

Residential Reintegration Plan

Student: _____ Date of birth: _____ Age: _____ Student ID: _____
 Gender: _____ Ethnicity: _____ Parent/guardian: _____
 Parent/guardian phone: H: _____ W: _____ Mobile: _____
 Street address: _____ City: _____ Zip: _____
 Primary disability: _____ Secondary disabilities: _____
 Home district: _____ Home school: _____ Grade: _____
 Contact person: _____ Title: _____ Phone: _____
 Residential facility: _____ Beginning date of placement: _____
 Contact person: _____ Title: _____ Phone: _____
 State placing agency: _____
 Contact person: _____ Title: _____ Phone: _____

REINTEGRATION PLAN

Date of plan: _____ **Plan status:** New Continued Revised
Skills the student needs to be educated in the home district:

Home district needs to ensure an adequate program when the student returns to the district:

Services to meet the identified needs:

Procedures to ensure implementation of the reintegration plan services:

Person(s) responsible for coordinating the plan: _____
Frequency of plan review: _____ **Target date for student's return to the home district:** _____
Student's residence after returning to the community: _____

REINTEGRATION PLAN PARTICIPANTS	SIGNATURES
Parent/guardian/surrogate	
Student	
Service provider	
School district representative	
Residential facility representative	
State agency representative	
Other	