# Sample Return to Learn Support Plan

Date of Meeting:

| **Roles** | **Attendance** |
| --- | --- |
| Student’s Name |       Is the student in attendance? [ ]  Yes [ ]  No |
| Parent(s), Guardian(s), or Family Member(s) in attendance: |       |
| Assigned Case Manager: |       |
| School Personnel in Attendance: |       |
| Other:  |       |

## Updates:

Update on the student’s status including any current mental health treatments or counseling:

Have the parent/guardians been offered the release of confidential information form to allow the school to communicate with outside mental health providers or doctors?

Are there any recommendations by outside mental health agency, therapist, doctor, etc.?

## Assistance Planning:

Assistance plan for student:

Strategies and considerations for handling questions about the student’s absence, missed work, communication with staff members not at the meeting.

Assistance plan for parents/guardians:

Referrals to community based teams or service providers:

## Action Planning

After the meeting what needs to be done to ensure the plan is implemented?

| **Action/Task** | **Who is responsible:** | **Completion Date:** |
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**Follow-up Meeting Date:**

**Return to Learn: Student Safety Plan**

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| --- | --- |
| Student Name: |       |
| Date: |       |
| Assigned case manager: | Name:Role:      Phone Number: Email:  |
| Team members participating: | [ ] Student [ ] Case Manager [ ] Parent/Guardian [ ] Other School Mental Health Staff (     )[ ] Other School Staff (     ) [ ] Outside Provider:       [ ]  Other (     ) |
| Date that safety plan will be reviewed: |       |

## These are the people and activities that improve my mood:

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| (*Examples: friends, attending chorus class, walking, etc*.) |
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##  These are the coping strategies I can use:

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| *(Examples: taking deep breaths and counting to 10, talking about my feelings, listening to music, etc.)* |
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These are the school supports needed:

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| --- | --- |
| **Support** | **Person(s) Responsible**  |
| (*Examples: laminated pass to school counseling, additional time to complete missed assignments, regular pass to go to the school nurse for medication monitoring, etc.)* | *(Examples: teachers, student, school counselor, school nurse)*  |
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These are warning signs that I am struggling to cope with my emotions:

| *(Examples: I can’t concentrate in class, I get angry at others, I start cutting, etc.)* |
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These are the trusted adults that I will seek out if I need help:

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| *(Examples: my school counselor, my special education case manager, my chorus teacher, etc.)* |
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|       |
|       |

**Student Signature:**

**Date**

**Case Manager Signature:**

**Date**