

SMHS Return to Educational Experiences

Student and incident information:

Name of student: _____

Date of incident: _____

Time of incident: _____

Return to educational experiences instructions:

___ Student is able to assume normal tasks and return to educational experiences without restrictions.

___ Student is able to assume duties and return to educational experiences with the following restrictions (include length of time):

___ Student is UNABLE to assume normal tasks and is UNABLE to return to educational experiences.

Signatures:

Immediate supervisor signature and date:

Signature

Date

Health care provider signature and date:

Signature

Date

Student signature and date:

Signature

Date

This form is to be completed by the student, immediate supervisor, and health care provider and returned to the respective SMHS contact PRIOR to the student returning to the educational experience.