

Check-n-Connect Program

Initial Meeting Checklist

Student: _____ Date: _____

School: _____ BICM: _____

Explanation of Program:

A program designed to provide support and monitoring for students at-risk of developing serious or chronic behavior problems. The components of the program are:

- a. Clearly defined goals and expectations for the student, which are monitored daily with a point card
- b. Instruction on behavioral expectations and appropriate social skills
- c. Daily Check-in and Check-out at the beginning and end of the school day with a positive adult mentor
- d. Increased recognition and incentives for following expectations through regular check-in with teachers throughout the day to complete the point card
- e. A data system to monitor student progress and collect information about trends in student behavior

Setting up the Program:

Task	Who	By When	Completed
1. Program explained to student, parents, & team and present Check-n-Connect contract			Y N
2. Identify expected behaviors for student to work on			Y N
3. Teach student expected behavior through modeling, role play, and opportunities to practice			Y N
4. Mentor assigned to check-in with student in beginning and end of day			Y N
5. Check-in process explained to student			Y N
6. Point card developed and taught to student			Y N
7. Point card explained to staff			Y N
8. Data sheet developed to monitor student progress			Y N

Follow-up Meeting Scheduled for _____

Check-n-Connect Contract

I, _____, agree to work on these things this year.

1. _____
2. _____
3. _____

I will work with _____ to keep track of my progress. I understand that I will have a chance to earn a reward each week / day when I meet my goals. A list of rewards I would like to earn include:

1. _____
2. _____
3. _____

I will try hard to do my best to meet these goals everyday.

Student Signature

I will do my best to help _____ meet his/her goals everyday.

Signature of Coordinator

Signature of Parent

Signature of Administrator

Check-n-Connect Program Weekly Data Sheet

School _____ Start Date _____
 Student _____
 Mentor _____

Staple Completed Daily Point Sheets to this form.

Week of _____

Date	Check-In	Check-Out	# Points Earned/ # Points Possible	Percent of Points earned	Incentive Rec'd?
M	Y N	Y N	/		Y N
T	Y N	Y N	/		Y N
W	Y N	Y N	/		Y N
Th	Y N	Y N	/		Y N
F	Y N	Y N	/		Y N
Weekly Totals					

Week of _____

Date	Check-In	Check-Out	# Points Earned/ # Points Possible	Percent of Points earned	Incentive Rec'd?
M	Y N	Y N	/		Y N
T	Y N	Y N	/		Y N
W	Y N	Y N	/		Y N
Th	Y N	Y N	/		Y N
F	Y N	Y N	/		Y N
Weekly Totals					

Graph daily points per day

Check-n-Connect Follow-up Meeting

Student: _____ Date: _____

School: _____ BICM: _____

1. Present Check-n-Connect data from Weekly Point Sheet & Daily Point Cards

a. Check-n-Connect Weekly Data sheet or graph presented? Y N

2. Evaluate success and decide whether to make changes or maintain program as needed:

a. Is the program working? Y N

b. Do we want to continue using the program? Y N

c. Do we need to make some changes? Y N

If yes, detail changes below:

Next steps/ Changes/ Continued Monitoring (detail specific modification or changes to plan)

3. If program is not working, will student be referred for FBA/BSP? Y N

a. If No, identify next steps _____

b. Does student have an IEP? Y N

c. # Days of Suspension _____

We agree with the above summary and recommendations or changes.

Student Signature

Signature of Coordinator

Signature of Parent

Signature of Administrator