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| --- | --- |
| **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**