

# HIGH SCHOOL GOAL:

## Complete school year with 85%+ Attendance and Mastery of IEP goals\*

Complete this worksheet if the young person is a student with an IEP who is alternately assessed only (not in a traditional high school).

REQUIRED STEPS (COMPLETE ALL)	COMPLETED?	DATE	PROGRESS NOTES
<input type="checkbox"/> Monitor Progress toward IEP goals***	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Provide weekly persistence coaching, support, and encouragement (text, call, or meet)	<input type="checkbox"/> YES <input type="checkbox"/> NO		

POTENTIAL STEPS (EXPLORE IF NEEDED/APPLICABLE)	COMPLETED?	DATE	PROGRESS NOTES
<input type="checkbox"/> Work with young person to improve attendance; coach young person, text young person in the mornings	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Work with young person to improve attendance; connect young person to a peer group or a credible messenger	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Work with young person to improve attendance; connect them to an extracurricular program or experience	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Speak to/meet with program staff regarding young person's attendance or performance	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Refer student to tutor	<input type="checkbox"/> YES <input type="checkbox"/> NO		Tutor's Name: _____ Date Started: (MM/DD/YYYY) / /
<input type="checkbox"/> Follow-up with tutor on performance	<input type="checkbox"/> YES <input type="checkbox"/> NO		# of tutoring sessions: _____
<input type="checkbox"/> Update foster parent or caregiver; encourage them to provide support	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Ensure school is providing appropriate transition services	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Ensure representatives from ACCES-VR and/or OPWDD participate in student's IEP meeting	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Other: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		

\*\*\*Fill in relevant information in space provided on reverse of worksheet.

### \*ONCE GOAL IS COMPLETED:

- Select this goal again until the student is 1 year away from graduating, then select "Obtain Skills and Achievement Commencement Credential" goal and begin worksheet on **page 41**
- Proceed to Career Development Goals Roadmap on **page 14**

### GOAL TRACKING

START DATE: _____	<b>GOAL COMPLETED</b>	DATE: _____	<input type="checkbox"/> <b>GOAL CHANGED</b>
YOUTH NAME: _____	<input type="checkbox"/> <b>YES</b>   ATTENDANCE: _____ %	IEP GOALS MASTERED: _____	DATE: _____
COACH: _____	<input type="checkbox"/> <b>NO</b>   ATTENDANCE: _____ %	NOTES: _____	NEW GOAL: _____
	NOTES: _____		

ATTENDANCE RATE	DATE	NOTES

**ADDITIONAL NOTES**