

## RENEW Student Disposition Checklist Version 2.0

*(Modified for use by Illinois PBIS Network, September 2012)*

(Malloy & Drake, 2009, Adapted From: Morley, & Veale, (2002) Youth Risk Assessment for Identifying Needs and Evaluating Impacts, 2005; Balfanz, 2010)

Illinois Statewide Technical Assistance Center (ISTAC)  
Systematic Information Management for Educational Outcomes (SIMEO)

### 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     Focus Family Facilitator  
 ISTAC Coach     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

<b>13)</b> Is a youth identified with special education needs (emotional, learning, intellectual, other health impaired or physical disability).	Yes	No
<b>14)</b> _____percent of current educational goals are being met		
<b>15)</b> _____percent of current social goals are being met		
<b>16)</b> Is not engaged in completing schoolwork, engage, or complete assignments	Yes	No
<b>17)</b> 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
<b>18)</b> Has been arrested more than once or been incarcerated.	Yes	No
<b>19)</b> Has had a recent crisis (death, divorce, illness) or life transition that is affecting school performance.	Yes	No
<b>20)</b> Is/was a victim of physical, psychological, sexual abuse, rape or other violent crime; youth has experienced trauma.	Yes	No
<b>21)</b> Is pregnant or a parent.	Yes	No
<b>22)</b> Appears to be abusing substances or there is extreme substance abuse in the home.	Yes	No
<b>23)</b> Is significantly economically disadvantaged.	Yes	No
<b>24)</b> Is homeless (on the street, shelter, transitional housing, living with friends or other temporary arrangements).	Yes	No
<b>25)</b> Is currently or recently in out-of-home placement (emancipated and / or, independent living).	Yes	No
<b>26)</b> Does DCFS have legal guardianship?	Yes	No
<b>27)</b> Is involved with the following public agencies:  <input type="checkbox"/> Public aid <input type="checkbox"/> Probation <input type="checkbox"/> Mental Health <input type="checkbox"/> DCFS		
<b>28)</b> Has language/cultural barriers, or is a recent immigrant.	Yes	No
<b>29)</b> Appears socially isolated/unhappy/has relationship problems (such as no friends/is a negative peer influence).	Yes	No
<b>30)</b> Bullies others or is the victim of serious bullying or harassment.	Yes	No
<b>31)</b> Appears to have an eating disorder.	Yes	No
<b>32)</b> Has a chronic health condition.	Yes	No
<b>33)</b> Engages in overt sexual behavior, is unusually sexually active.	Yes	No
<b>34)</b> 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"/> IYC – Jail</li> <li><input type="checkbox"/> Private day school-5c</li> <li><input type="checkbox"/> Private residential-5c</li> <li><input type="checkbox"/> Alternative education setting-5c</li> <li><input type="checkbox"/> Homebound-5c</li> <li><input type="checkbox"/> Hospital</li> <li><input type="checkbox"/> Partial day school</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.

*Not for entry into SIMEO, but for documentation and informing action planning and supports.*

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.

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Name	Role	Contact information (Phone number or email address)