**WALTER MAGINNIS HIGH SCHOOL**

1079 Highway 292 Red Wing, Minnesota 55066-2833

Telephone: 651-267-3639 Facsimile: 651-385-6425

Student Name       Grade       Primary Disability

Resident School District       Primary Family Contact

Reintegration Process Start Date       Anticipated Release Date

Post-release Address

Reintegration Plan Key Contact       Title

Phone No.       Email

Planning Team Meeting Dates                        

Reintegration Planning Team Members:

Name Relationship/Title Agency Phone No. Email

      Student N/A      

Reintegration Framework Check List

Date Staff Initial

Planning team established      

Releases of information signed      

Decision-making protocol established

Student Pre-Transition Inventory completed

Family Pre-Transition Inventory completed

Supporting life skills plan developed      

Skill Completed Addnl Trng Needed N/A

Social Skills

Independent Skills    Parenting Skills    Chemical Health Skill Development

Mental Health Skill Development

Transition Skills

Other      

Special reintegration considerations (i.e. receiving school calendar, impending family changes, etc)

Receiving school primary contact established

Name       Position

Phone       Email

Student provided with assistance to complete

reintegration project

Primary contact or designee invited to visit student

at WMHS

Re-entry plan developed

All school records transferred to next school of

enrollment

Aftercare conditions established

Pre-release visit & admission interview scheduled

School Contact       Phone No.       Date

Reintegration plan embedded into IEP

Date approved

Receiving school schedule completed

School counselor meeting scheduled

Name       Date

Administrative Review:

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Director of Special Education Date

Post release follow-up with student

Date       Method       Result

Date       Method       Result

Date       Method       Result

Date       Method       Result

Date       Method       Result

Date       Method       Result

Post release follow-up with receiving school staff

Date       Method       Result

Date       Method       Result

Date       Method       Result

Date       Method       Result

Date       Method       Result

Date       Method       Result

90-Day Status Check:

Completed by       Method       Date

Student placement recommendation:

District High School  Special Education Transition Program

On-line School  ALC

Special Education Program  Other (please specify)

Family placement recommendation:

District High School  Special Education Transition Program

On-line School  ALC

Special Education Program  Other (please specify)

Team placement recommendation:

District High School  Special Education Transition Program

On-line School  ALC

Special Education Program  Other (please specify)

Did the team recommend the most integrated setting?  Yes  No

If no, why?

Does the student’s current educational placement match the team’s recommendation?  Yes  No

If no, reason: Graduated

Moved

Transferred due to behavior

Returned to secure placement/reoffended

Transferred to a more restrictive setting

Transferred to a less restrictive setting

Inpatient treatment

Dropped out

Other Explain:

If staff was not able to complete the 90-day status check, why not?

Notes: