDENT SUPPORT PLAN FOR RETURNING TO SCHOOL (SAMPLE)

Student Support and Follow-Up Care Plan Form

Student Name/ID#: _____

Date: _____

School: _____

Grade: _____

Please list the names of key people involved in collaboratively creating this plan.

- Student
- Parents/Guardians
- School Administrator(s)
- School Mental Health Professional(s)
- Outpatient Therapist or Mental Health Worker
- Classroom Teacher(s)
- School Nurse
- Others as appropriate: _____

Please make sure that all parent/guardian contact information and emergency contact information for the student is current and easily accessible.

DISCLOSURE: This plan is intended to be fluid and therefore can be modified as the student, family, and school support team deem necessary.

STUDENT SUPPORT PLAN:

The student will check in with _____ [staff member] at the following times:

Week 1	Week 2	Week 3	Week 4

The method for checking in will be: _____

Continue to next page.

KANSAS SUICIDE PREVENTION, RESPONSE AND POSTVENTION TOOLKIT

ATTACHMENT 3.01

The student's class schedule will be modified in the following ways:

Notes:

Off-campus considerations:

Notes:

Lunch-time considerations

Notes:

Class transition considerations:

Notes:

Restroom access considerations:

Notes:

How will the student handle questions/attention from peers?

Notes:

Continue to next page.

Considerations for extracurricular activities (clubs, sports, jobs, community involvement, etc.)

Notes:

Other circumstances the student may be concerned about:

Notes:

Alerting Teachers & Support Staff (Need-To-Know Only)

What information (if any) does the student want their teachers and support staff to know? Identify staff.

Notes:

Additional Safety Precautions to Consider:

- The student agrees to check in daily with a parent/guardian upon arrival home from school.
- The student understands that their teacher will immediately alert the school counselor or school administrator if there is an unexcused absence during the first week after the student returns to school.
- Parents/guardians agree to notify the school if the student will be late, absent, or leaving the school for any reason (including appointments).
- The student has created a full safety plan, including considerations for school and home, and this support team is aware of that plan (**attach the plan to this document**).
- The family would like for the school to communicate with the student’s community mental health team (**attach appropriate releases of information to this document**).

Those present for this meeting:

Signature

Title
