



Communities In Schools
Bell-Coryell Counties, Inc.

2008-2009 SCHOOL YEAR

PRINCIPAL'S GUIDE

Revised Summer 2008

Communities In Schools, Bell-Coryell Counties, Inc.

Since its inception in 1992, Communities In Schools, Bell-Coryell Counties, Inc. has grown from serving 1 student to over 45,000 students, and from serving 1 school district to serving 5 districts. 72 Full time staff members, with the help of community volunteers and college interns, span 2 counties in order to reach at-risk youth and their families. During the 2007–2008 school year, over 8,000 at-risk students were individually case-managed by Communities In Schools, while over 45,000 students were served through group or crisis situations.

The CIS State Office reported the following preliminary performance outcomes for the Communities In Schools, Bell-Coryell Counties, Inc. program in 2007-2008 (August 5, 2008). Performance reports for the 2007-2008 school year will be finalized at the end of August 2008.

- **98.0%** of students improved in academics.
- **99%** of students improved in behavior.
- **99%** of students improved in attendance.
- **99.0%** of CIS students stayed in school.
- **93.0%** of students eligible to graduate successfully graduated.
- **370,000+** services were provided to children and their families.
- **275,000+** hours of services were provided to children and their families.

Communities In Schools, Bell-Coryell Counties, Inc. has also met all standards for the National CIS Quality Standards and Review and is considered one of the best examples of the CIS program implementation.

All districts served by Communities In Schools, Bell-Coryell Counties, Inc. have a large number of at-risk students as well as students eligible for Free and Reduced Lunch.

SPECIFIC INFORMATION FOR PRINCIPALS

- Communities In Schools staff may transport CIS students in privately owned vehicles in certain instances. *The Communities In Schools Executive Director must be notified.*
- Communities In Schools staff may accrue comp-time in accordance with CIS Personnel Policies.
- Each school district should have a representative on the Communities In Schools, Bell-Coryell Counties, Inc. Board of Directors. Principals may call these individuals or the Communities In Schools Central Office with comments or concerns.
- The Communities In Schools TEA-approved Campus Plan should be commensurate with the school campus plan and should enhance the objectives and needs of the campus being served.
- The principal determines the recommendation process for their campus. This process should facilitate immediate service delivery.
- The Communities In Schools Tracking Management System (CISTMS) Specialists who are located at the Communities In Schools Central Office are responsible for all case management data entry. In accordance with FERPA guidelines, student files will be transported monthly to the CIS Central Office for data entry into CISTMS and then transported back to the campus by CIS campus staff.
- Attached is the Communities In Schools, Bell-Coryell Counties, Inc. calendar for 2008-2009. Please note that events and meetings are subject to change and the Communities In Schools staff may be required to leave campus at times other than noted on the calendar. Staff time off campus will be limited and the principal will be notified when staff members are not on the campus for professional or personal reasons.

Mandatory Reporting of Child Abuse and Neglect

- Any CIS case worker who has cause to believe that a child has been or may be abused or neglected shall make a report within 48 hours after the professional first suspects abuse or neglect.
- Information collected or disclosed about suspected abuse or neglect must be kept in a secure location separate from the student's usual FERPA protected information.
- A report of suspected abuse or neglect must be kept confidential.
- Reports of suspected abuse or neglect include the official notification and the documentation of the report made to the proper authorities.

Case Management Elements

The Texas CIS case management process requires eleven specific elements, some of which are adopted from the Brandeis Case Management model. The eleven elements follow a series of steps which have proven successful in assisting campus staff to service students most effectively and to track individual progress. Each step within each element must be followed in a specific order and manner. The case management elements ensure continuity of services and consistency throughout the program statewide. These are evidenced through documentation, tracking and reporting in each core element. These steps are detailed within each of the eleven elements as shown in the Case Management Flow Chart.



Case Management Flow Chart

The case management flow chart demonstrates the process addressing each of the eleven elements. The elements are followed in order through service delivery. Once service delivery begins, ongoing follow-up and monitoring of the services is required to determine the progress of the student. Reassessment determines whether to alter or terminate services for a particular issue, target new issues or revise the service plan, all of which are essential in meeting the goals of the student.

