

# Behavior Re-Entry Plan Form



Developmental Research School  
at the University of Florida

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardians Name(s) (if present): \_\_\_\_\_

School members present:

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Reason for Re-Entry Plan:

\_\_\_\_\_ Suspension: Date(s) \_\_\_\_\_

If suspension, describe the incident and review with student and family:

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Other: \_\_\_\_\_

Looking back on the situation, what choices would the student make differently?

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What does the student need to put this behind them and move forward?

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If other students were involved, are there supports needed to ensure that all of the students can coexist peacefully? List supports needed:

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What is the plan for the student's school work that was missed?

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Are there additional faculty/staff who need to be notified about this student's return to school?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

If yes, these people include: \_\_\_\_\_

What needs to be communicated? \_\_\_\_\_

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Who will communicate this information to these people? \_\_\_\_\_

Other Recommendations for follow-up services and timelines:

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Signatures of participants:

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