

THE SCHOOL RE-ENTRY TOOLKIT

A Two-Part System for Supporting Students After Illness, Surgery, or Hospital Care

Created for: Students, Families, Teachers, School Staff, and Healthcare Providers

Purpose: This guide is designed to share general information and practical considerations to help support conversations among families, schools, and healthcare teams when a child is returning to school after illness or surgery. This should not replace guidance from a child's healthcare providers, educators, or other qualified professionals.

HOW TO USE THIS TOOLKIT

This toolkit has **two parts** designed for different audiences:

PART 1: Student & Family Guide

Written at a 6th-grade reading level

For students returning to school and their families

Warm, accessible, trauma-informed language

Fill-in-the-blank tools students can use immediately

PART 2: Professional Implementation Guide

Written for school staff and healthcare providers

Detailed checklists, legal frameworks, and protocols

Professional language with actionable steps

Templates and resources for official implementation

Hospitals and schools can distribute both parts together or separately based on the audience's needs.

For Teachers:

- Small adjustments make a big difference
- Believe students when they say they're struggling
- Flexibility is not lowering standards
- Check in privately, not publicly

For Schools:

- Assign one point person to coordinate support
 - Share only what teachers need to know
 - Protect student privacy
 - Follow through on agreed accommodations
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PART 2: PROFESSIONAL IMPLEMENTATION GUIDE

SECTION 1: FOR SCHOOL ADMINISTRATORS

Your Role in Successful Reintegration

As a school administrator, you set the tone for how returning students are supported. Your leadership ensures that accommodations are implemented consistently, communication is clear, and the student's privacy is protected.

Students who return after hospitalization, illness, or surgery are not asking for special treatment. They are asking for access to learning while their bodies and minds continue to heal. Your response to their needs demonstrates your school's commitment to equity and inclusion.

Step 1: Assign a Reintegration Coordinator

Who it should be:

A school counselor, nurse, social worker, or trusted administrator who can serve as the primary point of contact for the family and student.

What they do:

- Receive the completed Student Packet from the family
- Communicate the student's needs to relevant teachers
- Monitor implementation of accommodations
- Serve as the go-to person if problems arise
- Check in with the student regularly
- Coordinate follow-up meetings

Why this matters:

Without a designated coordinator, families must repeat themselves to multiple staff members, students feel unsupported, and accommodations are inconsistently applied.

Step 2: Hold a Reintegration Planning Meeting

Before the student returns to school, schedule a meeting with:

- The student (if they feel comfortable)
- The family
- The reintegration coordinator
- Relevant teachers
- School nurse (if medical needs exist)
- Special education coordinator (if 504 or IEP is being considered)

Purpose of the meeting:

- Review the Student Packet
- Develop a clear reintegration plan
- Clarify what information will be shared with teachers
- Establish communication protocols
- Set a timeline for check-ins and plan review

Key principle: The family controls what medical information is shared. You only need to know what the student needs at school — not their diagnosis or treatment details.

Step 3: Communicate With Teachers Clearly and Respectfully

Teachers do not need to know the student's diagnosis. They need to know how to support the student's learning.

Sample communication to teachers:

"[Student name] is returning to school after a medical absence. They may experience fatigue, difficulty concentrating, or need additional time on assignments. The following accommodations have been agreed upon:

*- Extended time on tests and assignments

- Permission to take breaks as needed
- Reduced homework load temporarily
- Flexibility with attendance*

Please implement these accommodations consistently. [Coordinator name] is the point person for questions or concerns. Please protect the student's privacy and avoid drawing attention to their accommodations in front of peers."

What NOT to include:

- The student's diagnosis
 - Details about treatment or prognosis
 - Medical terminology
 - Information the family has not authorized you to share
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Step 4: Monitor Implementation and Make Adjustments

Accommodations only work if they are actually implemented. Your job is to ensure follow-through.

How to monitor:

- Check in with the reintegration coordinator weekly during the first month
- Ask teachers how things are going
- Follow up with the family
- Schedule a review meeting 2-4 weeks after return

Red flags that indicate problems:

- Teachers say they "forgot" about accommodations
- Student reports that supports are not being provided
- Family expresses frustration or confusion
- Student's grades drop significantly or they show signs of distress

When adjustments are needed:

Meet with the team and revise the plan. Recovery is not linear — what works one week may need to change the next.

Step 5: Protect Student Privacy

Federal law (FERPA) protects students' educational records, including medical information.

Privacy guidelines:

- Share information only with staff who directly support the student
- Do not discuss the student's situation in faculty meetings or in front of other students
- Do not post accommodations publicly (e.g., on a bulletin board)
- Remind teachers that medical details are confidential

If other students or parents ask questions:

"We don't discuss individual students' private information. All students receive the support they need to succeed."