Communities In Schools of Texas Case Management Flow Chart

11 Element Process	
1. Recommendation	Student referred to CIS
2. Parental Consent/ROI	Parental consent given for student to be served
3. Eligibility Determination	Student eligibility determined for program participation
4. Student Registration	Student profile data gathered
5. Assessment/Reassessment	Student issues identified for service delivery
6. Service Plan Development	Approach for individual implementation
7. Service Delivery	Service log documentation
8. Monitoring	On-going monitoring of students' progress
9. Progress Reporting	Evaluate degree of improvement per grading period
10. Closeout	Final documentation of student achievement
11. Outcomes	State-level program evaluation

Program Implementation Data Requirements

Continuous documentation within each of the eleven elements is crucial and required in the case management for verification and accountability. Without documentation, CIS cannot validate nor justify the need for services to students at a specific campus. Implementation of each of the eleven case management elements will be evident with proper use of state-developed and approved CIS forms. These forms become the student case file that provides a history of the student's participation in the program from start to finish. Information from the forms is entered into the CIS Tracking Management System (CISTMS) and are sent on a daily basis to the Texas Education Agency.

Information Collected (Current year records only):

- Grade reports
- Attendance records
- TAKS
- Disciplinary referrals
- Free/reduced Lunch status
- Health related information
- Information collected in the student's case file

Other: _____

The following documents are samples of the forms developed by the Texas Education Agency and used by your CIS campus staff in the case management process. Each student's case file will contain all of these documents which are crucial to developing a strong, detailed, and accurate assessment for each student.



Student Recommendation Form

Last Name: _____ First Name: _____ Grade: _____

Please check (√) all areas of concern for this student and provide as much information as possible to assist in determining eligibility for CIS services. If the student receives appropriate consent and is eligible for CIS services, CIS staff will develop a service plan and coordinate appropriate services for the student. The student may be served at school or referred to an outside agency for services.

- Attendance: _____
- Academics: _____
- Behavior: _____
- Social Service Needs: _____
- Mentor Program: _____

My relationship to this student is:	<input type="checkbox"/> CIS Staff	<input type="checkbox"/> Self Referral	<input type="checkbox"/> Teacher	
<input type="checkbox"/> Parent	<input type="checkbox"/> Principal	<input type="checkbox"/> Assistant Principal	<input type="checkbox"/> School Counselor	<input type="checkbox"/> Law Enforcement
<input type="checkbox"/> Peer	<input type="checkbox"/> School Nurse	<input type="checkbox"/> Juvenile Court	<input type="checkbox"/> Texas Youth Hotline	<input type="checkbox"/> Other: _____

I would like to talk to a CIS staff person about this student.

The best time to reach me is: Morning Afternoon Evening. convenient time: _____

Contact number: (_____) _____

Comments:

Signature: _____ Date: _____
(Signature must be in ink)

Please return this form to the CIS office. Thank you.

CIS Use Only

Verbal recommendation taken from: _____

Relationship: _____ Date: _____

Follow-up note: _____

CIS Staff Signature: _____ **Date:** _____



Parent Consent Form

I give permission for my son/daughter: _____ to participate in Communities In Schools (CIS) in the _____ school district for the _____ school year.

I understand that my permission is being given so that:

