



# Check & Connect High School Monitoring Form

Student: \_\_\_\_\_ ID #: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School: \_\_\_\_\_ Mentor: \_\_\_\_\_ Month: \_\_\_\_\_

<b>CHECK</b>																					
Academic data	M	TU	W	TH	F	M	TU	W	TH	F	M	TU	W	TH	F	M	TU	W	TH	F	High Risk
Number of Ds or Fs																					
Number of missing assignments																					
Cumulative grades	1st quarter grades				2nd quarter grades				3rd quarter grades				4th quarter grades								
	___ Ds ___ Fs				___ Ds ___ Fs				___ Ds ___ Fs				___ Ds ___ Fs								
Credit accrual	Credits earned out of _____ total possible																				
Met state acad. standards (proficient)	Math: ___ Yes ___ No				Reading: ___ Yes ___ No				Writing: ___ Yes ___ No				GPA								
Behavior Data	M	TU	W	TH	F	M	TU	W	TH	F	M	TU	W	TH	F	M	TU	W	TH	F	High Risk
Tardy																					
Skipping classes																					
Unexcused/unverified absence																					
Excused absence																					
Behavior referral/infraction																					
Detention																					
Suspension (in/out-of-school)																					

<b>CONNECT</b>																				
Communication	M	TU	W	TH	F	M	TU	W	TH	F	M	TU	W	TH	F	M	TU	W	TH	F
With student																				
Formal																				
Informal																				
Attempt/not reached																				
Left message																				
Note home																				
With family																				
Phone conversation																				
Meeting																				
Home visit																				
Communication with school staff																				
Communication with outside agency																				

	M	TU	W	TH	F	M	TU	W	TH	F	M	TU	W	TH	F
<b>Basic intervention</b>															
Share "check" data															
Provide regular feedback															
Discuss staying in school															
Problem solve about risk															
<b>Intensive intervention</b>	M	TU	W	TH	F	M	TU	W	TH	F	M	TU	W	TH	F
Facilitate goal setting															
Discuss academic progress and supports															
Discuss behavior and supports															
Discuss how current choices impact likelihood of graduating from high school															
Intensive problem solving															
Intensive problem solving with parent															
Intensive problem solving with school personnel															
Facilitate participation in community service															
Facilitate participation in school or community sponsored activities															
Facilitate tutoring															
Facilitate participation in small-group instruction for passing exit exam															
Teach problem solving skills															
Teach organization and study skills															
Arrange an alternative to suspension															
Other: _____															

## Monthly summary of case notes

Date:	Notes:
Goal: Attendance Engagement Investment in future	
Date:	Notes:
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Date:	Notes:
Goal: Attendance Engagement Investment in future	
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**Check & Connect** is a comprehensive student engagement intervention developed at the Institute on Community Integration, University of Minnesota, and implemented by schools nationwide. For more information, visit [checkandconnect.umn.edu](http://checkandconnect.umn.edu).

Institute on Community Integration  
UNIVERSITY OF MINNESOTA



**Check & Connect Monitoring Form**  
**E.L. Haynes Public Charter School**

Month \_\_\_\_\_

Student \_\_\_\_\_

**Check**

Tardy (school/class)

Skip

Absent

Suspension

	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	
Tardy (school/class)																					
Skip																					
Absent																					
Suspension																					

Failing classes (on day of check)

# of Ds \_\_\_\_\_ # of Fs \_\_\_\_\_

**Connect**

Shared "check" data

Provided regular feedback

Discussed staying in school

Problem-solved about risk

Personal & future goal setting

Contracted for behavior/grades

Communicated with parents

Made special accommodation

Participated in com. service

Participated in school activity

Worked with tutor

Arranged for alt. to suspension

Other:

	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	
Shared "check" data																					
Provided regular feedback																					
Discussed staying in school																					
Problem-solved about risk																					
Personal & future goal setting																					
Contracted for behavior/grades																					
Communicated with parents																					
Made special accommodation																					
Participated in com. service																					
Participated in school activity																					
Worked with tutor																					
Arranged for alt. to suspension																					
Other:																					

Discussion /Goal Setting Notes

	Week 1 Connect	Week 2 Connect	Week 3 Connect	Week 4 Connect
Discussion /Goal Setting Notes				

## My Goals for this Grading Period

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Long-Term Academic Goal for this Grading Period

What is one **long-term academic goal** you'd like to reach by the end of this grading period?

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Is it a SMART (specific, measurable, achievable, relevant, **timely**) goal?  Yes  No

Why is this goal important to you? \_\_\_\_\_

### Supporting Short-Term Goals for this Month

These are goals to help you achieve your *long-term academic goal identified above*. Write **2 short-term goals** that you can accomplish this month and that will **help you reach your long-term goal** below.

#### 1. Short-term goal #1: \_\_\_\_\_

i. Is it a SMART (specific, measurable, achievable, relevant, timely) goal?  Yes  No

ii. How important is it for you to meet this goal (on a scale from 1 to 10)?

1    2    3    4    5    6    7    8    9    10  
Not At All Important Very Important

iii. List the most important reason(s) for meeting this goal:

iv. How confident are you that you will meet this goal (on a scale from 1 to 10)?

1    2    3    4    5    6    7    8    9    10  
Not At All Confident Very Confident

v. List some reasons that you're confident you'll meet this goal (or explain what would need to happen for you to become more confident):

vi. When do you want to achieve this goal by?

vii. What steps will you take to reach this goal?

viii. Who can help you reach this goal?

**2. Short-term goal #2:**

- i. Is it a SMART (specific, measurable, achievable, relevant, timely) goal?     Yes     No
- ii. How important is it for you to meet this goal (on a scale from 1 to 10)?
- |                            |                            |                            |                            |                            |                            |                            |                            |                            |                             |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| Not At All Important       |                            |                            |                            |                            |                            |                            |                            |                            |                             |
| Very Important             |                            |                            |                            |                            |                            |                            |                            |                            |                             |
- iii. List the most important reason(s) for meeting this goal:
- iv. How confident are you that you will meet this goal (on a scale from 1 to 10)?
- |                            |                            |                            |                            |                            |                            |                            |                            |                            |                             |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| Not At All Confident       |                            |                            |                            |                            |                            |                            |                            |                            |                             |
| Very Confident             |                            |                            |                            |                            |                            |                            |                            |                            |                             |
- v. List some reasons that you're confident you'll meet this goal (or explain what would need to happen for you to become more confident):
- vi. When do you want to achieve this goal by?
- vii. What steps will you take to reach this goal?
- viii. Who can help you reach this goal?