

Guidance  
Goodies  
SUPER Sized

Kevin Kracker &  
Amber Barbee

[www.amberbarbee.com](http://www.amberbarbee.com)



# WELCOME TO OUR SCHOOL FAMILY

YOU ARE NOT HERE BY ACCIDENT.  
YOU ARE HERE AT THE PERFECT  
TIME WITH THE PERFECT PEOPLE  
TO GET EXACTLY WHAT YOU  
NEED. BE OPEN TO WHAT THAT  
MIGHT BE. BREATHE DEEPLY AND  
GIVE YOURSELF PERMISSION TO  
RELAX, HAVE FUN, LET EACH  
MOMENT UNFOLD AND LEARN.  
WE ARE SO HAPPY YOU ARE  
HERE!

BECKY BAILEY



# Guidance Lessons





# Character Counts





Trustworthiness    Respect    Responsibility    Fairness    Caring    Citizenship



Area/Setting/ Domain	Trustworthiness	Respect	Responsibility	Fairness	Caring	Citizenship
<b>Assembly/ Performance/ Morning Procedures</b>	<ul style="list-style-type: none"> <li>Stay in one spot</li> <li>A pass is required to go to a different area</li> <li>Don't get up without permission</li> </ul>	<ul style="list-style-type: none"> <li>Eyes on the speaker at all times</li> <li>No food or drinks</li> <li>Only use technology with permission</li> </ul>	<ul style="list-style-type: none"> <li>Sit with your feet on the floor and your hands in your lap</li> <li>Avoid hanging out.</li> </ul>	<ul style="list-style-type: none"> <li>Use appropriate applause</li> <li>Leave a clean area</li> </ul>	<ul style="list-style-type: none"> <li>Come in and exit quietly</li> <li>No talking</li> </ul>	<ul style="list-style-type: none"> <li>Stop what you are doing</li> <li>Put away electronic devices</li> </ul>
<b>Bathroom/ Lockers</b>	<ul style="list-style-type: none"> <li>Throw away trash in the appropriate cans</li> <li>No fighting</li> </ul>	<ul style="list-style-type: none"> <li>Use manners</li> <li>No photography/cell phone use</li> <li>No graffiti/any other vandalism</li> </ul>	<ul style="list-style-type: none"> <li>Use time wisely</li> <li>Have a pass <u>during class</u></li> </ul>	<ul style="list-style-type: none"> <li>Wait your turn</li> <li>No locker sharing</li> </ul>	<ul style="list-style-type: none"> <li>Report problems to an adult</li> <li>Lock up all valuables</li> </ul>	<ul style="list-style-type: none"> <li>Avoid hanging out</li> <li>Avoid sharing stalls</li> </ul>
<b>Advisory/Tutorials /Study Hall</b>	<ul style="list-style-type: none"> <li>Check into your advisory teacher before you go to a different class</li> <li>You must have a pass to go to another class</li> </ul>	<ul style="list-style-type: none"> <li>Respect others' privacy/ property</li> </ul>	<ul style="list-style-type: none"> <li>Use time wisely</li> <li>Stay in the same advisory class the entire time</li> </ul>	<ul style="list-style-type: none"> <li>Phones are put away unless your teacher says they are allowed</li> </ul>	<ul style="list-style-type: none"> <li>Work quietly</li> </ul>	<ul style="list-style-type: none"> <li>Honor other students' work time.</li> </ul>
<b>Bus</b>	<ul style="list-style-type: none"> <li>Stay seated when bus is moving</li> </ul>	<ul style="list-style-type: none"> <li>No eating or drinking</li> </ul>	<ul style="list-style-type: none"> <li>Obey all posted bus rules</li> </ul>	<ul style="list-style-type: none"> <li>Be mindful of others</li> <li>Students are not allowed to ride home with a friend</li> </ul>	<ul style="list-style-type: none"> <li>Listen to the bus driver</li> <li>No photography</li> </ul>	<ul style="list-style-type: none"> <li>Report Problems</li> </ul>

Ron Clark +  
 PBIS +  
 Restorative  
 Discipline +  
 Character Counts =  
 I + CAN happen!

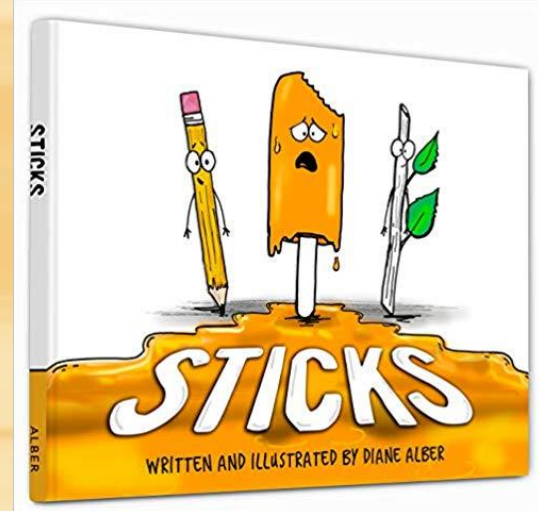
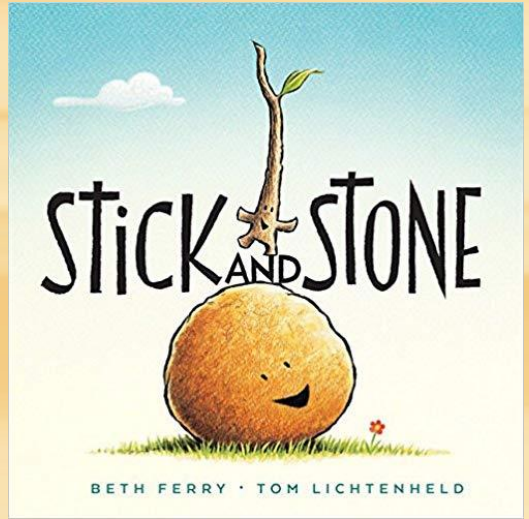
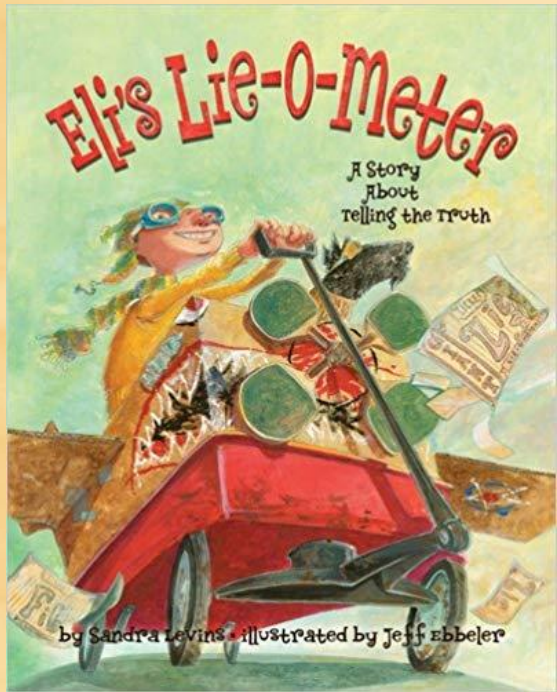
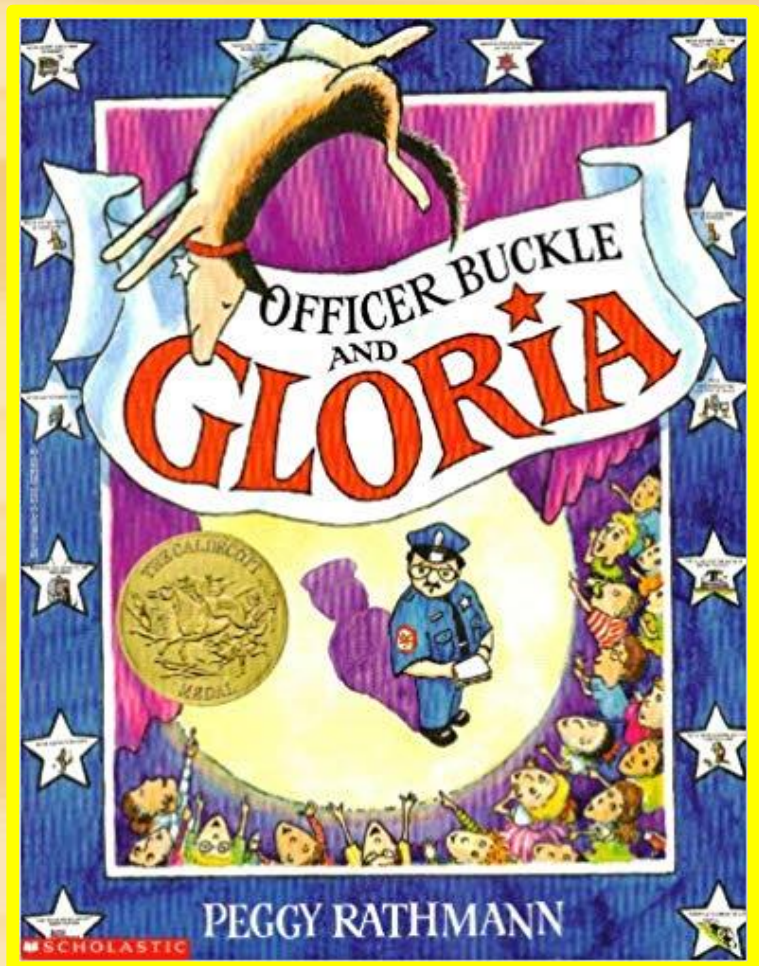
<b>Hallway</b>	<ul style="list-style-type: none"> <li>Stay out of other classrooms</li> <li>Do not wear earbuds in your ears or hoodies covering your head</li> </ul>	<ul style="list-style-type: none"> <li>Walk</li> <li>No pushing or shoving others</li> <li>No public display of affection</li> </ul>	<ul style="list-style-type: none"> <li>Go directly to your destination with a pass</li> </ul>	<ul style="list-style-type: none"> <li>No cell phone usage</li> </ul>	<ul style="list-style-type: none"> <li>No yelling</li> <li>No profanity</li> </ul>	<ul style="list-style-type: none"> <li>Avoid hanging out</li> </ul>
<b>Computer Lab/ Library</b>	<ul style="list-style-type: none"> <li>Work quietly without disturbing others</li> <li>Follow the Technology Responsible Use Agreement</li> </ul>	<ul style="list-style-type: none"> <li>You must have a pass to enter the library</li> </ul>	<ul style="list-style-type: none"> <li>Return equipment and materials to their proper place</li> <li>Put laptops back on the cart in numerical order</li> </ul>	<ul style="list-style-type: none"> <li>Return your books on time</li> <li>Don't change settings on the computers</li> </ul>	<ul style="list-style-type: none"> <li>Come in quietly</li> </ul>	<ul style="list-style-type: none"> <li>No food</li> <li>Water only</li> </ul>
<b>Choice Day/ Outside/ Recess</b>	<ul style="list-style-type: none"> <li>Line up when requested</li> <li>Report problems to a staff member</li> </ul>	<ul style="list-style-type: none"> <li>Take turns and include everyone</li> </ul>	<ul style="list-style-type: none"> <li>Protect and care for property and grounds</li> </ul>	<ul style="list-style-type: none"> <li>No equipment brought from home</li> </ul>	<ul style="list-style-type: none"> <li>Set a good example</li> </ul>	<ul style="list-style-type: none"> <li>Use equipment appropriately</li> </ul>
<b>Classroom</b>	<ul style="list-style-type: none"> <li>No toys/stuffed animals</li> <li>No texting or phone calls/using earbuds</li> <li>No candy/gum</li> </ul>	<ul style="list-style-type: none"> <li>Put technology away before leaving the area</li> <li>Only use technology when permitted by the teacher</li> </ul>	<ul style="list-style-type: none"> <li>Use time wisely</li> <li>Follow directions from substitutes</li> <li>Do not take pictures of other individuals</li> <li>\$15.00 fee for phones that are taken up</li> </ul>	<ul style="list-style-type: none"> <li>Do not share any social media account information</li> </ul>	<ul style="list-style-type: none"> <li>Do not take other people's property</li> </ul>	<ul style="list-style-type: none"> <li>No cheating</li> <li>Keep a clean desk and floor area</li> <li>Put your phone away in your backpack in the hallway</li> </ul>

# Character Trait Focus: Trustworthiness

## Blue (true blue)

*True blue*





Name \_\_\_\_\_

# Be Safe

Safety Tip # \_\_\_\_\_

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What to do

What NOT to do



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# What I Need to Know to Be Safe



My Full Name

My Parents' Names

Mom's Phone Number

Dad's Phone Number

Street Address

City / State

Emergency Friend

Emergency Friend's Phone Number

Allergies

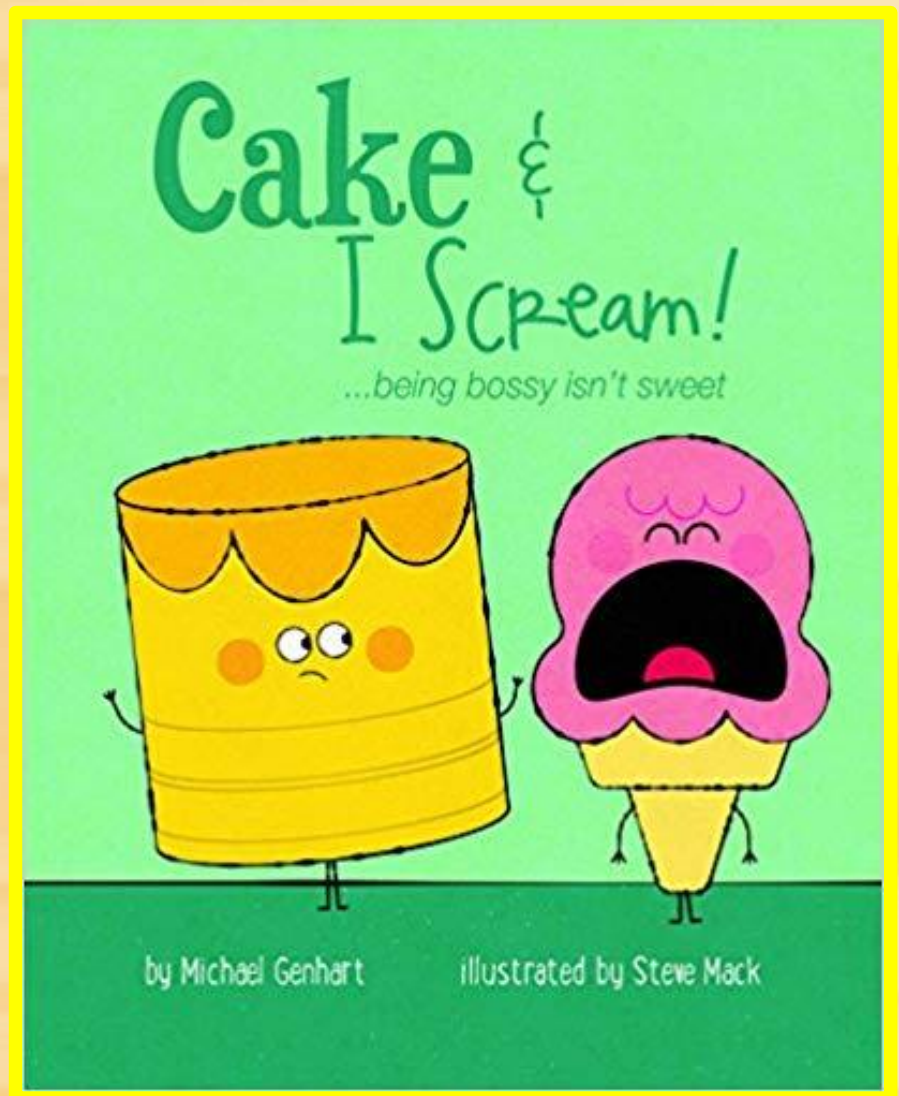
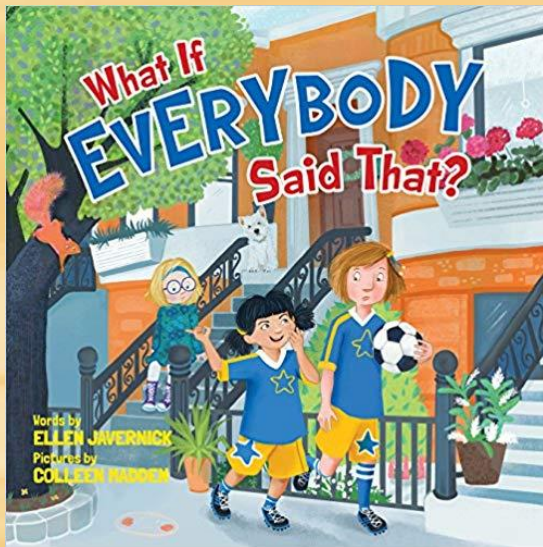
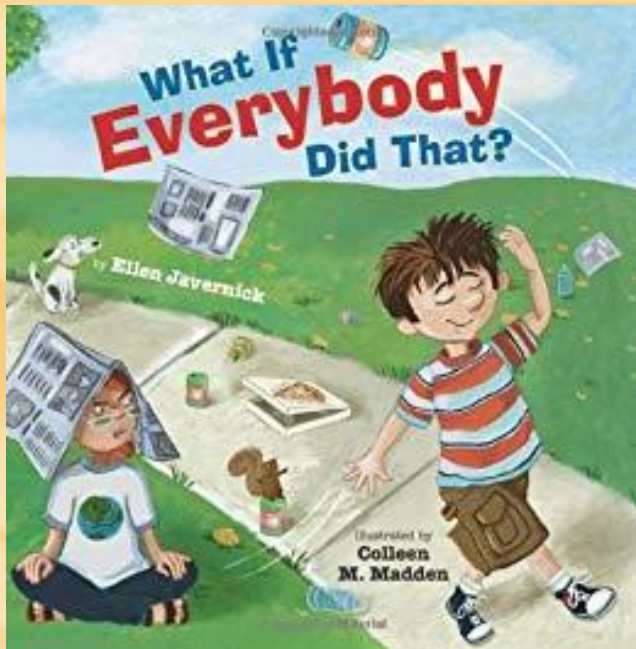
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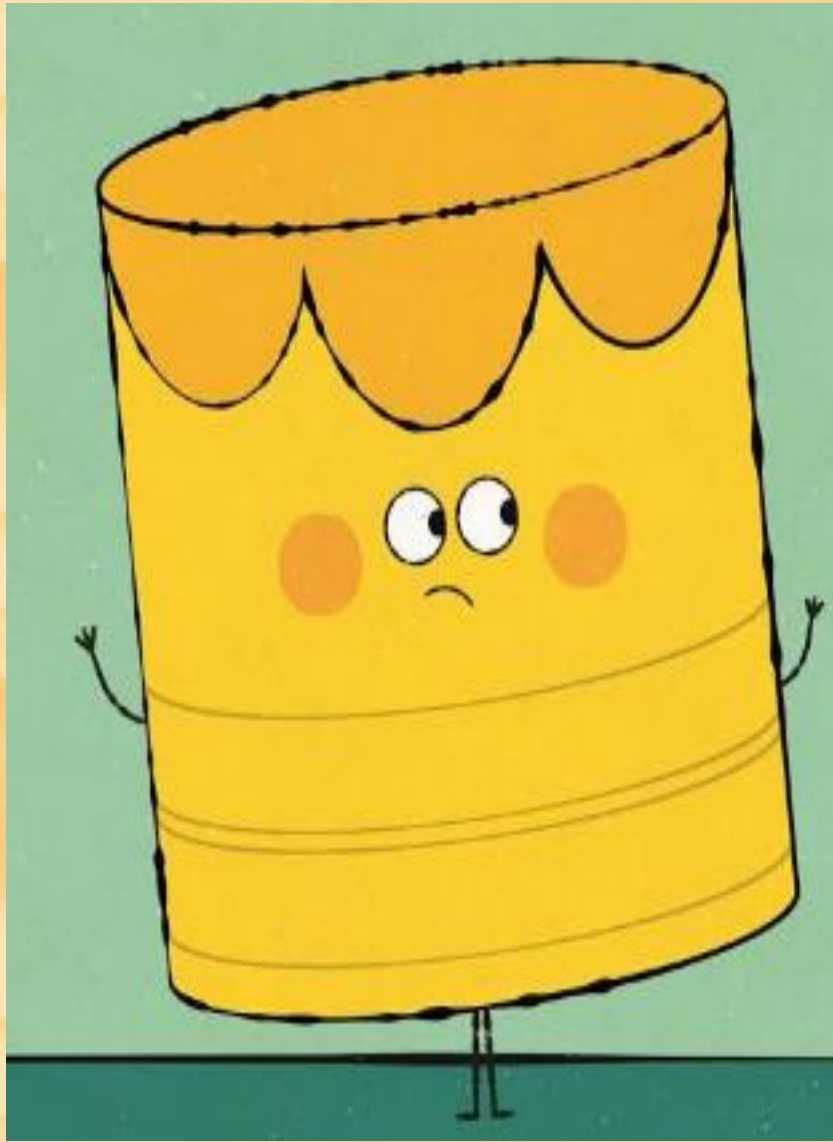
<p><b>Be Responsible</b></p> 	<p><b>Be Respectful</b></p> 	<p><b>Be Safe</b></p> 	<p><b>Be Kind</b></p> 

