

To: School Personnel \_\_\_\_\_ (Intended for Recipient Only) \*\* Immediate Attention Needed\*\*

**NC-SBMHS: Transition Back to School (Re-Entry Plan for Students)**

**PURPOSE:** The purpose of this information is to help all students have a successful transition back to school. We would like to have this information – at a minimum, as soon as possible but before any child returns to school.

This information is sensitive and will be treated as such. Again, this is to help the school be more prepared to welcome your child back.

**INSTRUCTIONS:** Please have the placing agency and/or agency where your child is residing/attending submit this form as soon as possible before student's return to home school. ***Please fill out as much information as possible but at least SECTION ONE of the form, which will suffice for an official excuse for missed school days.*** See page 3 for contact information of each school district to fax or email form.

**SECTION ONE: The most helpful information is in this section; please complete as much as possible.**

<b>Student Name:</b>	<b>DOB:</b>	<b>Student grade:</b>
<b>School District or Name:</b>	<b>Dates of Attendance:</b>	
<b>Agency Where Student Was Placed:</b>	<b>Discharge Date:</b>	
<b>Agency Contact Name:</b>	<b>Contact Phone or Email:</b>	
<b>Release obtained:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

**SECTION TWO:** This information would be very useful for re-entry to school and is in your child's best interest. If you agree, please complete this section.

<b>Has the student identified school staff who are supportive?</b>	<b>Name:</b>		
<b>Does he/she know how to access them?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Are you requesting a meeting with school prior to discharge?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Does the student have any specific concerns about returning to school? Please share here:</b>			
<b>Recommended coping strategies, school placement, effective interventions and other considerations:</b>			
<b>What skills/improvements have been made?</b>			

**SECTION THREE:** Any other information you feel would be useful to ease the transition back to school.

Discharge plan and/or agency affiliation ( <i>can attach discharge plan in lieu of completing this section</i> )				
	Contact Name	Phone/Email	Release	Appointment Scheduled
<b>Mental Health:</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Probation:</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Acute Partial Program:</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Children and Youth:</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Any Other Agency:</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please indicate next appointment, if known:</b>				

(office use Only)			
<b>Expected Date of Return:</b>	<b>Case Manager:</b>	<b>SAP Liaison:</b>	<b>School Counselor</b>
<b>Follow Up From School Staff Needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

## NC-SBMHS: Continuity of Services

**PURPOSE:** The purpose of this information is to help all students have a continuity of services. We would like to have this information – at a minimum, as soon as possible. This information is sensitive and will be treated as such. Again, this is to help the school be more prepared to facilitate a change in services and resolve barriers to service.

**INSTRUCTIONS:** As the providing agency please complete and submit this form to the school counselor and SAP Liaison as soon as possible.

### SECTION ONE:

Was recommended Treatment accessed? <b>If No, why?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Underinsured <input type="checkbox"/>	Uninsured <input type="checkbox"/>	Undocumented <input type="checkbox"/>	Student Refusal <input type="checkbox"/>
Parent Refusal <input type="checkbox"/>	Counseling not appropriate <input type="checkbox"/>	Dis-enrolled: <input type="checkbox"/>	Other: _____

### SECTION TWO:

Was the student dismissed from the accessed recommended treatment <b>If Yes, why?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Student's Attendance <input type="checkbox"/>	Issue with Insurance <input type="checkbox"/>	Issues with Co-Pay <input type="checkbox"/>	Student Refusal <input type="checkbox"/>
Parent Refusal <input type="checkbox"/>	Completed Treatment <input type="checkbox"/>	School Year Complete <input type="checkbox"/>	Change in Level of Care <input type="checkbox"/>

### SECTION THREE:

Did the student move during the time they were accessing treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dis-enrolled from:	Enrolled in:

### SECTION FOUR:

Are additional services needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referral sent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communicated with SAP Team?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(office use Only)

