

## RENEW Student Disposition Checklist Version 2.0

### Milwaukee Public Schools – Response to Intervention /PBIS 2013

**Instructions:** The items listed below are known factors associated with a high risk of dropping out of school and failing to make a successful transition to adult life. A counselor or team of people who know the youth best should complete the items in steps 1, 2, 3, and 4 of the checklist, and then the team should confer about the best course of action for the youth, including referral to RENEW. (Some young people possess strong protective factors that can be engaged to help the youth succeed).

**Youth (or ID):** \_\_\_\_\_ **Date:** \_\_\_\_\_

This checklist is to be completed prior to interventions and every 3-4 weeks during intervention to measure progress.

Had \_\_\_\_\_(number) of RENEW related/Team Meetings since last assessment?

- 1) Date tool completed: \_\_\_\_\_
- 2) This tool was filled out by:  An individual teacher  A team of teachers
- 3) Please check if you are a:  General Education Teacher  Special Education Teacher  RENEW Facilitator  
 Support Staff  PBIS Coach  Other (please specify): \_\_\_\_\_

<b>Section 1. CRITICAL RISK FACTORS:</b> <i>To be completed by facilitator at baseline to determine level of risk, before mapping begins and at every 4 weeks for progress monitoring.</i>	Indicate Yes or No for each item	
<b>The youth ...</b>		
4) Is/was a dropout or has been expelled one or more times.	Yes	No
5) Had more than 6 unexcused absences in the previous semester or half year.	Yes	No
6) Attends class _____percent of time		
7) Tardy to class on average _____percent of time.		
8) Has moved to a different town more than 3 times or has attended more than 3 different schools in the past 5 years.	Yes	No
9) Has failed 2 or more classes in the past 6 months.	Yes	No
10) Had had 6 or more major discipline problems in school during the previous 6 months.	Yes	No
11) Has been suspended 3 or more times in the previous semester or half year.	Yes	No
12) Has fewer than 66% of the credits needed to graduate based upon years in high school.	Yes	No

[Type text]

13) Is a youth identified with special education needs (emotional, learning, intellectual, other health impaired or physical disability).	Yes	No
14) ___percent of current educational goals are being met		
15) ___percent of current social goals are being met		
16) Is not engaged in completing schoolwork, engage, or complete assignments	Yes	No
17) Has mental health challenges or exhibits serious emotional/behavioral problems coupled with for which current classroom interventions are not adequate without significant modifications and supports.	Yes	No
18) Has been arrested more than once or been incarcerated.	Yes	No
19) Has had a recent crisis (death, divorce, illness) or life transition that is affecting school performance.	Yes	No
20) Is/was a victim of physical, psychological, sexual abuse, rape or other violent crime; youth has experienced trauma.	Yes	No
21) Is pregnant or a parent.	Yes	No
22) Appears to be abusing substances or there is extreme substance abuse in the home.	Yes	No
23) Is significantly economically disadvantaged.	Yes	No
24) Is homeless (on the street, shelter, transitional housing, living with friends or other temporary arrangements).	Yes	No
25) Is currently or recently in out-of-home placement (emancipated and / or, independent living).	Yes	No
26) Does BMCW have legal guardianship?	Yes	No
27) Is involved with the following public agencies:  Public aid    Probation    Mental Health    BMCW		
28) Has language/cultural barriers, or is a recent immigrant.	Yes	No
29) Appears socially isolated/unhappy/has relationship problems (such as no friends/is a negative peer influence).	Yes	No
30) Bullies others or is the victim of serious bullying or harassment.	Yes	No
31) Appears to have an eating disorder.	Yes	No
32) Has a chronic health condition.	Yes	No
33) Engages in overt sexual behavior, is unusually sexually active.	Yes	No
34) Is at risk of Home Placement Failure	Yes	No

35) Is at risk of School Placement Failure	Yes	No
36) It as risk of Community Placement Failure	Yes	No
<b>37) Student is In the following educational placement: <i>Please check the box to indicate placement.</i></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> General ed. classroom 100% of the day-5a</li> <li><input type="checkbox"/> General ed. classroom with special ed. Consultation-5a</li> <li><input type="checkbox"/> General ed. classroom with inclusion support-5a</li> <li><input type="checkbox"/> Special ed. instruction and/or related services 1-20% of the day OUTSIDE the general ed. Classroom-5a</li> <li><input type="checkbox"/> Special ed. instruction and/or related services 21-60% of the day OUTSIDE the general ed. Classroom-Resource Youths</li> </ul>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Special ed. instruction and/or related services more than 60% of the day OUTSIDE general ed.5b</li> <li><input type="checkbox"/> Special ed. 100% in a separate public day school-5c</li> <li><input type="checkbox"/> Special ed. 100% in a separate public day school in conjunction with a separate residential component-5c</li> <li><input type="checkbox"/> County or municipal detention center or jail</li> <li><input type="checkbox"/> Full day treatment center-5c</li> <li><input type="checkbox"/> Private residential-5c</li> <li><input type="checkbox"/> Alternative education setting-5c</li> <li><input type="checkbox"/> Home and Hospital-5c</li> <li><input type="checkbox"/> Hospital</li> <li><input type="checkbox"/> Day Treatment</li> </ul>		

**SECTION 3: Identify PROTECTIVE FACTORS** *To be completed by facilitator and or youth at baseline, before mapping begins and at every 4 weeks. Use in team meetings to build plans on youth strengths.*

The youth ...	Indicate Yes or No for each item	
38) Has a positive/resilient temperament	Yes	No
39) Has high level of social supports from family members	Yes	No
40) Is involved with and practices spiritual or organized religious activities	Yes	No
41) Participates in regular and meaningful involvement with positive, organized and non-organized, peer to peer activities and/or clubs	Yes	No
42) Has well developed social competencies and problem-solving skills	Yes	No
43) Seeks and receives social support from adults and peers	Yes	No
44) Holds high expectations for self and abilities	Yes	No
45) Has positive expectations/optimism for the future	Yes	No
46) Is involved with adults who have high expectations for the youth	Yes	No
47) Expresses motivation and a general positive attitude toward school	Yes	No
48) Maintaining current academic achievement and competency	Yes	No
49) Receiving and responding well to pro-social and academic rewards	Yes	No
50) Living with a family that has economic stability	Yes	No
51) Living in a community where there is sustainable economic stability and high expectations for youth productivity	Yes	No
52) Living in a safe and cohesive neighborhood where there are opportunities for participation in positive activities	Yes	No

**Section 4: PLAN MONITORING**

What has already been tried with this youth (*list information below*)? Update this table at baseline and twice during the school year.

Intervention or program	Dates began / ended	Number of weeks	Met goals: (Y/N) If N <i>why</i>	Data Used

**Section 5: KEY PEOPLE**

**Resources and Contacts:** Please list the names, role and contact information for people who are critical to the youth’s plan such as special education case managers, guidance counselor, parent, teachers, etc. Update this table at baseline and twice during the school year, as needed.

Name	Role	Contact information (Phone number or email address)