- ▶ My child can receive services provided or coordinated by Communities In Schools staff, service providers and/or volunteers. The services may include but are not limited to supportive guidance/counseling, educational support, tutoring, mentoring, enrichment activities, testing, referrals to other agencies and as needed. I have received information about the services by CIS.
- ▶ **I understand that the Texas Education Agency Release of Information form must be signed.** This form is required by the Texas Education Agency (TEA) so that CIS staff, service providers or volunteers can obtain confidential information, which may include information from the TEA, school records, financial information, public assistance status, test scores, medical information and questionnaires.
- ▶ I understand that the information collected on the CIS forms is maintained in a secure computer database and a case file. This information is used by CIS to document services provided to students and families to evaluate the CIS program. I also understand that CIS may use the information to verify CIS participants, update service information, and provide closure and follow-up information. I authorize CIS to maintain the information provided for the purposes noted above in the CIS computer database and case file.
- ▶ My child can participate in field trips and other activities sponsored by CIS. Private transportation may be used in these and other activities.
- ▶ Routine or emergency medical or dental treatment by any licensed medical doctor may be provided in the event of illness or accident if I am unable to be reached. Emergency contact phone number: (____) _____
- ▶ My child is covered by a health care insurance? YES NO
- ▶ CIS may use photograph or video picture(s) of my child for program purposes? YES NO

Family Income

- \$0-\$14,999. \$15,000-\$19,999. \$20,000-\$29,999. \$30,000-\$39,999. \$40,000-\$49,999. \$50,000-\$59,999.
- \$60,000-\$69,999. \$70,000-\$74,999. \$75,000 or more

▶ Is your family receiving Temporary Assistance for Needy Families (TANF)? YES NO

If so please provide: TANF RECIPIENT # TANF Start Date: ____/____/____

I release Communities In Schools and its employees, volunteers, or agents from liability for accidents, injuries, or illnesses that may occur to my child during his/her participation in the program.

My child and I understand that we are voluntarily participating in the Communities In Schools program.

Parent/Guardian Name (Please print): _____

Address: _____ City: _____ Zip: _____

Telephone Numbers: (Home) _____ (Work) _____

Parent/Guardian Signature: _____ Date: _____

(Signature must be in ink)

CIS Staff Signature: _____ Date PC Received: _____



ROI

**Texas Education Agency
Release of Information**

I give permission for the release of information concerning my son/daughter _____,

who is enrolled in the _____ School District.

I understand that my permission is being given so that:

CIS can obtain and/or provide the information below from the school, the Texas Education Agency and the local agencies specified below for evaluation purposes and in order to provide services that will help my child. These services may include but are not limited to supportive guidance and counseling, mentoring, educational support, tutoring, enrichment, testing, and referrals to other agencies.

_____, a local agency.

_____, a local agency.

Information Collected (Current year records only):

- Grade reports
- Attendance records
- TAKS
- Disciplinary referrals
- Free/reduced Lunch status
- Health related information
- Information collected in the student's case file
- Other: _____

RIGHTS OF CONSENT

By signing this Release of Information Form, I acknowledge the following:

1. I understand that the records and information released under this consent will be kept confidential to the extent permitted by law and used only for the purpose indicated.
2. I understand that this consent is voluntary and may be revoked at any time by informing CIS staff, in writing, except that prior consent will still apply to the extent that agencies have already taken action in reliance of it.
3. I understand that I have the right to inspect and that I can obtain a copy of any record released by this consent upon request in writing to the releasing agency, subject to any applicable copying costs and legal limitations.
4. I understand that this consent is effective for the current school year only (summer months included).
5. I understand the records released concerning the student may also contain references to other persons such as members of the student's family.
6. I understand that release of records under this consent is subject to any limitations placed by federal and state law.

My signature below authorizes CIS to provide the above types of information related to my student to the school district (upon request) and also authorizes CIS to obtain such information from the school district.

Parent/Guardian Name (Please print): _____

Address: _____ **City:** _____ **Zip:** _____

Telephone Numbers: (Home) _____ (Work) _____

Parent/Guardian Signature: _____ Date: _____

(Signature must be in ink)

CIS Staff Signature: _____ **Date TEA ROI Received:** _____



CIS Eligibility Criteria Checklist

Last Name: _____ First Name: _____ Grade: _____

Student is determined eligible for CIS services if at least one eligibility criteria below is met. All applicable criteria must be checked.

