 **PROBATIONARY SUPPORT REFLECTION**

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| **STUDENT NAME:** |  |
| **CLUB NAME:** |  |
| **WEEK OF:** |  |

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| SEMESTER COURSE | GRADE | TEACHER SIGNATURE | FLAGGED | WEEKS OF INELIGIBILITY |
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| INSTITUTED SUPPORT INITIATIVES | | | | | | | | | | | | | |
|  | *Teacher/Student Meeting* |  | *Before School Tutoring* | |  | *Homework Completion* | | |  | | *Student Contract* | | |
|  | *Planner Usage* |  | *After School Tutoring* | |  | *Guidance Counselor* | | |  | | *Other* | | |
| *Briefly Summarize Student Application of Selected Initiatives* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| *Below Portion To Be Completed After 1 Week of Probation* | | | | | | | | | | | | | |
| REFLECTIVE EVALUATION | | | | | | | | | | | | | |
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| EFFECTIVENESS OF  PROBATIONARY SUPPORTS | | | | **Ineffective** | | | **Poor** | | | **Good** | | | **Superior** |
| STUDENT PARTICIPATION STATUS | | | | **Suspended** | | | | **Probation** | | | | **Cleared** | |

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*Student Signature Date*

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*Principal Signature Date*

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*Sponsor Signature Date*