



DHS Early Reintegration from Suspension Form 2018-19

Student Name: _____ Student ID: _____

PART I. Early Reintegration Plan agreed to by _____

PART 2. ASSESSMENT & RECOMMENDATION Date of Meeting: _____

A. Student's Current Year Discipline:

# of Referrals =	# Days of In School Suspension =	# Days of Out of School Suspension =
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Additional Student Information	Yes	No	Start Date	Notes/Comments
I.E.P. and/or 504				
Behavior Plan				
Tier II or Tier III Intervention				
Active Truancy Court				
Other Programs (Wellness, etc.)				

B. PRIOR TO REINTEGRATION. The following people were present at the GUARDIAN/ADMIN meeting:

Title/Role	Printed Name	Signed Name
Parent/Guardian		
Student		
Administrator		
Counselor		
ISS Coordinator		
Other:		

PART 3. ACTIONS Reintegration Plan

Date(s) & Time(s)	Participant(s)	Facilitator(s)	Tasks to Be Completed	Completed?
			Incident Reflection and Next Steps - What happened? - What was your role in the conflict? - What could you have done differently? - What is your plan moving forward? - Do you think the situation is resolved?	Yes No Intls:
			Conflict Resolution and Mediation	Yes No Intls:
				Yes No Intls:

PART 4. REVIEW OF PROCESS Completed Form Accepted By:

Title	Printed Name	Signed Name	Date
RECOMMENDATIONS	Return to regular class schedule? Y N	TIER: I II III	COMMENTS:

Copies To:

- Discipline Office
- Student File/Record
- Parent/Guardian