Follow Up From School Staff Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Case Manager:	SAP Liaison:	School Counselor:
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School District	Liaison	Email	Phone
Bangor Area	Meredith Labert (Makoul)	<a href="mailto:mmakoul@thehc.org">mmakoul@thehc.org</a>	610-443-1595 ex 26
Bethlehem Area **	Delia Mitchell	<a href="mailto:dmitchell@thehc.org">dmitchell@thehc.org</a>	610-443-1595 ex 18
Catasauqua Area **	Yessica Gomez	<a href="mailto:ygomez@thehc.org">ygomez@thehc.org</a>	610-443-1595 ex 16
Easton Area	Nicole Elias	<a href="mailto:nelias@thehc.org">nelias@thehc.org</a>	610-443-1595 ex 25
Nazareth Area	Meredith Labert (Makoul)	<a href="mailto:mmakoul@thehc.org">mmakoul@thehc.org</a>	610-443-1595 ex 26
Northampton Area	Rosalie Moyer	<a href="mailto:rmoyer@thehc.org">rmoyer@thehc.org</a>	610-443-1595 ex 32
Northern Lehigh **	Wendy Texter	<a href="mailto:wtexter@thehc.org">wtexter@thehc.org</a>	610-443-1595 ex 28
Pen Argyl	Meredith Labert (Makoul)	<a href="mailto:mmakoul@thehc.org">mmakoul@thehc.org</a>	610-443-1595 ex 26
Saucon Valley	Rosalie Moyer	<a href="mailto:rmoyer@thehc.org">rmoyer@thehc.org</a>	610-443-1595 ex 32
Wilson Area	Rosalie Moyer	<a href="mailto:rmoyer@thehc.org">rmoyer@thehc.org</a>	610-443-1595 ex 32
ALAS* – Allentown	Delia Mitchell	<a href="mailto:dmitchell@thehc.org">dmitchell@thehc.org</a>	610-443-1595 ex 18
LLAS* – Lehigh	Delia Mitchell	<a href="mailto:dmitchell@thehc.org">dmitchell@thehc.org</a>	610-443-1595 ex 18
LCTI CAP	Jenn Hanley	<a href="mailto:jhanley@thehc.org">jhanley@thehc.org</a>	610-443-1595 ex 27
Allentown Central Catholic	Delia Mitchell	<a href="mailto:dmitchell@thehc.org">dmitchell@thehc.org</a>	610-443-1595 ex 18
Easton Arts Academy Charter School	Nicole Elias	<a href="mailto:nelais@thehc.org">nelais@thehc.org</a>	610-443-1595 ex 25
Executive Education Academy Charter School	Delia Mitchell	<a href="mailto:dmitchell@thehc.org">dmitchell@thehc.org</a>	610-443-1595 ex 18
Lehigh Valley Charter High School for the Arts	Delia Mitchell	<a href="mailto:dmitchell@thehc.org">dmitchell@thehc.org</a>	610-443-1595 ex 18
Notre Dame High School	Delia Mitchell	<a href="mailto:dmitchell@thehc.org">dmitchell@thehc.org</a>	610-443-1595 ex 18

