

## Reintegration Team Meeting

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Contact Information:

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Best time to talk: \_\_\_\_\_

Reintegration Script:

1. AP: What would you guess I respect most about you?
2. AP: What would your parents say is most wonderful about you that we might not know?
3. (Parents need to have knowledge of question in advance so they are prepared to answer)
4. School Counselor: What was it like being suspended?
5. School Counselor: Looking ahead to meeting your classmates and teachers again, how will you respond if they are not supportive of your return?
6. School Counselor: How will you respond if anything about this goes up on social media?
7. Social Worker: What, if anything, have you learned from this experience?
8. Social Worker: What would be needed to set things right? What would you need to say or do? What might you need from others?
9. AP: Who will you model yourself after to put this behind you?
10. AP: What about them makes them a role model for you? Who at the school has those same attributes or characteristics that you would feel comfortable talking to if necessary?

Offers of support from participants going forward (CI/CO, go-to adult, escort, graduation plan, safe place, etc.):

AP: \_\_\_\_\_

School Counselor: \_\_\_\_\_

Parent: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Student Advocate: \_\_\_\_\_

School Resource Officer: \_\_\_\_\_

Participant Signatures:

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Assistant Principal/Dean of Students

\_\_\_\_\_  
School Counselor

\_\_\_\_\_  
School Social Worker

\_\_\_\_\_  
Student Advocate

\_\_\_\_\_  
Case Manager (if applicable)

\_\_\_\_\_  
School Resource Officer