Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessment Period: 30 Days 4 Months 7 Months 10 Months

(Evaluate each of the following areas 1 – 5. 1 being never and 5 always)

**I. SPIRITUAL GROWTH / SELF EVALUATION**

 1. I participate in worship on campus 1 2 3 4 5

 2. I attend and participate in optional prayer times 1 2 3 4 5

 3. I share my faith with others 1 2 3 4 5

 4. I honor commitments in action and word 1 2 3 4 5

 5. I show preference for my fellow students 1 2 3 4 5

 6. I seek accountability in relationships 1 2 3 4 5

 7. I express humility and take ownership for wrongdoing 1 2 3 4 5

 8. I show reverence toward others in word and deed 1 2 3 4 5

 9. I engage other students in a positive manner 1 2 3 4 5

 10. I seek and follow Godly counsel and decisions 1 2 3 4 5

Total\_\_\_\_\_\_\_\_\_\_\_\_

I believe God is helping me\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I need God to help me\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**II. EDUCATION**

1. Current on all assigned work 1 2 3 4 5
2. Participates in classroom activities & discussions 1 2 3 4 5
3. Completes GSNC accurately and on schedule 1 2 3 4 5
4. Completes PSNC accurately and on schedule 1 2 3 4 5
5. Completes Turning Point accurately and on schedule 1 2 3 4 5 (n/a)
6. Uses class time wisely & effectively 1 2 3 4 5
7. Prompt attendance to scheduled classes 1 2 3 4 5

Total\_\_\_\_\_\_\_\_\_\_\_\_

Number of contracts completed and subjects covered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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General Educational & Literacy goals for next three months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**III. COUNSELING / PERSONAL GROWTH**

1. Participates in scheduled counseling groups 1 2 3 4 5

2. Maintains personal integrity in all relationships 1 2 3 4 5

3. Works through issues effectively following biblical format:

 (Matthew 18:15-20 & 5:23-24) 1 2 3 4 5

4. Consistently displays respect for others 1 2 3 4 5

5. Uses self control in language & actions 1 2 3 4 5

6. Communicates effectively to help restore family relationships 1 2 3 4 5

7. Developing healthy boundaries in relationships 1 2 3 4 5

8. Completes assigned counseling homework 1 2 3 4 5

 Total\_\_\_\_\_\_\_\_\_\_\_\_

**IV. CAMPUS RELATIONSHIPS / RESPONSIBILITIES**

 1. Submits to campus rules and guidelines 1 2 3 4 5

 2. Prompt attendance at scheduled activities 1 2 3 4 5

 3. Keeps personal spaces orderly and clean 1 2 3 4 5

 4. Promotes accountability on and off campus 1 2 3 4 5

 5. Participates in ministry opportunities (Drama, Media,

 Rally Teams, Stay Sharp, other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_). 1 2 3 4 5

 6. Works with staff and interns to maintain a positive culture on campus 1 2 3 4 5

 7. Participates in recreational activities 1 2 3 4 5

 8. Volunteers to help when needs are presented 1 2 3 4 5

 9. Avoids negative conversations and situations 1 2 3 4 5

 10. Responds to discipline and correction properly 1 2 3 4 5

 11. Displays a willingness to embrace leadership opportunities 1 2 3 4 5

 12. Courteous to other students, volunteers and staff 1 2 3 4 5

 13. Maintains healthy hygiene habits 1 2 3 4 5

 14. Maintains healthy diet and balanced exercise plan 1 2 3 4 5

 Total\_\_\_\_\_\_\_\_\_\_\_\_

Areas of concern or commendation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**V. VOCATIONAL**

 1. Works well with others. 1 2 3 4 5

 2. Performs work to expected quality levels 1 2 3 4 5

 3. Follows instruction without debate 1 2 3 4 5

 4. Seeks additional information when needed 1 2 3 4 5

 5. Works well when supervised 1 2 3 4 5

 6. Works well when unsupervised 1 2 3 4 5

 7. Looks for ways to go above the call of duty 1 2 3 4 5

 8. Leads by example 1 2 3 4 5

 9. Gives attention to detail 1 2 3 4 5

 10. Consistently completes assigned tasks 1 2 3 4 5

 11. Comprehends directions and follows through 1 2 3 4 5

Total\_\_\_\_\_\_\_\_\_\_\_\_

Overall work ethic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Crew Leader Work Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Case Manager Education Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vocational Supervisor Program Manager

Notes:

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Student Signature Date

Process for Completion of Student Progress Report

It is the Case Manager’s responsibility to initiate the Student Progress Report (SPR) for their counselees during the scheduled assessment periods of; 30 Days, 4, 7 and 10 Months.

**Student Progress Report (SPR) Circulation**

1. The Case Manager has the Student self evaluate the **SPIRITUAL GROWTH/SELF**

**EVALUATION** section and return the SPR to them.

1. The Case Manager fills out the **COUNSELING/ PERSONAL GROWTH** section

of the evaluation.

1. The SPR is forwarded to the Education Department for completion of the **EDUCATION**

 section.

1. The Education Department brings the SPR to Weekly Staff Meeting where staff will complete the **CAMPUS RELATIONSHIPS/RESPONSIBILITIES** section.
2. The Program Manager fills out the **VOCATIONAL** section and forwards the SPR to the

Student’s Case Manager.

1. The Case Manager goes over the completed SPR Evaluation with the student and makes a copy to be retained in their Confidential File. A copy is then sent to the approved person on the “Authorization for Release of Student Information Form.”

Please take a moment to answer three questions regarding this information:
[Good Idea Survey](https://tcusa.wufoo.com/forms/m20ekh20a18s22/def/field21%3DSupplemental%20Student%20Progress%20Report%200314)