School District	Contact	Title	Email	Phone	Fax
Bangor Area	Joe Kondisko	Director of Student Services	<a href="mailto:KondisJo@bangorsd.org">KondisJo@bangorsd.org</a>	610-588-7506	
Bethlehem Area **	Vivan Robledo-Shorey	Director of Student Services	<a href="mailto:vrobledoshorey@basdschools.org">vrobledoshorey@basdschools.org</a>	610-861-0500 (ext. 60243)	610-807-5599
Catasauqua Area **	Shelly Keffer	Coordinator of Student Services	<a href="mailto:keffers@cattysd.org">keffers@cattysd.org</a>	610-264-5571	610-264-5618
Easton Area	Karen Trinkle	Director of Student and Community Services	<a href="mailto:trinkle@eastonsd.org">trinkle@eastonsd.org</a>	610-250-2460	610-250-2613
Nazareth Area	Pam Vlasty	Director of Student Services	<a href="mailto:pvlasaty@nazarethasd.org">pvlasaty@nazarethasd.org</a>	610-759-1170 (ext. 1114)	610-759-8907
Northampton Area	Nicolette Teles	Director of Data and Grants	<a href="mailto:telesn@nasdschools.org">telesn@nasdschools.org</a>	610-262-7811 (ext. 20030)	
Northern Lehigh **	Tania Stoker	Assistant Superintendent	<a href="mailto:tstoker@nlsd.org">tstoker@nlsd.org</a>	610-767-9800 (ext. 2)	610-767-9809
Pen Argyl	Tricia Viglione	Supervisor of Special Education	<a href="mailto:Viglione.tricia@penargylsd.org">Viglione.tricia@penargylsd.org</a>	Phone: 610-863-3191	610-863-7040
Saucon Valley	Jamie Vlasty	Director of Special Education	<a href="mailto:Jaime.Vlasaty@svpanthers.org">Jaime.Vlasaty@svpanthers.org</a>	610-838-7001 (ext. 1106)	610-8386419
Wilson Area	Laura Samson	Supervisor of Student Services	<a href="mailto:lsamson@wilsonareasd.org">lsamson@wilsonareasd.org</a>	484-373-6000	610-258-6421

**\*\* NOTE: School District is split between Lehigh & Northampton Counties**

Alternative School	Contact	Title	Email	Phone	Fax
ALAS* – Allentown	Molly Flood	Supervisor	<a href="mailto:floodm@cliu.org">floodm@cliu.org</a>	610-769-1165 (ext. 1401)	610-769-1164
LLAS* – Lehigh	Matt Martucci	Supervisor	<a href="mailto:martuccim@cliu.org">martuccim@cliu.org</a>	610-794-1300 (ext. 1320)	610-769-1154
CLAS* – Carbon	Valarie Gulycz	Supervisor	<a href="mailto:gulyczv@cliu.org">gulyczv@cliu.org</a>	610-769-1160 (ext. 1255)	
LCTI CAP	Darin Van Norman	Career Academy Prin., Supervisor Career & Tech Ed	<a href="mailto:vannormand@lcti.org">vannormand@lcti.org</a>	610-799-1353	610-799-1808
LCTI Academic	Phil Bertolino	Academic Center Principal	<a href="mailto:bertolinop@lcti.org">bertolinop@lcti.org</a>	610-799-1364	610-799-1808
LCTI	Sean Will	Interim Director of Acad. & Special Programs	<a href="mailto:wills@mylcti.org">wills@mylcti.org</a>	610-799-1808	610-799-1392

\* LAS = Learning and Achievement School

Charter/Other School	Contact	Title	Email	Phone	Fax
Allentown Central Catholic	Randy Rice	Dir. Of Pupil Services	<a href="mailto:rrice@acchs.org">rrice@acchs.org</a>	610-437-4601	610-437-6760
Easton Arts Academy Charter School	Chad Antonio	Principal	<a href="mailto:cantonio@eastonartsacademy.org">cantonio@eastonartsacademy.org</a>	484-546-4230	
Executive Education Academy Charter School	Tiffany O'Brien	Chief of Academic Offices	<a href="mailto:tobrien@ee-schools.org">tobrien@ee-schools.org</a>	610-841-7044	610-841-7187
Lehigh Valley Charter High School for the Arts	Georgia Bomgardner	School Psychologist	<a href="mailto:gbomgardner@charterarts.org">gbomgardner@charterarts.org</a>	610-868-2971	610-868-1446
Notre Dame High School	Jaclyn Friel	Principal	<a href="mailto:jfriel@ndcrusaders.org">jfriel@ndcrusaders.org</a>	610-868-1431	610-868-6710

***This form was developed by the Lehigh County Children's Roundtable, Subcommittee on Education Success and Truancy Prevention.***