|  |  |
| --- | --- |
| **Who:** | Identify who will be mentored* Students chronically absent from previous year?
* Students chronically absent during current year?
* Students in the “basic” band?
 |
| **What:** | Identify what services students will receive during mentorship* Daily check-ins?
* Weekly check-ins?
* Group activities?
 |
| **When:**  | When will services be provided to the mentees? How long? * 10 weeks, 20 weeks, Semester, entire school year
 |
| **Where/How:** | Who will be the mentors? Will it be voluntary or mandatory?* Administrators
* Teachers
* Dean
* Support Staff (e.g., PSA, PSW, Academic Counselors)

How will attendance be monitored? How often? How will parents informed and provide consent for students to participate?  |
| **Support Materials Included:** | 1. Targeted Student Group Planning Sheet
2. Intervention/Mentoring Implementation Schedule
3. Sample Attendance Weekly Recognition
4. Sample Attendance Daily Report
 |

**Targeted Student Group- Personalized Connection (Mentoring)**

**PLANNING SHEET**