

R&R: Re-engagement at Registration

Name:

Student Phone:

1. Check the top two factors that negatively impacted your attendance last semester.

<input type="checkbox"/>	Employment
<input type="checkbox"/>	Mental Health/Social-Emotional
<input type="checkbox"/>	Family Issues
<input type="checkbox"/>	Lack of Motivation
<input type="checkbox"/>	Difficulty Understanding Assignments
<input type="checkbox"/>	Childcare Issues
<input type="checkbox"/>	Other: _____

2. What additional resources do you need to be successful this school year?

<input type="checkbox"/>	Tutoring
<input type="checkbox"/>	Connection With a Trusted Adult
<input type="checkbox"/>	Basic Needs (food/clothes)
<input type="checkbox"/>	Housing
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Peer Support/School Organization Involvement
<input type="checkbox"/>	Other: _____

3. Rate your confidence that you can pass all classes this school year. (Circle one)
Very Confident Somewhat Confident Not Confident

4. Name one staff member that you can trust:

5. Would you like to receive a weekly motivational text from the school: ____ YES ____ NO