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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_