Step 6: Understand Legal Protections and Formal Plans

Some students may qualify for formal support under federal law. Understanding these options helps you provide appropriate services.

Section 504 Plan

What it is: Accommodations for students whose condition substantially limits a major life activity (including learning)

Common accommodations:

- Extended time
- Reduced workload
- Modified attendance policies
- Preferential seating
- Access to rest breaks
- Use of elevator or reduced walking

Process:

1. Family requests a 504 evaluation
2. School evaluates whether the student qualifies
3. If eligible, a 504 team develops an accommodation plan
4. Plan is reviewed annually or as needed

Timeline: Schools should respond to requests promptly (typically within 10-15 school days, though timelines vary by state)

Individualized Education Program (IEP)

What it is: Special education services for students whose condition affects educational performance and requires specialized instruction

When to consider: If accommodations alone are not sufficient and the student needs specially designed instruction or related services (like physical therapy, counseling, etc.)

Process:

1. Family requests an evaluation for special education
2. School conducts a comprehensive evaluation
3. Team determines eligibility
4. If eligible, an IEP is developed with goals, services, and accommodations

Timeline: Evaluation and eligibility determination must occur within 60 days in most states (check your state's specific timeline)

Homebound or Hospital Instruction

What it is: Educational services provided when a student cannot attend school due to medical reasons

Requirements vary by state but typically:

- Requires a physician's statement
- Applies when absence is expected to last 2-4 weeks or more
- Services may include home visits, virtual instruction, or modified assignments

Process:

Contact your district's special education or student services office to initiate homebound services.

Common Administrator Mistakes to Avoid

- ✗ Waiting for the family to ask for accommodations instead of proactively offering support
 - ✗ Requiring extensive medical documentation before providing basic flexibility
 - ✗ Treating accommodations as "special privileges" rather than access needs
 - ✗ Allowing teachers to decide whether to implement agreed-upon accommodations
 - ✗ Sharing medical information with staff who don't need to know
 - ✗ Assuming the student should be "back to normal" after a certain amount of time
 - ✓ **Instead:** Be proactive, protective, and responsive. Accommodations should be implemented immediately and adjusted as needed.
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Sample Reintegration Plan Template

STUDENT REINTEGRATION PLAN

Student Name: _____
Date of Plan: _____
Expected Return Date: _____
Reintegration Coordinator: _____
Family Contact: _____
Next Review Date: _____

RETURN SCHEDULE:

- Full-time return beginning: _____
 - Gradual return:
 - Week 1: _____
 - Week 2: _____
 - Week 3: _____
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ACADEMIC ACCOMMODATIONS:

- Extended time on assignments and tests
 - Reduced homework load
 - Excused absences for medical appointments
 - Access to class notes/slides when absent
 - Preferential seating
 - Permission to take breaks
 - Modified physical education
 - Other: _____
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PHYSICAL/ENVIRONMENTAL NEEDS:

- Access to elevator
 - Permission to use restroom without asking
 - Access to water/snacks
 - Reduced walking between classes
 - Quiet workspace available
 - Other: _____
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SOCIAL/EMOTIONAL SUPPORT:

- Regular check-ins with: _____
 - Access to counselor as needed
 - Safe space identified: _____
 - Other: _____
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COMMUNICATION PLAN:

Primary contact for family questions: _____

Method of communication: Email Phone In-person

Frequency of updates: _____

Information shared with teachers: _____

EMERGENCY PROCEDURES (if applicable):

Signs/symptoms requiring immediate attention: _____

Emergency contacts: _____

Emergency response plan: _____

SIGNATURES:

Family: _____ Date: _____

Administrator: _____ Date: _____

Coordinator: _____ Date: _____

Student (optional): _____ Date: _____

SECTION 2: FOR TEACHERS

Understanding Your Returning Student

When a student returns to your classroom after hospitalization, illness, or surgery, they may look the same as before. But their capacity for learning, focus, and participation may have changed significantly. These changes are invisible, which makes them easy to miss or misunderstand.

Your support can make the difference between a student who thrives and a student who struggles silently. You do not need medical training. You only need to be observant, flexible, and willing to adjust your approach.

For School Leaders

Your leadership sets the tone for how returning students are treated. By creating clear systems, training staff, and prioritizing student wellbeing, you build a school culture where all students can thrive. Remember:

- Proactive support prevents crises
- Accommodations are equity, not special treatment
- Student privacy must be protected
- Consistency across staff is essential
- Every student deserves to feel safe at school

ABOUT THIS TOOLKIT

Created by: Bridge to Health Equity Foundation

Purpose: This toolkit provides practical, compassionate guidance for supporting students returning to school after hospitalization, illness, or surgery. It respects student privacy, honors family preferences, and provides educators with clear, actionable strategies.

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