



Forest Grove Middle School Check-In/Check Out Progress Report

Student: _____ Date: _____

Scoring 0= No 1= Good 2= Excellent	Be Prepared	Act Responsibly	Respect Everyone	Keep Safe	Hallway Behavior	Teacher Initials
Check-in	Yes No					
Period 1	0 1 2	0 1 2	0 1 2	0 1 2	-2	
Period 2	0 1 2	0 1 2	0 1 2	0 1 2	-2	
Period 3	0 1 2	0 1 2	0 1 2	0 1 2	-2	
Lunch	0 1 2	0 1 2	0 1 2	0 1 2	-2	
Period 4	0 1 2	0 1 2	0 1 2	0 1 2	-2	
Period 5	0 1 2	0 1 2	0 1 2	0 1 2	-2	
Period 6	0 1 2	0 1 2	0 1 2	0 1 2	-2	
Period 7	0 1 2	0 1 2	0 1 2	0 1 2	-2	
Check out	Yes No				Subtotal Points	
Office Referral	Yes No -20 points	100% – 91% = 64 – 58 points 90% – 81% = 57 – 53 points 80% - 71% = 52 – 45 points				
Total Points: _____ Points Possible: 50		Today _____		Goal _____		

WOW: _____

Parent's signature: _____



Teacher Referral Information Sheet

Student's Name: _____ **Date:** _____

Teacher's Name: _____ **Team:** _____

Please identify the student's strengths. *Some possible strength include academic interest, social skills, hobbies, sports, etc.*

Problem Behaviors: (please check those that are areas of concern)

- | | |
|--|--|
| <input type="checkbox"/> Talks out in class
<input type="checkbox"/> Disrespectful to adults
<input type="checkbox"/> Tardy
<input type="checkbox"/> Off-task (looks around, gazes off) | <input type="checkbox"/> Difficulty completing work
<input type="checkbox"/> Disrespectful to peers
<input type="checkbox"/> Skipping
<input type="checkbox"/> Other: _____ |
|--|--|

What have you tried to date to change the situations in which the problem behavior(s) occur?

<input type="checkbox"/> Accommodations made to match the student's skills	<input type="checkbox"/> Changed seating assignments	<input type="checkbox"/> Changed schedule of activities	Other?
<input type="checkbox"/> Tutoring to improve the student's academic skills	<input type="checkbox"/> Accommodations to curriculum text materials	<input type="checkbox"/> Provided extra assistance	Other?

What have you tried to date to teach expected behaviors?

<input type="checkbox"/> Reminders about expected behavior when problem behavior is likely	<input type="checkbox"/> Clarified rules and expected behavior for the whole class	<input type="checkbox"/> Practiced the expected behaviors in class	Other?
<input type="checkbox"/> Reward program for expected behavior	<input type="checkbox"/> Oral agreement with the student	<input type="checkbox"/> Self-management program	Other?
<input type="checkbox"/> Systematic feedback about behavior	<input type="checkbox"/> Individual written contract with the student	<input type="checkbox"/> Contract with student/with parents	Other?

What consequences have you tried to date for the problem behavior?

<input type="checkbox"/> Loss of privileges	<input type="checkbox"/> Parent Conference	<input type="checkbox"/> Office Referral	Other?
<input type="checkbox"/> Time-Out in classroom	<input type="checkbox"/> Time-Out in another classroom	<input type="checkbox"/> Verbal reprimand	Other?
<input type="checkbox"/> Referral to Guidance Counselor	<input type="checkbox"/> Note or phone call to the student's parents	<input type="checkbox"/> Individual meeting with the student	Other?



Forest Grove Middle School Student Profile

Teacher: _____ **Team:** _____

Student: _____ **Grade:** ____ **Age:** _____

Student is: General Education ESE ESOL

Arrival/Departure Routines:

How does the student get to school? Walk Bus Parent Pick-up

Approximate time of arrival? _____

How does the student get home? Walk Bus Parent Pick-up

Approximate time of departure? _____

Positive Incentives:

What positive incentives does the student prefer (gather information from student)?
(Examples: candy, free computer time, pencils, free homework pass [if teacher(s) are willing to honor], handheld video games, etc.)

1. _____
2. _____
3. _____

Other Information:

Health Concerns:

Does the student have a Health Care Plan? Yes No
Does the student have any allergies? Yes No

Behavior Concerns:

Does the student have a Functional Behavior Assessment/Behavior Intervention Plan? Yes No



Bulldog Check-In/Check-Out

Student: _____

Teacher: _____

You now have a student that is participating in the Bulldog Check-In/Check-Out Program. Her/his assigned coordinator is _____
_____. Please have the student check-in with the coordinator between 8:50-9:05 a.m. each morning and check-out between 3: 45- 3:55 p.m. The coordinator can be found in room _____. Also remember to fill out their progress each day before the leave the classroom for check-out. You will need to remind them to report daily for the first several weeks, after that they should remember on their own. Attached you will find a reminder note that can be given to the student as (s)he enters the classroom. Please make a note to any substitute teacher so that the student will be allowed to leave the classroom at the designated time to check-out.

Please contact the coordinator if you have any questions. Thanks for your help in this matter. By working together, we can make a difference in the life of a child!



Please remember...

Check-In 8:50 – 9:05 a.m.

Check-Out 3:45 – 3:55 p.m.

Location: _____

Don't forget:

- **Have your progress report signed**
- **Bring daily to Check-In/Check Out**

Have a Great Day!



Bulldog Check-In/Check-Out Contract
(all parties must sign)

Goal: To assist _____ in his/her behavioral and academic progress so that (s)he can be more successful in school.

Expectations for Responsible Student Behavior:

1. Be Prepared
2. Act Responsibly
3. Respect Everyone
4. Keep Safe

This plan is designed to help _____ become a better self-manager of his/her behavior. In order to assist you, a Bulldog Progress Report will be used to remind and support his/her efforts to meet the school-wide expectations for behavior.

Student Responsibilities:

- Check-in with the coordinator every morning between 8:50 and 9:05 a.m. to go over the daily goal.
- Bring the progress report to class and have the teacher in each class fill it out at the end of each period.
- Check-out with the coordinator between 3:45-3:55 p.m. every day AND bring your progress report with you for review.
- Have your progress signed every night by your parent/guardian.

Parent Responsibilities:

- Discuss the goals with your child and support them in their efforts.
- Sign the progress report nightly.
- Accept the evaluations of the teachers and staff participating.
- Reward you child as (s)he meets their goal.

Teacher Responsibilities:

- Complete the Bulldog Progress Report at the end of each class.
- Evaluate the student's progress toward meeting their goals on the progress report.
- Provide the student with positive feedback when they demonstrate the desired behaviors.

Coordinator Responsibilities:

- Prepare Bulldog Progress Report daily.
- Facilitate Check-in/Check-Out.
- Provide student with positive and constructive feedback.
- Inform the student ahead of time if the Coordinator is going to be absent.
- Provide information to student for the procedure if the Coordinator is absent (example, who to go see, where to go, etc.)

I have read and understand the expectations of the contract. By signing this contract I accept my responsibilities of a team member of the Bulldog Check-In/Check-Out Program.

Student's signature: _____ Date: _____

Parent's signature: _____ Date: _____

Coordinator's signature: _____ Date: _____

Teacher's signature: _____ Date: _____

Teacher's signature: _____ Date: _____

Teacher's signature: _____ Date: _____

Teacher's signature: _____ Date: _____

Teacher's signature: _____ Date: _____

Teacher's signature: _____ Date: _____

Teacher's signature: _____ Date: _____