# Character Trait Focus: Respect Yellow (the Golden Rule)









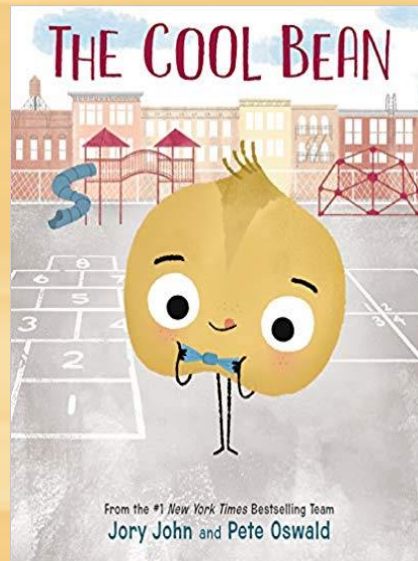
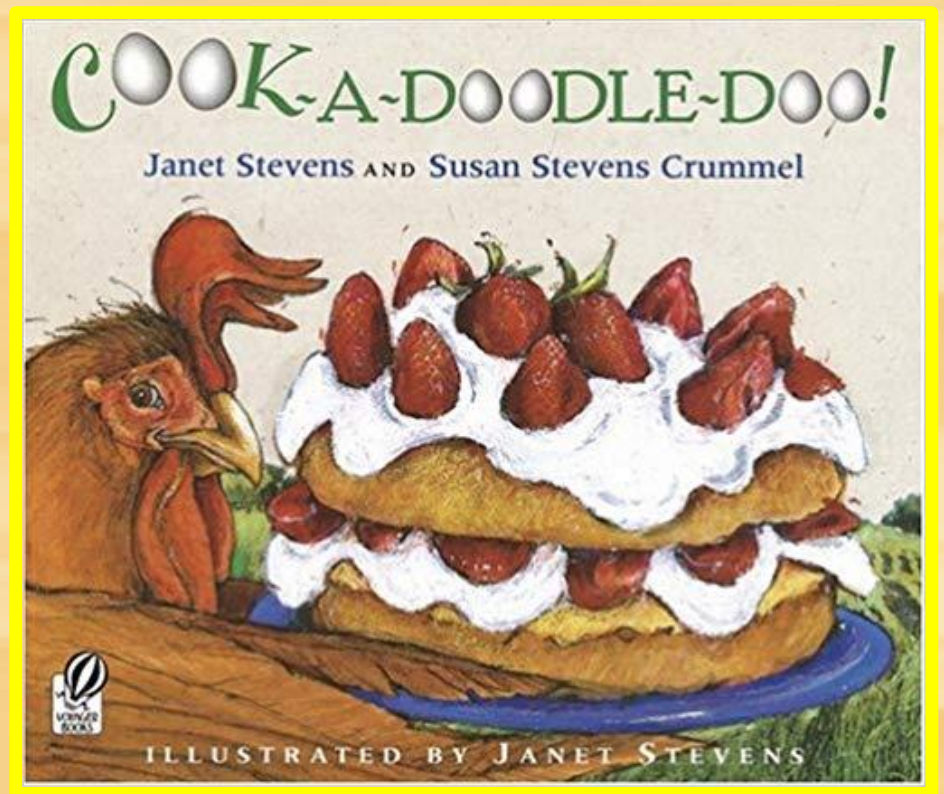
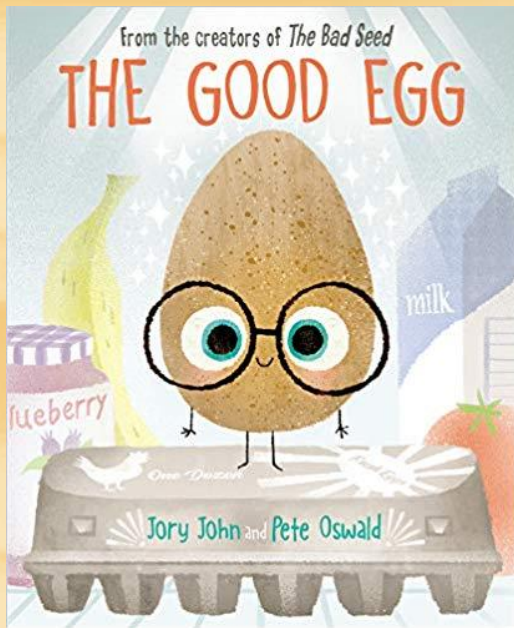
Sort the following  
under Cake or I-Scream

- Honest
- Nice
- Helpful
- Caring
- Trustworthy
- Encouraging
- Hurtful
- Discouraging
- Uncaring
- Unfriendly
- Not very nice
- Disloyal
- Talking behind your back
- Giving a compliment
- Makes a friend feel silly for sharing ideas
- Offer a friend good advice
- Includes a friend in activities
- Makes rules for a friend
- Bosses friends around
- Doesn't care if actions hurt a friend's feelings
- Supports a friend's ideas
- Keeps a friend's secrets safe
- Gossip
- Bring a friend down
- Jealous of a friend
- Makes a friend feel worse

# Character Trait Focus: Responsibility Green (like an Oak)









You keep your desk and cubby neat and organized. Move ahead two spaces.

You used your time wisely and you finished your project early. Take another turn!

You started to do more chores at home! Move ahead two spaces.

Describe a time you were responsible. Move ahead two spaces.

You got your agenda signed all week, move ahead one space!

You took responsibility for your actions by telling the truth even when you knew you would get in trouble. Move ahead two spaces.

You congratulated a friend who beat you in the race.

You waited until the day before it was due to start a project and now you don't have time to finish. Lose a turn.

You turned in your Library books on time. Move ahead one more space.

You misplaced your classwork in your messy desk. Lose a turn

You cleaned up your mess in the lunchroom without being told. Move ahead one space.

You didn't turn your library book on time. Go back one space.

You told the truth when you accidentally ripped a page in the book. Move ahead two spaces.

Name 1 thing you can do at home to show responsibility. Move ahead two spaces.

Name 1 thing you can do at school to show responsibility. Move ahead two spaces.

You didn't clean your room when your parent asked. Go back one space.

You left your agenda at home. Go back one space.

Describe a time when you made a responsible decision. Move ahead two spaces.

You forgot to do your homework last night, move back one space.

