



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 interventions and strategies which will permit the student's return 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.

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
<input type="checkbox"/> IEP/504/SIT meeting convened (Date: _____)	
<input type="checkbox"/> Revised IEP/504/ BIP	
<input type="checkbox"/> Check in with school staff	
<input type="checkbox"/> In-school counseling services	
<input type="checkbox"/> Schedule change	
<input type="checkbox"/> Modified day	
<input type="checkbox"/> PPW referral (current # of days absent: _____)	
<input type="checkbox"/> Consult with the treating mental health professional	
<input type="checkbox"/> Other :	

Part II. Proposed Interventions/Strategies to Return to School

What will need to be in place for the student to attend school?

(Completed by Multidisciplinary Team: School Administrator, Counselor, Psychologist (if available), 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
<input type="checkbox"/> Schedule change (e.g., school day, time in class, class schedule)	
<input type="checkbox"/> Academic Workload (e.g., amount of work, time spent working, level of difficulty)	
<input type="checkbox"/> Accommodations (e.g., extended time, reduced distractions, brain breaks, etc.)	
<input type="checkbox"/> Mental or Behavioral Health Support (e.g., check-in/out, counselor check-ins, flash pass, consult with referring clinician, etc.)	
<input type="checkbox"/> Referral to IEP or 504 Team	



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

*Student is missing direct classroom instruction.

*School Days	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	<input type="checkbox"/> HHT ONLY (6 hours per week)	6	TBD	RELA, Math, Science, Social Studies
10	2	<input type="checkbox"/> HHT ONLY			
		<input type="checkbox"/> Student attempts to attend school (indicate number of days)			
15	3	<input type="checkbox"/> HHT ONLY			
		<input type="checkbox"/> Student attempts to attend school (indicate number of days)			
Student should be transitioning or attempting to transition to school at least one day a week by week 4.					
20	4	<input type="checkbox"/> HHT HOURS			
		<input type="checkbox"/> Student attempts to attend school (indicate number of days)			
25	5	<input type="checkbox"/> HHT HOURS			
		<input type="checkbox"/> Student attempts to attend school (indicate number of days)			
*School Days	Week	Transition Setting	# of Hours	Days	Subjects
30	6	<input type="checkbox"/> HHT HOURS			
		<input type="checkbox"/> Student will attempt to attend school (indicate number of days)			
35	7	<input type="checkbox"/> HHT HOURS			
		<input type="checkbox"/> Student attempts to attend school (indicate number of days)			
40	8	<input type="checkbox"/> HHT HOURS			
		<input type="checkbox"/> Student attempts to attend school (indicate number of days)			
45	9	<input type="checkbox"/> HHT HOURS			



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Student Name: _____

Grade: _____

Student ID #: _____

		<input type="checkbox"/> Student attempts to attend school (indicate number of days)			
50	10	<input type="checkbox"/> HHT HOURS			
		<input type="checkbox"/> Student will attempt to attend school (indicate number of hours/days)			
Students with an IEP MUST HAVE an IEP Meeting before day 60.					
55	11	<input type="checkbox"/> HHT HOURS			
		<input type="checkbox"/> Student attempts to attend school (indicate number of days)			
60	12	<input type="checkbox"/> HHT HOURS			
		<input type="checkbox"/> Student attempts to attend school (indicate number of days)			

NOTE: Participants in the development of this plan should be documented on the appropriate multidisciplinary team sign-in sheet and sign in sheet should be submitted with 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.

Name of Transition Plan Monitor/Title

Date

Parent Signature/Date:

Student Signature (if applicable)/Date:

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

Transition Plan Decision:

- ☐ Denied- The school team must complete the plan and return it to the Office of Home & Hospital Teaching.

☐ Accepted

☐ Accepted with Revisions- Revisions must be discussed with the parent/guardian.

HHT Case Manager Name

Date Returned to School