

Example Unified School District
00000 Washington Avenue, San Diego, CA 00000
Student to School Transition Checklist

Student: _____ Counselor: _____

Absence Start Date: _____ Return to Site Date: _____

No Hospitalization

Hospitalization

Date	Initials	
		Parent Meeting with Administrator, School Psychologist, and Counselor In Attendance:
		Discharge instructions received by school:
		Health Technician notified of return and transition instructions: HT Initials _____
		Doctor/Therapist Name: Contact Number:
		Release of Information form signed:
		Parents agree to the following staff being notified for the safety and well-being of their student:
		Transportation plan:
		Additional site services:
		Identified staff as agreed upon, notified of student's return:
		Counselor will check in with student on the following dates:
		Counselor will check in with parent on the following dates:
		Counselor notates transition meeting in conference notes:

Parent: _____

Administrator: _____

Counselor: _____

Psychologist: _____