- Student did not meet eligibility
- ~~Non Case Managed Criteria~~

TEA At-Risk Criteria (Texas Education Code 29.081 (d) 1 thru 13 (g))

A student at risk of dropping out of school includes each student who is under 21 years of age, and who:

- was not advanced from one grade level to the next for one or more school years;
- if the student is in grade 7, 8, 9, 10, 11 or 12, did not maintain an average equivalent to 70 on a scale of 100 in two or more subjects in the foundation curriculum (Section 28.002) during a semester in the preceding or current school year, or is not maintaining such an average in two or more subjects in the foundation curriculum in the current semester;
- did not perform satisfactorily on an assessment instrument administered to the student under Subchapter B, Chapter 39, and who has not in the previous or current school year subsequently performed on that instrument at a level equal to at least 110 percent of the level of satisfactory performance on that instrument;
- is a student in pre-kindergarten, kindergarten, or grade one, two or three who did not perform satisfactorily on a readiness test or assessment instrument administered during the current school year;
- is pregnant or is a parent;
- has been placed in an alternative education program in accordance with Section 37.006 during the preceding or current school year;
- has been expelled in accordance with Section 37.007 during the preceding or current school year;
- is currently on parole, probation, deferred prosecution, or other conditional release;
- was previously reported through the Public Education Information Management System (PEIMS) to have dropped out of school;
- is a student of Limited English Proficiency as defined by Section 29.052;
- is in the custody or care of the Department of Family and Protective Services or has, during the current school year, been referred to the department by a school official, officer of the juvenile court or law enforcement official;
- is homeless as defined by 42 U.S.C. Section 11302 and its subsequent amendments; or
- resided in the preceding school year or resides in the current school year in a residential placement facility in the district, including a detention facility, substance abuse treatment facility, emergency shelter, psychiatric hospital, halfway house, or foster group home.
- ~~Student who satisfies local eligibility criteria adopted by the board of trustees of a school district by section TEC 29.081(g).~~

Additional Legislative Eligibility Criteria

- A student who is eligible for a free or reduced lunch; (Texas Education Code 33.151)
- A student who is in family conflict or crisis. (Texas Education Code 33.151)
- Temporary Assistance for Needy Families (TANF) recipient.

Other

- ~~Local Funded Case Managed~~

Comments: _____

CIS Staff Signature: _____ Date: _____

CAMPUS: _____



Participant Information Form

SSN/Alt ID #: ____ - ____ - ____ Last Name: _____ First Name: _____

Middle Name: _____ Nickname: _____ Gender: M F DOB: ____/____/____

Race/Ethnicity: Native American Asian /Pacific Islander African American Hispanic White, not of Hispanic Origin Grade Level: _____

PC received date: ____/____/____ TEA Release Information Original enrollment year: ____ Photo/media use permitted

