**School Reintegration/Transition Plan Sample Letter/Template**

Date Delivered:

How letter is delivered **(Get proof of receipt):**

**\_\_\_\_Email \_\_\_\_In person \_\_\_\_Registered/Certified Mail \_\_\_\_Fax**

From:

**Parent/Guardian(s) Name:**

**Contact Information:**

**Phone Email**

To:

**Name of School Administrator/Principal**

**School District/Charter School Name:**

**Address:**

**Email Address:**

Cc: Other school personnel (case manager, teacher, counselor)

RE:

**Student Name**: **Student Birthdate:**

**Subject:**

**REQUEST FOR  TRANSITION BACK TO SCHOOL/REINTEGRATION PLANNING MEETING**

Dear School Administrator:

I/We are the parents/guardians of the student named above. I/We are writing to ask that a meeting to discuss how to **transition my/our child back to school /in person learning** be scheduled as soon as possible. My child is ready to return to school in person, but may need some additional support, services or accommodations at first...I/We would also like to learn more from the school team what other supports/temporary adjustments might be available to help my child during this transition.

**POSSIBLE ADJUSTMENTS/SUPPORTS to discuss:**

* My/our child may need later start, early dismissal or shorter school day at first so that they are not overwhelmed or stressed and can gradually reintegrate
* My/our child will need help with medication administration or other help their healthcare provider has documented (see physician/therapist letter or healthcare plan)
* My/our child may need a quiet place to rest/calm down/reset
* My/our child is having difficulty with required safety protocols and may need accommodations or teaching to learn how to follow them
* There are safety concerns regarding my/our child’s physical, behavioral, emotional needs for which staff may need training, consultation before my/our child returns.

**PARTICIPANTS IN MEETING:**

Staff  who may be helpful/needed at the meeting to help create a transition plan include:

* Teachers (if there are specific teachers who may be important to include, name them)
* Counselors
* Special Education case manager, or special education staff
* Professionals or individuals outside district  (you can provide names and contact information) who the parent/guardian will invite

**Optional:**  My/our child with an existing IEP or 504 Plan has experienced regression academically, emotionally or behaviorally during their time away from school, and may need **additional evaluation** to help ensure that they can access and benefit from their education.

Examples you could request:

* Academic assessment (to determine student’s present levels relative to state standards/grade level expectations
* Behavior: Functional Behavior Assessment (FBA)
* Mental Health: Educationally Related Mental Health Assessment (ERMHS)
* Assistive Technology (AT)
* Health (School nurse review of healthcare needs)

**OR**

I/We are requesting a comprehensive evaluation to determine whether this student is eligible for services.  See attached request for evaluation

See [DREDF Sample Letters and Forms](https://dredf.org/special-education/sample-letters/)

Thank you for your help arranging this meeting so that my/our child can transition back to school  with a strong support plan in place as soon as possible.  I/We appreciate your assistance and look forward to hearing back from you within [xyz]  business days given the urgency of this situation.

**Optiona**l: I/We have attached documentation to help the school understand the student’s current needs/situation.

Sincerely,

Print Parent/Guardian Name(s):

Parent/Guardian Signature(s):

Cc: Copies to others you want to include (Child’s physician, therapist, etc)