Student (First Only) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Qualitative Description** |
| **3****issues or problem areas**  |  |
| **2****strengths**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Attendance**Days Missed | **Behavior**## of Referrals | **Course Performance**Classes Failed |
| **\_\_\_\_\_\_\_\_ Year’s ABCs** |  |  |  |
| Interventions |  |

**Team Process**

|  |  |
| --- | --- |
| **What would you do?** |  |
| **Why might the above not work?** |  |
| **Fix the “What would you do?” so they do work** |  |

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

Participant Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_