

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
-

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.

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.

What You Need to Know

Students returning from medical events often experience:

- **Fatigue that appears without warning** — A student may participate fully one day and be completely exhausted the next
- **Difficulty concentrating** — Their brain may need more time to process information or complete tasks
- **Memory challenges** — They may forget instructions, lose track of assignments, or need reminders
- **Emotional vulnerability** — Small frustrations may feel overwhelming; they may cry more easily or shut down
- **Physical discomfort** — Sitting for long periods, loud noises, bright lights, or crowded spaces may be difficult
- **Anxiety about being behind** — They may feel pressure to catch up immediately, which increases stress

These changes are not about effort or motivation. They are about recovery. Your patience and flexibility help students stay engaged without damaging their health.

Practical Classroom Strategies

Create a Safe, Predictable Environment

Students recovering from medical events need to know what to expect. Predictability reduces anxiety and helps them manage their energy.

How to do this:

- Provide a written agenda or schedule at the beginning of class
- Give advance notice when plans will change
- Post assignments and due dates clearly
- Offer a quiet corner or alternative seating if the student needs space

Build in Flexibility Without Lowering Expectations

Accommodations are about access, not reduced standards. The goal is to help students demonstrate their knowledge in ways that work for their current capacity.

Examples:

- **Instead of:** "Everyone must complete all 20 problems."
Try: "Complete as many as you can. Focus on showing your understanding."
- **Instead of:** "This essay is due Friday, no exceptions."
Try: "This essay is due Friday. If you need more time, let me know by Thursday."
- **Instead of:** "You need to participate in every group discussion."
Try: "Participate when you feel able. You can also share your ideas in writing."

Offer Breaks and Movement

Sitting still for 45+ minutes can be exhausting for recovering students. Allowing brief breaks prevents meltdowns and keeps them engaged longer.

How to do this:

- Allow the student to step into the hallway for 2-3 minutes
- Let them get water or use the restroom without asking
- Permit standing or walking quietly in the back of the room
- Normalize breaks: "If anyone needs to step out, that's fine."

Check In Privately, Not Publicly

Recovering students often feel self-conscious. Public attention can increase anxiety.

Good check-ins:

- Quiet conversation before or after class: "How are you feeling today? Do you need anything?"
- Written note on their paper: "Let me know if you need more time."
- Private signal (thumbs up/down) to assess how they're doing

Avoid:

- Asking in front of the class: "Are you okay? Do you need to sit down?"
- Drawing attention to accommodations: "Remember, some students get extra time."
- Hovering or constantly watching them

Prioritize Essential Learning

When students miss significant instruction, trying to make up everything creates overwhelm. Focus on what truly matters.

How to prioritize:

1. Identify the 3-5 most important concepts from the missed unit
2. Provide a summary or study guide covering essentials
3. Allow the student to demonstrate understanding through alternative assessments
4. Let go of non-essential assignments

Example:

"You missed our unit on the Civil War. Instead of completing all 15 assignments, let's focus on understanding the causes, key events, and outcomes. I'll give you a reading guide and you can show your learning through a short written reflection or a conversation with me."

Handling Specific Classroom Situations

When a student turns in work late

Instead of penalizing: Accept it without comment or gently say, "Thanks for getting this to me. Let me know if you need help with the next one."

Why: Recovering students are often doing their absolute best just to complete work. Penalties for lateness can feel punishing when they're already struggling.

When a student seems disengaged or distracted

Instead of assuming they don't care: Check in privately: "I noticed you seemed tired today. Is there anything I can do to help?"

Why: Disengagement is often a sign of exhaustion, pain, or overwhelm — not apathy.

When a student asks to leave class

Instead of questioning their need: Say, "Of course. Take the time you need."

Why: If a student asks to leave, they're likely at their limit. Trusting them builds their confidence to advocate for themselves.

When a student has a breakdown or becomes emotional

Instead of dismissing their feelings: Offer support: "I can see you're having a hard time. Would you like to step outside or talk to the counselor?"

Why: Recovery is emotionally taxing. Validating their feelings helps them feel safe.

When other students ask questions

Instead of sharing details: Say, "They've been dealing with some health stuff and are working hard to catch up. Let's give them space and be welcoming."

Why: The student's privacy must be protected. Peers should know only what the student has approved.

What NOT to Do

- ✗** ****Don't assume the student is "fine" because they look**
 - ✗** **Don't assume the student is "fine" because they look normal**
 - ✗** **Don't compare them to their "before" self ("You used to finish this so quickly!")**
 - ✗** **Don't minimize their experience ("Everyone gets tired sometimes")**
 - ✗** **Don't make them explain themselves repeatedly**
 - ✗** **Don't draw unwanted attention to their accommodations**
 - ✗** **Don't gossip about their situation with other staff**
 - ✓** **Instead:** Be kind, flexible, private, and patient. Trust that they're doing their best.
-

Teacher Checklist: Supporting a Returning Student

Before the Student Returns:

- Attend reintegration meeting (if invited)
- Review accommodation plan provided by coordinator
- Understand what information can be shared about the absence
- Prepare academic catch-up plan (prioritize essential content)

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.

Disclaimer

This brochure is provided by Bridge to Health Equity Foundation, a 501(3)(c) nonprofit organization, for general informational and educational purposes only. The information contained herein is general in nature and is not intended to be, and should not be construed as, medical, psychological, educational, therapeutic, legal, or other professional advice.

Nothing in this brochure is intended to create, and does not create, a professional relationship, duty of care, or legal obligation between Bridge to Health Equity Foundation and any reader, recipient, student, parent, caregiver, school, hospital, or other entity.

This material is not a substitute for individualized assessment, diagnosis, treatment, educational planning, or legal advice from qualified professionals. Decisions regarding a child's health, educational placement, accommodations, services, or reintegration into

school should be made in consultation with appropriate medical, educational, and legal professionals and based on the child's specific facts and circumstances.

Nothing in this brochure is intended to interpret, define, or advise on rights or obligations under the Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act, the Americans with Disabilities Act (ADA), Massachusetts special education law, or any related statutes or regulations. Eligibility for services or accommodations is determined by schools and districts in accordance with applicable law and individualized student evaluations.

To the fullest extent permitted by applicable law, Bridge to Health Equity Foundation disclaims any liability for any loss, injury, claim, or damages arising out of or related to the use of, distribution of, or reliance upon the information contained in this brochure.

Distribution: This toolkit may be freely distributed by schools, hospitals, healthcare providers, and community organizations supporting students and families. No modifications should be made without permission.

For questions or feedback: Email bridge2health.equity@gmail.com

