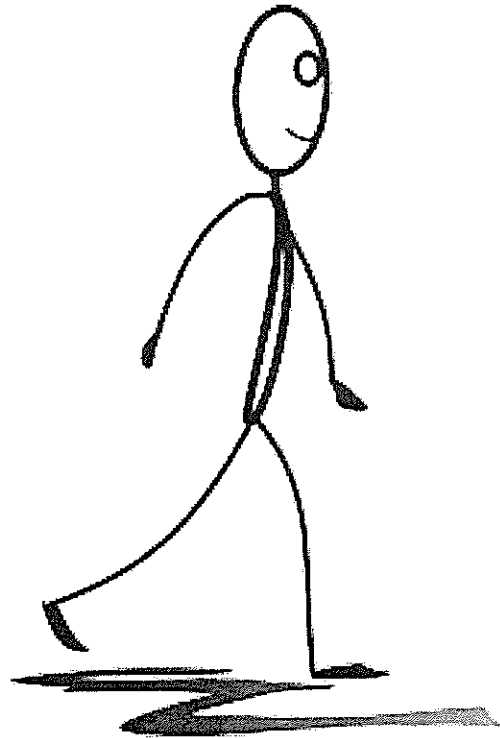


Welcome to PACE!



Natick High School

NATICK HIGH SCHOOL DISCHARGE SUMMARY

Student Name: _____ DOB: _____ Grade: _____

Parent(s): _____

Hospital: _____

Date of hospitalization: _____ Date of discharge: _____

Reason for discharge: _____

Diagnosis: _____

Medication(s): _____

Name and title of person completing this form: _____

THERAPEUTIC RECOMMENDATIONS:

In your opinion, is the student safe to return to school?

Has the student been referred to an outside therapist?

Yes _____ No _____

OUTSIDE TREATMENT TEAM CONTACT INFORMATION:

	Provider Name	Phone	Fax
Primary Doctor			
Therapist			
Psychiatrist			

ACADEMIC RECOMMENDATIONS: (comment on all that apply)

Reduced course load _____

Level change in some/all classes _____

Accommodations for outstanding assignments _____

Late arrival/Early release _____

SOCIAL/EMOTIONAL RECOMMENDATIONS: (comment on all that apply)

Scheduled visits with a counselor/social worker/school psychologist

More/less involvement in sports/activities _____

Potentially most difficult time of day for the student _____

Additional support recommended _____

CRITERIA FOR CHANGE:

What will be the criteria for determining when the student is ready to resume his/her full schedule? _____

Use of the PACE classroom

Students can use the PACE room to talk with staff and other students.

Students can use the PACE room to work on class assignments when they are capable of doing so.

Students can use the PACE room to make up quizzes and tests, pending the approval of their teachers.

Students can use the PACE room to receive extra help if needed.

Students may use the PACE room phone with staff permission. Cell phones may not be used in the PACE room.

Students may listen to iPods or other personal music devices.

Students may not sleep in the PACE room.

Students may eat lunch in the PACE room.

Students may share their experiences but remember be respectful of other students confidentiality.

To Whom It May Concern,

Date: June 5, 2013

It has come to our attention that our student, _____ has been hospitalized and under your care. As a part of our re-entry plan, we require a complete Discharge Summary from a member of _____'s outside treatment team.

In order to make his/her return to Natick High School comfortable and positive, we are requesting your recommendations for _____ to receive the supports needed to ease the transition back to a large, public high school.

Natick High Contact Information:

	Name	Phone	Fax
PACE Program Staff		508.647.6400 x1659	508.651.7145
Adjustment Counselor or Social Worker			
School Guidance Counselor		X6616	
Assistant Principal		X6617	
School Nurse		X6606	

The PACE Program at Natick High School helps students and their families with the process of reentry and reintegration into the school community. Along with administrators, guidance counselors, teachers, school psychologists, social workers and the school nurse, our goal is to support the student's academic, social, and emotional functioning.

Keep this information sheet for your records. Please complete the attached two-page Natick High School Discharge Summary and fax it to the PACE Program Coordinator as soon as possible. We value your input and greatly appreciate your recommendations.

Please complete the attached two page Natick High School Discharge Summary and fax it to

-----Keep this information sheet for your records-----

What other students have said...

“I could come in here to relax”

“It was helpful to have someone to talk to”

“I finished a lot of schoolwork and I kept my anxiety level down”

“It is a quiet place in a relaxed environment”

“I could relax and take time on homework assignments”

“I could meet with teachers and manage my anxiety”

PACE Program Self-Survey

Name: _____

Date: _____

1. Please use this scale to rate how often you experience the following feelings:

10	20	30	40	50	60	70	80	90	100
Occasionally			Weekly			Daily		All the time	

I feel sad: _____

I feel irritated: _____

I feel angry: _____

I feel happy: _____

I feel anxious: _____

I feel bored: _____

I feel tired: _____

I feel excited: _____

I have thoughts of self-harming behaviors: _____

I engaged in self-harming behaviors: _____

What time do you usually go to bed? _____

What is the quality of your sleep?

