RETURN TO SCHOOL INFORMATION
FOR PARENT/GUARDIAN

Date: ________________________

School Name

RE: __________________________

Student Name and DOB

Dear Parent/Guardian:

The following steps have been outlined to help facilitate a positive transition back to school after your child returns from a psychiatric evaluation. Please review the checklist below prior to your child’s return to school:

☐ Communicate with ☐ Principal and/or ☐ School Site Crisis Team member regarding whether your child was hospitalized, following a psychiatric evaluation. If hospitalized, please notify the school of the name of the hospital.

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<th>Principal Name</th>
<th>School Phone Number To Call</th>
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<th>School Site Crisis Team Member Name</th>
<th>School Phone Number To Call</th>
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☐ Request discharge documents from the hospital or have the hospital complete the Medical Clearance for Return to School form (attached).

- Ensure the hospital includes any accommodations/recommendations requested.
- If medication was prescribed, it is recommended that you inform the school nurse of medication(s) and dosage. However, if the student needs to have medication administered at school by the school nurse, then please be sure to request the appropriate documentation from the treating physician.

☐ Inform the school contact person, indicated above, when your son/daughter will return to school.

☐ Escort your son/daughter to school on the first day back after the hospitalization. Please request to meet with ______________________ located in ______________________.

(Name of School Site Crisis Team Member) (Office/Room #)

☐ Participate in your son/daughter’s Students Re-entry Meeting, which will include creating his/her Safety Plan.

Thank you for working with us to support your child at school.