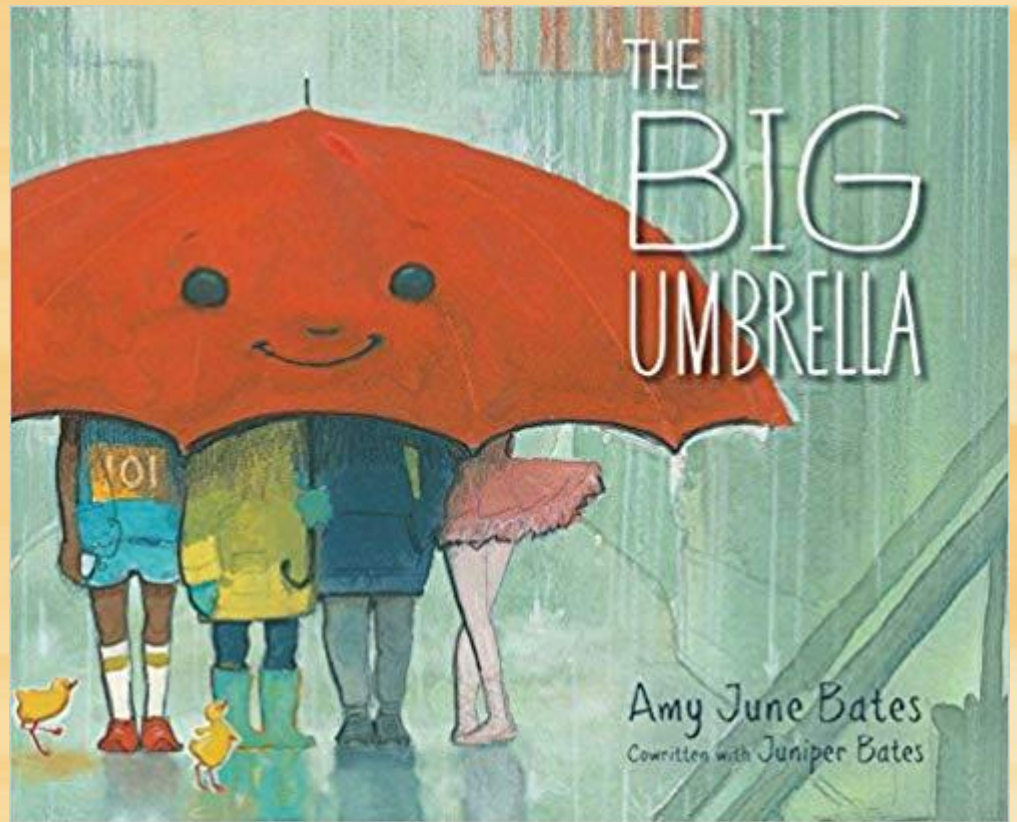
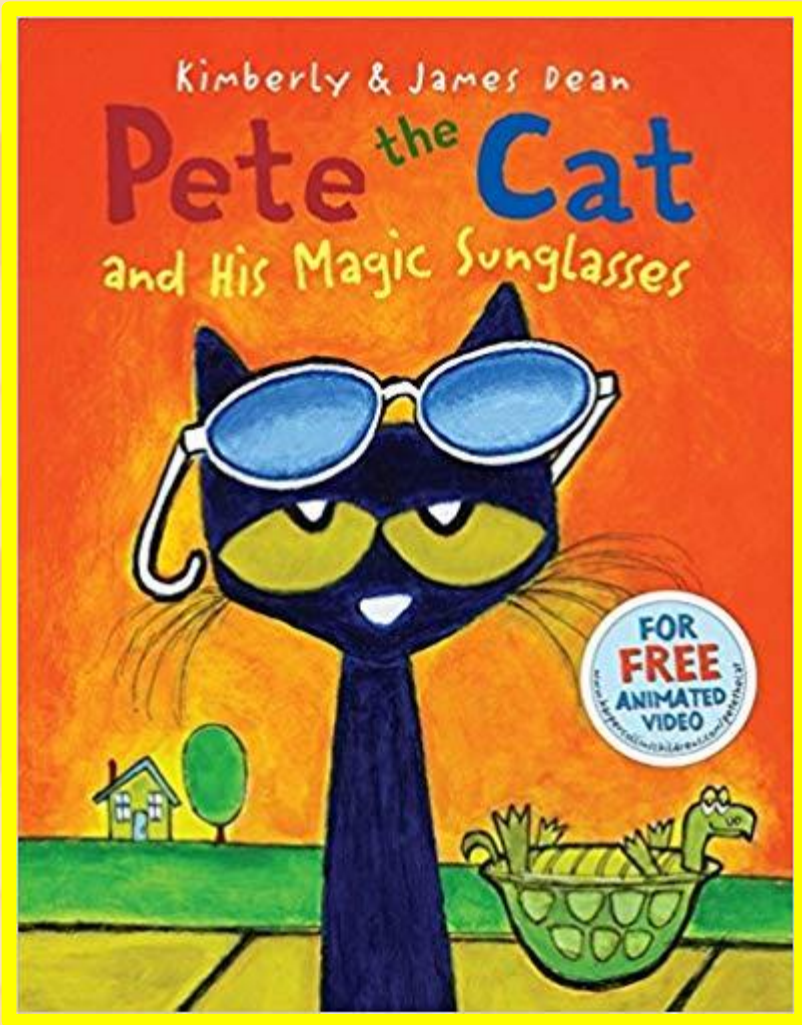
Describe 1 characteristic of a responsible person. Move ahead two spaces.



# Character Trait Focus: Fairness

## Orange (dividing an orange to share)







If I had magic sunglasses, I would see...