Staff Information	Living Situation	Participant Information
<input type="checkbox"/> _____ <input type="checkbox"/> _____	<p><u>Lives With (Check one):</u></p> <ul style="list-style-type: none"> <input type="radio"/> Both biological/adoptive parents <input type="radio"/> Foster parent <input type="radio"/> Grandparents <input type="radio"/> Legal guardian <input type="radio"/> Living independently <input type="radio"/> Non-relative <input type="radio"/> Parent/step-parent <input type="radio"/> Relatives <input type="radio"/> Single parent father <input type="radio"/> Single parent mother <input type="radio"/> Step parent(s) 	<p><u>Primary Language:</u></p> <ul style="list-style-type: none"> <input type="radio"/> English <input type="radio"/> Vietnamese <input type="radio"/> Other Languages <input type="radio"/> Spanish <input type="radio"/> German <input type="radio"/> Not Reported
Funding Sources	<p><u>Lives Where (Check one):</u></p> <ul style="list-style-type: none"> <input type="radio"/> Detention facility <input type="radio"/> Emergency shelter <input type="radio"/> Foster home <input type="radio"/> Halfway house <input type="radio"/> Homeless <input type="radio"/> Immediate family home <input type="radio"/> Motel <input type="radio"/> Non-relative home <input type="radio"/> Psychiatric hospital <input type="radio"/> Residential placement <input type="radio"/> Relative's home <input type="radio"/> Shelter 	<p><u>Special Characteristics:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> ESL/LEP <input type="checkbox"/> Natural disaster victim <input type="checkbox"/> JJAEP <input type="checkbox"/> Military family <input type="checkbox"/> Pregnant/parenting <input type="checkbox"/> AEP <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated parent(s) <input type="checkbox"/> Migrant family <input type="checkbox"/> Physical disability <input type="checkbox"/> Special education
<input type="checkbox"/> TEA CIS <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Case Managed Classification	<p><u>Public Assistance:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Free/reduced lunch <input type="checkbox"/> Public housing <input type="checkbox"/> SSI <input type="checkbox"/> TANF recipient <input type="checkbox"/> WIC <input type="checkbox"/> Food stamps <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> TANF eligible <input type="checkbox"/> WIA participant
Case Managed	<p><u>Household Income:</u></p> <p><input type="radio"/> \$0-\$14,999. <input type="radio"/> \$15,000-\$19,999. <input type="radio"/> \$20,000-\$29,999. <input type="radio"/> \$30,000-\$39,999. <input type="radio"/> \$40,000-\$49,999. <input type="radio"/> \$50,000-\$59,999.</p> <p><input type="radio"/> \$60,000-\$69,999. <input type="radio"/> \$70,000-\$74,999. <input type="radio"/> \$75,000 or more <input type="radio"/> NI</p>	
Non-Case Managed	<p>Parent/guardian last name: _____ First name: _____</p> <p>Address: _____ City: _____ State: TX Zip: _____ County _____</p> <p>Primary phone: (____) _____ - _____ Secondary phone: (____) _____ - _____</p>	

Number in Household: _____	Last	first	DOB	Relationship	Last	first	DOB	Relationship



CAMPUS: _____

Assessment (Reassessment)

Last Name: _____ First Name: _____ SSN/Alt: _____

<p style="text-align: center;">Recommendation Source:</p> <p> <input type="radio"/> CIS Staff <input type="radio"/> Self Referral <input type="radio"/> Teacher <input type="radio"/> Principal <input type="radio"/> Parent <input type="radio"/> Assistant Principal <input type="radio"/> School Counselor <input type="radio"/> Law Enforcement <input type="radio"/> Peer <input type="radio"/> School Nurse <input type="radio"/> Juvenile Court <input type="radio"/> Texas Youth Hotline <input type="radio"/> Other </p>	<p style="text-align: center;">Recommendation Reason:</p> <p> <input type="checkbox"/> Academics <input type="checkbox"/> Attendance <input type="checkbox"/> Behavior <input type="checkbox"/> Social Service </p>
<p style="text-align: center;">Service Levels</p> <p> <input type="radio"/> Prevention <input type="radio"/> Intervention </p>	<p style="text-align: center;">Crisis Student</p> <p> <input type="radio"/> Crisis </p>

Initial assessment date: _____
 Reassessment date: _____ (It green or It blue)

