

**Presentation Format for R.E.S.E.T. Panel**

**Professional Presenting Student's Case** \_\_\_\_\_  
**Professional's Telephone Number** \_\_\_\_\_  
**Supervisor's Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**I. Student Demographics**

Student Name \_\_\_\_\_  
DOB \_\_\_\_\_ Current Grade \_\_\_\_\_ # credits \_\_\_\_\_  
Current Address \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

**II. Previous School Information**

Last school attended in Fayette County \_\_\_\_\_  
Transcript included? Yes \_\_\_ No \_\_\_  
If not, please give a date when transcript will be submitted \_\_\_\_\_  
Special Education Services? \_\_\_ Type? \_\_\_\_\_  
504 Plan? \_\_\_\_\_  
School Currently Attending \_\_\_\_\_  
Any threatening or aggressive behaviors? Give Details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. Reason for Out of Community Placement**

Why did he/she leave the community?

Specifics about legal (status or criminal) charges, substances abuse or  
Mental Health issues that lead to placement.

\_\_\_\_\_  
\_\_\_\_\_

Has he/she had prior legal charges related to school? \_\_\_\_\_

**IV. Where was the student placed? Please list all placements from most recent?**

How long was his/her stay? \_\_\_\_\_

What treatment did he/she receive? \_\_\_\_\_

**V. Outcome of Placement**

Did the student successfully complete the program? Yes\_\_\_\_\_ No\_\_\_\_\_

If so, is there a discharge plan? \_\_\_\_\_

If not, why was he/she discharged? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What recommendations were made by treatment provider for re-entry school placement?

Type of classroom\_\_\_\_\_

Extended School Services\_\_\_\_\_

Extra School/Community Supports\_\_\_\_\_

Future Educational Plans (GED, Get a job, vocational, diploma and other).\_\_\_\_\_

\_\_\_\_\_

**VI. Current Services being provided to students upon return to the Community?**

			Approximate length of service
Supervision	yes_____	no_____	_____
Probation:	yes_____	no_____	_____
Outpatient counseling	yes_____	no_____	_____
Psychiatry	yes_____	no_____	_____
In-Home Services	yes_____	no_____	_____
Who? _____			_____
Drug Testing	yes_____	no_____	_____

-----Office Use Only-----

Panel's recommendations to Director of Middle or High School for student's school placement?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_