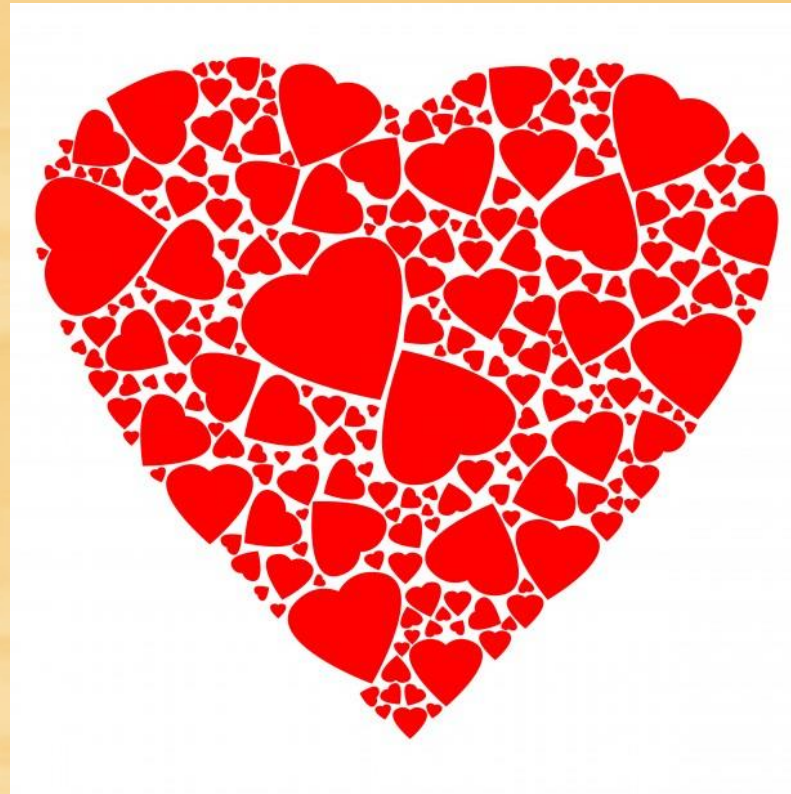
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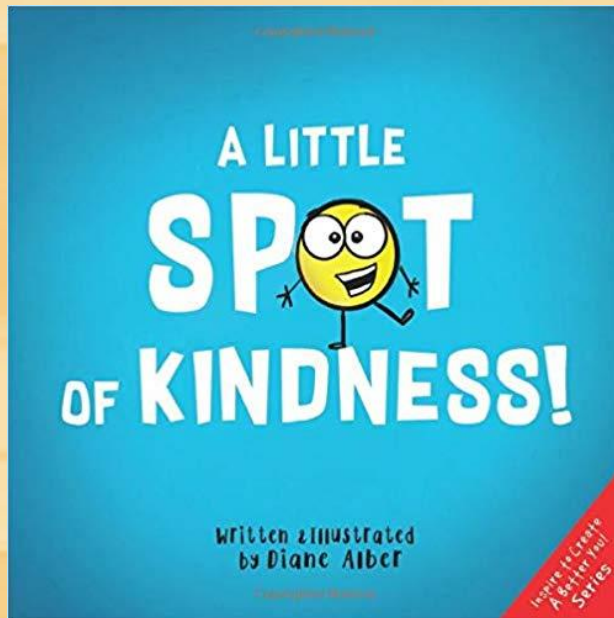
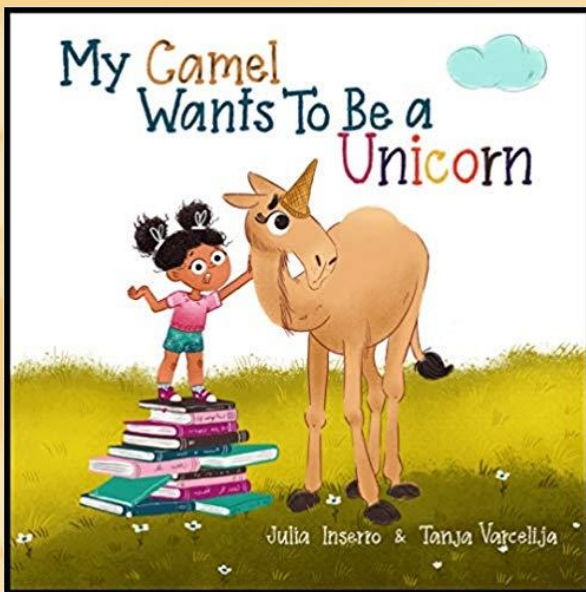
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# Character Trait Focus: Caring Red (of a heart)





My Act of Kindness...

Name:

My Act of Kindness...

Name:

My Act of Kindness...

Name:

My Act of Kindness...

Name:

My Act of Kindness...

Name:



# My Compli-Mat

Name: \_\_\_\_\_



**Caught in an Act of Kindness!**

Kind person: \_\_\_\_\_

Witness: \_\_\_\_\_

Date of kind act: \_\_\_\_\_

Describe their kind act: \_\_\_\_\_

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

(Give this copy to the teacher)

**You were caught in an act of kindness!**

Caught by: \_\_\_\_\_

On (date): \_\_\_\_\_

Kind act: \_\_\_\_\_

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

(Give this copy to the student)

**Caught in an Act of Kindness!**

Kind person: \_\_\_\_\_

Witness: \_\_\_\_\_

Date of kind act: \_\_\_\_\_

Describe their kind act: \_\_\_\_\_

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

(Give this copy to the teacher)

**You were caught in an act of kindness!**

Caught by: \_\_\_\_\_

On (date): \_\_\_\_\_

Kind act: \_\_\_\_\_

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

(Give this copy to the student)

**Caught in an Act of Kindness!**

Kind person: \_\_\_\_\_

Witness: \_\_\_\_\_

Date of kind act: \_\_\_\_\_

Describe their kind act: \_\_\_\_\_

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

(Give this copy to the teacher)

**You were caught in an act of kindness!**

Caught by: \_\_\_\_\_

On (date): \_\_\_\_\_

Kind act: \_\_\_\_\_

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

(Give this copy to the student)