Academic Profile

<p> <input type="radio"/> Exempt <input type="radio"/> Not Applicable (NA) </p> <p> Reading <input type="radio"/> Passed <input type="radio"/> Failed <input type="radio"/> Not Taken <input type="radio"/> Not Applicable Math <input type="radio"/> Passed <input type="radio"/> Failed <input type="radio"/> Not Taken <input type="radio"/> Not Applicable Science <input type="radio"/> Passed <input type="radio"/> Failed <input type="radio"/> Not Taken <input type="radio"/> Not Applicable </p>	<p style="text-align: center;">TAKS:</p> <p style="text-align: right;">Last Date Taken: ____ / ____ / ____</p> <p> Writing <input type="radio"/> Passed <input type="radio"/> Failed <input type="radio"/> Not Taken <input type="radio"/> Not Applicable ELA <input type="radio"/> Passed <input type="radio"/> Failed <input type="radio"/> Not Taken <input type="radio"/> Not Applicable S. S. <input type="radio"/> Passed <input type="radio"/> Failed <input type="radio"/> Not Taken <input type="radio"/> Not Applicable </p>
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">GRADES</th> </tr> <tr> <th style="width: 50%;">Subject</th> <th style="width: 50%;">Grade</th> </tr> </thead> <tbody> <tr><td>English/LA</td><td></td></tr> <tr><td>Math</td><td></td></tr> <tr><td>Science</td><td></td></tr> <tr><td>Social Studies</td><td></td></tr> <tr><td>Other_____</td><td></td></tr> </tbody> </table>	GRADES		Subject	Grade	English/LA		Math		Science		Social Studies		Other_____		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Attendance</th> </tr> <tr> <th style="width: 50%;"></th> <th style="width: 50%;">Total</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Unexcused Absences</td> <td></td> </tr> <tr> <td style="text-align: center;">Unexcused Tardies</td> <td></td> </tr> </tbody> </table>	Attendance			Total	Unexcused Absences		Unexcused Tardies		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Number Disciplinary Assignments</th> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	Number Disciplinary Assignments		<p style="text-align: center;">Post Secondary Goal</p> <p> <input type="radio"/> Unsure <input type="radio"/> 2 year college <input type="radio"/> 4 year college/University <input type="radio"/> Trade Technical School <input type="radio"/> Military <input type="radio"/> Employment </p> <p style="text-align: center;">Eligible To Graduate</p> <p> Is Eligible <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA Grade Level _____ </p>
GRADES																											
Subject	Grade																										
English/LA																											
Math																											
Science																											
Social Studies																											
Other_____																											
Attendance																											
	Total																										
Unexcused Absences																											
Unexcused Tardies																											
Number Disciplinary Assignments																											

Academic Issues

<input checked="" type="checkbox"/> Not Applicable	AI	TI	TBO	Notes
Grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TAKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Academic Support Issues

<input checked="" type="checkbox"/> Not Applicable	AI	TI	TBO	Notes
Academic Readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Classroom Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Homework Completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Language (ESL/LEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: _____

Attendance Issues

<input checked="" type="checkbox"/> Not Applicable	AI	TI	TBO	Notes
▶ Absences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Tardies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: _____



CAMPUS: _____

Assessment (Reassessment) (Continued)

Last Name: _____ First Name: _____ SSN#/Alt: _____

Behavior Issues

<input type="checkbox"/> <i>Not Applicable</i>	AI	TI	TBO	Notes
▶ <i>Classroom Conduct</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Delinquent Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Emotional Crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Family Conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Self Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Suspected Gang Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Suspected Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: _____

Social Service Issues

<input type="checkbox"/> <i>Not Applicable</i>	AI	TI	TBO	Notes
▶ <i>Basic Needs</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Career/Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ College Readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Day Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Grief/Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▶ Life Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments: _____

Service Plan

Service Plan		Notes
Supportive Guidance	<input type="checkbox"/>	
Health and Human Services	<input type="checkbox"/>	
Parental and Family Involvement	<input type="checkbox"/>	
Career Awareness/Employment	<input type="checkbox"/>	
Enrichment	<input type="checkbox"/>	
Educational Enhancement	<input type="checkbox"/>	
College Readiness	<input type="checkbox"/>	
Mentor to be Assigned	<input type="checkbox"/>	
After School Services	<input type="checkbox"/>	

Student Goals: _____

Status

<input type="radio"/> Active <input type="radio"/> Follow-up <input type="radio"/> Inactive <input type="radio"/> Within Program Transfer <input type="radio"/> Exit Reason: _____ Date: _____ <input type="radio"/> Out of Program Transfer Code



Student Goals Contract

(Optional)

I, (name) _____ agree to work on accomplishing the following goals. I realize that the resulting outcome will be a direct result of my own personal efforts. I also realize that this Student Goals Contract may be revised at anytime.

Student Goals:

- 1). _____ Date Achieved _____
- 2). _____ Date Achieved _____
- 3). _____ Date Achieved _____
- 4). _____ Date Achieved _____
- 5). _____ Date Achieved _____

Commitments to reach goals:

- 1). _____
- 2). _____
- 3). _____
- 4). _____
- 5). _____

Student's Signature: _____ Date _____

Case Manager's Signature: _____ Date: _____