**Affiliate Leadership Update**

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| Year: | [ ]  1st Quarter [ ]  2nd Quarter [ ]  3rd Quarter [ ]  4th Quarter |



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| School Name: | Student Support Specialist: | Date: | Report Submitted to: |
| Members of School Support Team: |
| Dates of Meetings with School Leadership: |
| Dates of School Support Team Meetings: |

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| School Support Progress |
| School Support Goal | Interventions/Supports Planned | Was it Provided?(Yes/No) | Students Served by Tier | Status of Aligned Metric (Progressing/Maintaining/Declined) |
| T1 | T2 | T3 |
| **A** |  | 1.2. |  |  |  |  |  |
| **B** |  | 1.2. |  |  |  |  |  |
| **C** |  | 1.2. |  |  |  |  |  |
| **P** |  | 1.2. |  |  |  |  |  |
| **O** |  | 1.2. |  |  |  |  |  |
| Concerns/Challenges:  |

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| Case Managed Student Progress |
| Student Goal | # of Students with Goal | % Making Progress/Met Goal | Concerns/Challenges | Additional Support Needed |
| Improve/Maintain Attendance |  |  |  |  |
| Improve/Maintain Behavior |  |  |  |  |
| Improve/Maintain Coursework |  |  |  |  |
| Improve/Maintain Parent Engagement |  |  |  |  |
| Other |  |  |  |  |
| No Goal Assigned |  |  |  |  |

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| Any Challenges/Issues with School Leadership/School Support Team/School Staff/Parents? |

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| Signatures Needed: | Student Support Specialist | Executive/Program Director |

CISNC 2016