

LC-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 just 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.

Student Name:	DOB:	Student grade:
School District or Name:	Dates of Attendance:	
Agency Where Student Was Placed:	Discharge Date:	
Agency Contact Name:	Contact Phone or Email:	
Release Obtained: <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.

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

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
Mental Health:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Probation:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acute Partial Program:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Children and Youth:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Other Agency:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate next appointment, if known:				

(office use Only)

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

LC-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 just 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? If No, why?			<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 If Yes, why?			<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
Allentown	Kimberly Ynfante De Sanfilipo	kynfante@thehc.org	610-443-1595 ex 23
Bethlehem Area **	Delia Mitchell	dmitchell@thehc.org	610-443-1595 ex 18
Catasauqua Area **	Yessica Gomez	ygomez@thehc.org	610-443-1595 ex 16
East Penn	Wendy Texter	wtexter@thehc.org	610-443-1595 ex 28
Northern Lehigh **	Wendy Texter	wtexter@thehc.org	610-443-1595 ex 28
Northwestern Lehigh	Wendy Texter	wtexter@thehc.org	610-443-1595 ex 28
Parkland	Jenn Hanley	jhanley@thehc.org	610-443-1595 ex 27
Salisbury Township	Delia Mitchell	dmitchell@thehc.org	610-443-1595 ex 18
Southern Lehigh	Nicole Elias	nelias@thehc.org	610-443-1595 ex 25
Whitehall-Coplay	Jenn Hanley	jhanley@thehc.org	610-443-1595 ex 27
ALAS* – Allentown	Delia Mitchell	dmitchell@thehc.org	610-443-1595 ex 18
LLAS* – Lehigh	Delia Mitchell	dmitchell@thehc.org	610-443-1595 ex 18
LCTI CAP	Jenn Hanley	jhanley@thehc.org	610-443-1595 ex 27
Allentown Central Catholic	Delia Mitchell	dmitchell@thehc.org	610-443-1595 ex 18
Arts Academy Charter Middle School	Yessica Gomez	ygomez@thehc.org	610-443-1595 ex 16
Arts Academy Charter Elementary School	Yessica Gomez	ygomez@thehc.org	610-443-1595 ex 16
Circle of Seasons Charter School	Yessica Gomez	ygomez@thehc.org	610-443-1595 ex 16
Executive Education Academy Charter School	Delia Mitchell	dmitchell@thehc.org	610-443-1595 ex 18
Lehigh Valley Charter High School for the Arts	Delia Mitchell	dmitchell@thehc.org	610-443-1595 ex 18
Lincoln Leadership Academy Charter School	Stephanie Dorney	sdorney@thehc.org	610-443-1595 ex 17
Notre Dame High School	Delia Mitchell	dmitchell@thehc.org	610-443-1595 ex 18
Seven Generations Charter School (Gr K-5)	Delia Mitchell	dmitchell@thehc.org	610-443-1595 ex 18
Roberto Clemente Charter School	Nicole Elias	nelias@thehc.org	610-443-1595 ex 25
Roberto Clemente Elementary Charter School	Nicole Elias	nelias@thehc.org	610-443-1595 ex 25

School District	Contact	Title	Email	Phone	Fax
Allentown	Julie Schaible	Student Services Coord., Child & Family Services	schaiblej@allentownsd.org	484-765-4033	484-765-4085
Bethlehem Area **	Vivan Robledo-Shorey	Director of Student Services	vrobledoshorey@basdschools.org	610-861-0500 (ext. 60243)	610-807-5599
Catasauqua Area **	Shelly Keffer	Coordinator of Student Services	keffers@cattysd.org	610-264-5571	610-264-5618
East Penn	Thomas Mirabella	Director of Student Services	tmirabella@eastpennsd.org	610-966-8372	610-965-1628
Northern Lehigh **	Tania Stoker	Assistant Superintendent	tstoker@nlsd.org	610-767-9800 (ext. 2)	610-767-9809
Northwestern Lehigh	Troy Sosnovik	Assistant Superintendent	sosnovikt@nwlehighsd.org	610-298-8661 (ext. 1225)	610-298-8002
Parkland	Rodney R. Troutman	Assistant Superintendent	troutmanr@parklandsd.org	610-351-5506	610-351-5508
Salisbury Township	Tracey Jacobi	Director of Special Ed	tjacobi@salisburyd.org	610-797-9983 (ext. 1402)	610-791-9983
Southern Lehigh	Andria Buchman	Director of Special Ed	buchmana@sbsd.org	610-282-3121 (ext. 5501)	610-282-0193
Whitehall-Coplay	Chris Schiffert	Assistant Superintendent	schiffertc@whitehallcoplay.org	610-439-1431	610-435-0124

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

Alternative School	Contact	Title	Email	Phone	Fax
ALAS* – Allentown	Molly Flood	Supervisor	floodm@cliu.org	610-769-1165 (ext. 1401)	610-769-1164
LLAS* – Lehigh	Matt Martucci	Supervisor	martuccim@cliu.org	610-794-1300 (ext. 1320)	610-769-1154
CLAS* – Carbon	Valarie Gulycz	Supervisor	gulyczv@cliu.org	610-769-1160 (ext. 1255)	
LCTI CAP	Darin Van Norman	Career Academy Prin., Supervisor Career & Tech Ed	vannormand@lcti.org	610-799-1353	610-799-1808
LCTI Academic	Phil Bertolino	Academic Center Principal	bertolinop@lcti.org	610-799-1364	610-799-1808
LCTI	Sean Will	Interim Director of Acad. & Special Programs	wills@mylcti.org	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	rice@acchs.org	610-437-4601	610-437-6760
Arts Academy Charter Middle School	Kristen Stachina	School Counselor	kstachina@arts-cs.org	610-351-0234	610-351-0251
Arts Academy Charter Elementary School	Nicole Thomson	School Counselor	nthomson@artsacademyelementary.com	610-841-4560	610-841-4571
Circle of Seasons Charter School	Pia Housel-Allport	Dean of Students	mspia@circleofseasons.org	610-285-6267	610-285-2444
Executive Education Academy Charter School	Tiffany O'Brien	Chief of Academic Offices	tobrien@ee-schools.org	610-841-7044	610-841-7187
Lehigh Valley Charter High School for the Arts	Georgia Bomgardner	School Psychologist	gbomgardner@charterarts.org	610-868-2971	610-868-1446
Lincoln Leadership Academy Charter School	Lakisha Gonzalez	School Social Worker	lgonzalez@llacslv.com	484-860-3300	484-860-3307
Notre Dame High School	Jaclyn Friel	Principal	jfriel@ndcrusaders.org	610-868-1431	610-868-6710
Seven Generations Charter School (Gr K-5)	Nicole Rowe	School Counselor	Nicole.rowe@sevengen.org	610-421-8844	610-421-8849
Roberto Clemente Charter School	Bethann Hankin	School Counselor	bhankin@myrccs.com	610-439-5181	610-435-4731
Roberto Clemente Elementary Charter School	Jessica Kamber	School Counselor	jkamber@myrcecs.com	610-439-5181	610-435-4731

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