APPENDIX D

Exclusion Re-entry Plan

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. Re-Entry Goals (SMART)

Goal #1

Goal #2

Goal #3

Additional Notes and Observations

4. Academic Engagement

Learning activities completed during exclusion

Next steps for integration

Teaching Strategies and Accommodations (if needed – reference IEP/NIEP if in place)

- ☐ Reduced workload
- ☐ Modified timetable
- ☐ Alternative workspace
- ☐ Technology Support
- ☐ Other: _____

5. Behaviour/Social-Emotional Supports

- ☐ Behaviour Support Plan updated
- ☐ Daily check-ins with a caring adult
- ☐ Individual Education Plan updated
- ☐ Safety Plan updated
- ☐ Other: _____

6. Mental Health and Well-Being Supports

- ☐ Community agency support
- ☐ Consultation with the Mental Health Lead, if appropriate
- ☐ Ongoing support with the Child and Youth Worker/Social Worker
- ☐ Medical Follow-up
- ☐ Other: _____

7. Student Voice (if applicable)

How do you feel about returning to school?

What supports would help you be successful?

What worries or concerns do you have?

8. Transition Timeline

Start Date: _____

Review Date: _____

The student will transition toward a full school day according to the following plan (example below):

September 26 to October 3	8:50 – 12:00
October 4 to October 11	8:50 – 12:30
October 12 to October 18	8:50 – 1:00
October 19 to October 25	8:50 – 1:30
October 26 to November 1	8:50 – 2:00
November 2 to November 8	8:50 – 2:30
November 9 to November 15	8:50 – 3:00
November 16 to November 22	8:50 – 3:15

Reference Behaviour Support Plan for specific criteria for time increases to the day.

9. Monitoring & Review

Frequency of monitoring:

☐ Bi-Weekly

☐ Daily

☐ Monthly

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Student Signature (18 years or older or withdrawn from parental consent): _____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