Great Good Inconsistent Awful

Do you usually eat 3 healthy meals each day? Yes No

If no, why not? _____

I regularly experience: (check as many as apply)

Stomach pain _____ Headaches _____

Dizziness _____ Muscle tension _____

I use the following:

Drugs: Never Monthly Weekly Daily

Alcohol: Never Monthly Weekly Daily

2. On a scale of 1 (No Way) _____ 5 (Absolutely) rate the following:

I feel ready to attend my classes: _____

I feel ready to begin academic work: _____

I am able to get out of bed and get ready for school most days (i.e. shower, dress, gather materials, etc.): _____

I feel good about being around classmates and peers at school: _____

When I feel overwhelmed, I feel able to deal with my feelings in a healthy way: _____

Some of the things I do to deal with overwhelming feelings are:

3. On a scale of 1 (Not comfortable at all) _____ 5 (Totally comfortable)
Rate how comfortable you feel about attending each class.

Math: _____ History: _____ Language: _____ Art: _____

English: _____ Science: _____ Other: _____ Other: _____

Some recommendations from the hospital or other program are:

What do you think of those recommendations?

How do you think the PACE Program can be most helpful to you?

Student Questionnaire

1. My favorite movie is _____
2. My favorite t.v. show is _____
3. The foods I like are _____
4. The things I like about school are _____

5. The things I don't like about school are _____

6. I like to spend my time outside of school doing _____

7. My favorite subject in school is _____
8. The family member I get along with most is _____
9. The type of music I like is _____
10. If I was stuck on a desert island I would bring these three things

"The next time you're feeling bad, rather than fight it, try to relax."

"Relaxed people can still be superachievers, and in fact, relaxation and creativity go hand in hand."

The Chill-ax List

Watch a favorite childhood animated movie or cartoon

Volunteer

Get a manicure or pedicure

Take a deep breath and count to ten as you exhale

Take a bubble bath

Play music

Read the comics in the newspaper

Bake cookies or bread

Exercise- go jogging, hula-hoop, jump rope, yoga, dance in your room!

Journal

Write your worries on paper, fold them into an airplane and send them flying

Stretch

Plant flowers

Paint something

Make a photo album or scrapbook

Make a mix CD or play list

Write 20 good things that have happened in your life- there is nothing too small to remember!

With a budget of \$5 buy yourself something at a toy store

Write postcards to friends or family

Make chicken soup

Take a nature walk with a magnifying glass

Head to the library and look at art/photo books

Take a rest from your cell phone or computer- turn them off for an hour

Juggle

Try origami

Write a poem or song

Take a hot shower

Give yourself a facial/mud mask

Clean a closet or drawer

Update your address list

Finger paint

Watch Saturday morning cartoons with a bowl of cereal

Read a magazine

Play with your pet or volunteer at an animal shelter

Take photos

Do a mindless repetitive task- i.e. wash the dishes, roll coins, organize your binders

Create a spot in your room for relaxation

Watch a funny movie

Fill a shoebox with stuff that evokes relaxed memories and feelings
Take a walk
Make some hot tea or hot chocolate
Rearrange your bedroom furniture/ redecorate your room
Organize your music/books or other collections
Practice progressive muscle relaxation. Tense one group of muscles for 5 seconds, then release and relax for 10 seconds
Do a jigsaw puzzle, crossword, wordsearch or suduko
Buy flowers for your room
Color a coloring book
Check out a museum
Read the newspaper
Play with playdo or clay
Knit or crochet
Treat yourself to a meal out
Dye your hair
Watch a favorite tv show
Make a gift for a friend
Make a time capsule and bury it
Visualize a place that makes you feel peaceful and safe
Read a favorite book
Clean out your backpack
Have a clothing swap with friends
Go to a sporting event or watch sports on tv
Shoot hoops
Cook a meal for your family
Keep a notebook of song lyrics or quotes that make you feel relaxed and positive
Draw, paint, collage
Go to a bead store and make jewelry
Learn a card trick
Go for a bike ride
Go sledding or ice-skating
Go bowling or miniature golfing
Go to a batting cage
Toss a Frisbee with someone or play catch
Volunteer at a farm
Write down 5 things you are grateful for no matter how big or small
Do laundry
Go to the beach and collect shells
Take a hike and collect rocks
Watch an episode of SNL or funny show on hulu
Go swimming
Take a class at the gym