



# OLD COLONY

REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL DISTRICT

476 North Avenue, Rochester, Massachusetts 02770-1899

Telephone: (508) 763-8011

Fax: (508) 763-9821

www.oldcolony.us

## Guidelines for Re-entry from Emergency Evaluation/Hospitalization

Student Name:		Date of Meeting:	
Date of Absences:			
Emergency Numbers:			
Guardian 1: Home:		Work:	Cell:
Guardian 2: Home:		Work:	Cell:
Date		Task	
1.		Re-entry meeting scheduled: <ul style="list-style-type: none"> <li>• Recommendations for time of day for meeting.</li> <li>• Who attends (nurse, guidance counselor, SAC, SPED Coordinator), who facilitates (nurse), who plays what role?</li> <li>• What is the plan for transition back into classes?</li> </ul>	
2. Date forms supplied to parent/guardian _____ Date forms returned to School _____		Obtain documentation from hospital/therapist indication student is safe to return to school and recommendations on transition plan (i.e. discharge summary, written summary, Old Colony forms.).	
3. Date forms supplied to parent/guardian _____ Date forms signed by parent _____ Date forms faxed to provider _____		Get permission to speak with Therapist/Physician/Treatment Team (list names & numbers below)	
4.		Determine next steps: Is student in Special Education? If so, notify Special Education Coordinator.  Referral to Guidance Counselor to support make-up work/notification.	
5.		Determine who will do follow up check-ins with student: Guidance/SAC/Administration/Nurse	
6.		Debrief Student Support Team at weekly meetings.	
7.		Notify teachers with pertinent information about student's return and transition plan. Teachers notified and date:	



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8.	Actions taken by parent:
9.	Persons involved in reentry meeting: