APPENDIX C

Student Exclusion Check-In Meeting

Student Name: _____

Date of Birth: _____

School: _____

Grade: _____

1. Meeting Information

Date of Meeting: _____

Location: _____

Administrator: _____

Participants: _____

_____

_____

2. Purpose of the Meeting

- ☐ Develop/adjust re-entry plan
- ☐ Identify supports needed for transition
- ☐ Monitor student progress during exclusion
- ☐ Review exclusion conditions
- ☐ Other: _____

3. Supporting Documentation Reviewed

- ☐ Behaviour Support Plan
- ☐ Individual Education Plan
- ☐ Medical Reports
- ☐ Relevant Assessment Reports (e.g., Psychological Assessment)
- ☐ Safety Plan
- ☐ Other: _____

4. Review of Exclusion

Start Date: _____

Reason for Exclusion:

5. Supports Provided During Exclusion by All Parties

- ☐ Academic support
- ☐ Counseling (e.g., Mental Health, Social-Emotional, Anger Management, Anxiety Management)
- ☐ Medical consultation (e.g., telepsychiatry, medication review)
- ☐ Outside Agency Services (e.g., Family Preservation)
- ☐ Other: _____

6. Student Progress

Academic engagement (e.g., work completed, E-learning)

Behaviour/social-emotional progress

Mental Health and Well-Being status

Parent/guardian observations and input

7. Student Voice (if applicable)

How do you feel about returning to school?

What supports would help you be successful?

8. Re-Entry Planning

Conditions for re-entry have been:

☐ Met in full

Re-entry date: _____

☐ Partially met – additional supports required

☐ Not met – continuation of exclusion

Next Review date: _____

Signatures

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Student Name: _____

Student Signature (18 years or older or withdrawn from parental consent): _____

Principal/Vice-Principal: _____

Administrator Signature: _____