Prince George's County Public Schools – Office of Home and Hospital Teaching

TRANSITION PLAN

Home and Hospital Teaching temporarily provides students with assistance on classroom assignments missed during physical absence from school. Emphasis should be placed on returning the student to school. The Transition Plan should be developed by a school team with the parent. The Transition Plan should follow a continuum designed to increase the student's school engagement. The team is encouraged to consider a variety of factors, including the student's stamina, capacity for academic engagement, and support needs while transitioning to school. **The submitted Transition Plan will be considered a draft until a final review of the plan is completed by the Office of Home & Hospital Teaching and the Office of Psychological Services.**

School Name: _____

School Psychologist: _____ **School Counselor:** _____

Student Name: _____ **Grade:** _____ **Student ID #:** _____

PART I: School-Implemented Interventions/ Strategies Before HHT Referral

(Professional School Counselor or Administrator should complete this section.)

Intervention	Description
❑ IEP/504/SIT meeting convened (Date:)	
❑ Revised IEP/504/ BIP	
❑ Schedule change	
❑ Morning check-in with school staff	
❑ In-school counseling services	
❑ Modified day	
❑ PPW referral (current # of days absent: _____)	
❑ Consult with the treating psychiatrist/ psychologist	
❑ Other :	

Part II: School Psychologist Transition Plan Recommendations:

(School Psychologists should complete this section.)

Modifications & Supports	Description
❑ School Attendance/Scheduling (e.g., school day, time in class, class schedule)	
❑ Academic Workload (e.g., amount of work, time spent working, level of difficulty)	
❑ Accommodations (e.g., extended time, reduced distractions, brain breaks, etc.)	
❑ Mental or Behavioral Health Support (e.g., check-in/out, counselor check-ins, flash pass, consult w/ referring clinician, etc.)	
❑ Other:	

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Student Name: _____ **Grade:** _____ **Student ID #:** _____

Part III. Plan to Return to School

(Completed by SIT, SST to include School Administrator, Counselor, Psychologist, Parent, Student)

Select and describe all modifications and supports that will occur during the transition period or when the student returns to school.	
Modification & Support	**Description**
❑ School Attendance/Scheduling (e.g., school day, time in class, class schedule)	
❑ Academic Workload (e.g., amount of work, time spent working, level of difficulty)	
❑ Accommodations (e.g., extended time, reduced distractions, brain breaks, etc.)	
❑ Mental or Behavioral Health Support (e.g., check-in/out, counselor check-ins, flash pass, consult w/ referring clinician, etc.)	
❑ Other:	

School Days Missed	**Week**	**Transition Setting** **HHT is typically 6 hours per week. At week #2, indicate how many hours or days the student will go to school.**	**# of Hours**	**Days**	**Subjects**
5	**1**	☐ **HHT ONLY (6 hours per week)**	**6**	**TBD**	**RELA, Math, Science, Social Studies**
10	**2**	☐ HHT ONLY			Student should attempt to attend school each week.
		☐ HHT HOURS			
		☐ Classroom/School Days			
15	**3**	☐ HHT ONLY			Student should attempt to attend school each week.
		☐ HHT HOURS			
		☐ Classroom/School Days			
Student should be transitioning to school at least one day a week by week 4.					
20	**4**	☐ HHT ONLY			Student should attempt to attend school each week.
		☐ HHT HOURS			
		☐ Classroom/School Days			
25	**5**	☐ HHT HOURS			Student should attempt to attend school each week.

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Student Name: _____ **Grade:** _____ **Student ID #:** _____

		☐ Classroom/School Days			
School Days	**Week**	**Transition Setting**	**# of Hours**	**Days**	**Subjects**
30	**6**	☐ HHT HOURS			Student should attempt to attend school each week.
		☐ Classroom/School Day(s)			
35	**7**	☐ HHT HOURS			Student should attempt to attend school each week.
		☐ Classroom/School Day(s)			
40	**8**	☐ HHT HOURS			Student should attempt to attend school each week.
		☐ Classroom/School Day(s)			
45	**9**	☐ HHT HOURS			Student should attempt to attend school each week.
		☐ Classroom/School Day(s)			
50	**10**	☐ HHT HOURS			Student should attempt to attend school each week.
		☐ Classroom/School Day(s)			
Students with an <u>IEP MUST HAVE</u> an IEP Meeting if HHT will be considered for additional days.					
55	**11**	☐ HHT HOURS			Student should attempt to attend school each week.
		☐ Classroom/School Day(s)			
60	**12**	☐ HHT HOURS			Student should attempt to attend school each week.
		☐ Classroom/School Day(s)			

NOTE: Participants in the development of this plan should be documented on the appropriate IEP, SIT, or SST sign-in sheet and attached to the transition plan. It is recommended that the IEP Case Manager, SIT, or SST chairperson monitor this plan and provide updates to the HHT Case Manager. Final approval of this plan will be sent to the parent/guardian and school team.

_____

Name of Transition Plan Monitor/Title **Date**

_____ _____

Parent Signature/Date: **Student Signature/Date:**

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TRANSITION PLAN

Student Name: _____ **Grade:** _____ **Student ID #:** _____

PART IV: Review by Offices of Home and Hospital Teaching & Psychological Services

Transition Plan Decision:

- ☐ Denied
- ☐ Accepted
- ☐ Accepted with Revisions(indicate revisions):

_____ _____

HHT Case Manager **Date**