Student Profile

Coordinator ____________________

Student __________________________ Grade ________
Teacher __________________________

Arrival/Departure Routines:
(You may interview the student or teacher to determine.)
How does the student get to school? Car Bus

Approximate time of arrival? __________

How does the student get home? Car Bus

Approximate time of departure? __________

Positive Incentives:

What positive incentives does the child prefer (please gather this from the student)?
1. 
2. 
3. 
(examples: candy, free computer time, pencils, free homework pass-If teacher is willing to honor, etc.)

Other Information:

______________________________________________________

______________________________________________________

______________________________________________________

Health Concerns:
Does the student have a Health Care Plan? Yes No
(Check the master list. If yes, please secure a copy from guidance.)
You now have a student that is participating in the **Cardinal Check-In/Check-Out program**. Their assigned coordinator is ________________________________.

Please have this student check-in with their coordinator between 7:55 and 8:20 a.m. each morning and sign-out no later than 2:30 each day. Their coordinator can be found in room ________________________________. Also remember to fill out their progress each day before they check-out. You will need to remind them to report daily for the first two weeks, after that they should remember on their own. Attached you will find a reminder note that can be placed to the top or the inside of their desk.

Please contact their 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!

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**Please remember...**

- **Check-In** 7:55-8:20 a.m.
- **Check-Out** no later than 2:30
- **Location** ________________

**Don’t forget:**
- Have your progress report signed
- Bring daily to check-in/out.

Have a great day!
Teacher Referral Information Sheet

Student’s Name _______________________________

Classroom Teacher ____________________________

Please identify the student’s strengths. Some possible strengths include academic interests, social skills, hobbies, sports, etc.

1. _________________________________
2. _________________________________

Problem Behaviors: (please circle those are areas of concern)

Verbally Harasses Others
Disrupts Class Activities
Disrespectful to Adults
Difficulty completing work
Theft
Tardy
Inattentive
Other __________________

Academic Concerns:
Math             Reading             All academic areas

Is the student ESE?     YES     NO

Please list two or three SPECIFIC goals you would like this student to work on?
Example: Follow the teacher’s directions without talking back.
Non-example: Be respectful.

1. _________________________________
2. _________________________________
3. _________________________________
To the parent/guardian of: ______________________________.

We would like to include your child in our Cardinal Daily Check-In/Check-Out program. This is a program designed to help students meet our school-wide expectations in a positive manner. Your child will be assigned a coordinator (usually a guidance counselor, an administrator, or a teacher) and will be responsible for checking-in with that person each morning and check-out again at the end of the day.

A report will be filled out daily by the teacher(s) and the coordinator will review the report at check-in/out time. You will also review and sign the daily report each night. The student will earn incentives and rewards for appropriate behavior. As parents, you are responsible for making sure your child arrives on time each day for check-in and that you review and sign the daily progress report. Together, we can make this a positive experience for your child.

We appreciate your cooperation in this program and look forward to working for your student. Please contact the guidance department if you have any questions. We may be reached at 850-983-7000.

_______ I do give consent for my child to participate.

_______ I do not give consent for my child to participate.

____________________________________  _______________
Parent/Guardian                            Date
Cardinal Check-In/Check-Out Contract (all parties must sign)

**Goal:** To assist _______________________ in his/her behavioral and academic progress so that he/she can be more successful in school.

**Expectations for Responsible Student Behavior**

1. Show kindness and respect
2. Only do your best
3. Attendance is important
4. Responsibility is the rest

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

**Student Responsibilities:**
- Check-in with your assigned coordinator every morning between 7:55 and 8:20 a.m. to go over your daily goals.
- Bring the progress report to class and have your teacher fill it out by the end of the day.
- Check-out with your coordinator before 2:30 every day AND bring your progress report with you for review.
- Have your progress report signed every night by your parent/guardian.

**Parent Responsibilities:**
- Review the contract with your child and sign it.
- 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 your child as he/she meets their goals.

**Teacher Responsibilities:**
- Complete the Teacher Referral Information Sheet.
- 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:
- Review the teacher referral, fill out the student profile, and fill out the progress report.
- Facilitate Check-in/Check-out.
- Provide student with positive and constructive feedback.
- Inform the student ahead of time if you are going to be absent.

I have read and understood the expectations of the contract. By signing this contract I accept my responsibilities of a team member of the Cardinal Check-in/Check-out program.

Student’s signature: _____________________ Date: ____________

Parent’s signature: _____________________ Date: ____________

Teacher’s signature: _____________________ Date: ____________

Coordinator’s signature: _____________________ Date: ____________