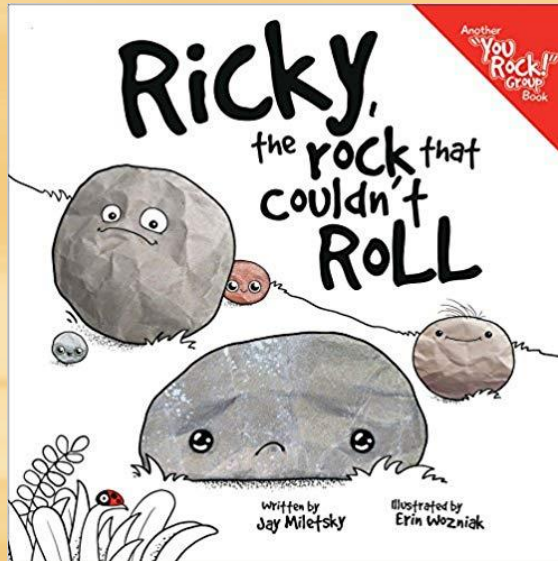
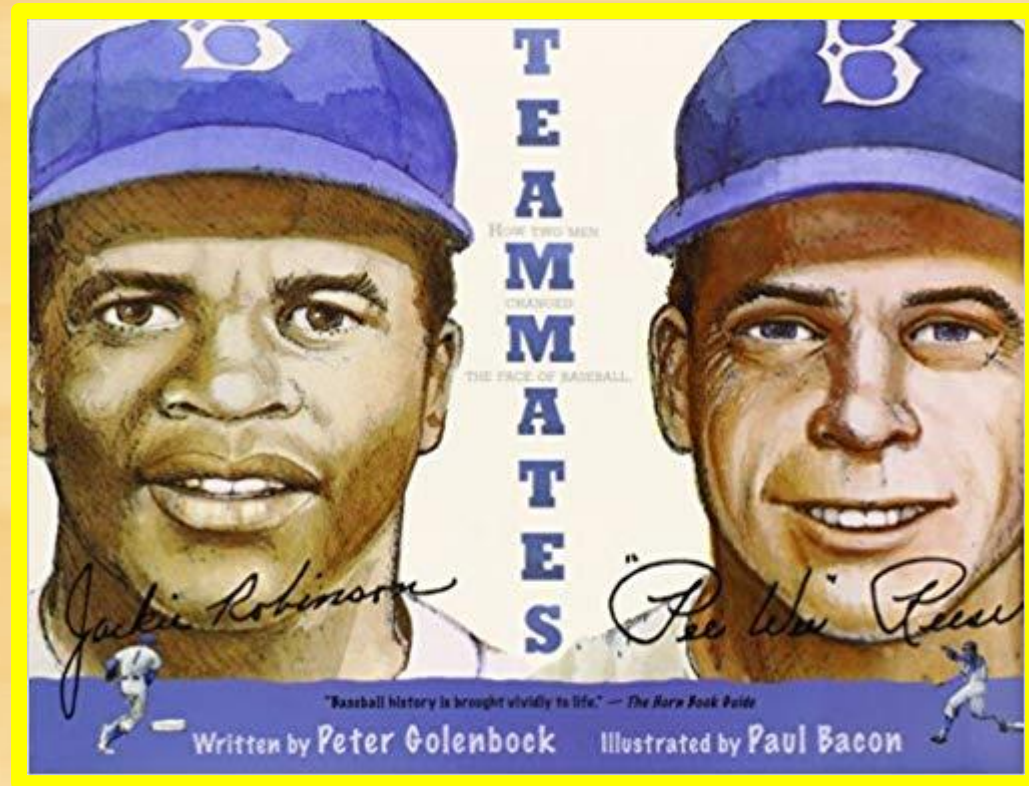
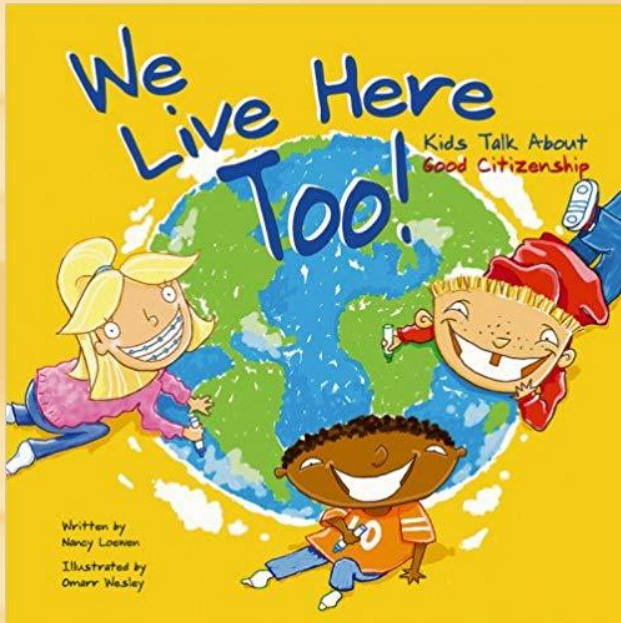


# Character Trait Focus: Citizenship

## Purple (regal)







# Stereotypes



















# HOW TO BE A GOOD TEAMMATE

Can you identify a few things that a good teammate does?

Says nice things  
about others!



# Stand-Up Statements

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**Activity Rules:** Read each statement aloud and students will stand up if they identify with the statement. Students can elaborate on the statement if they wish.

**Activity Goal:** To create trust, unity, and understanding among students.

I have friends at school

I want more friends at school

I know that my friends love me

I don't feel like I have any real friends

I feel good about the that person I am

I make the right decisions

Sometimes I make decisions I'm not proud of

I always try to be nice to everyone, even students I don't know

I have been a bully before

I have been bullied before

I have felt anxious before

I feel close to my mom or stepmom

I feel close to my dad or stepdad

I want to feel closer to my parent or guardian

I feel too young to date

I feel pressured to date

I feel pressured to do things that I'm uncomfortable doing



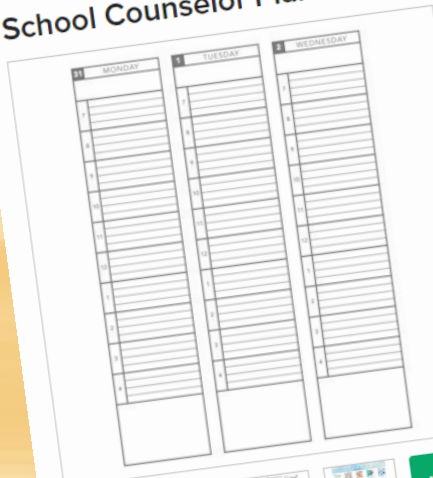
# Get Organized



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## School Counselor Planner and Documentation Bundle



**Subject**  
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**Grade Levels**  
Staff

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Professional Documents, Printables

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STUDENT: **EXAMPLE**

DATE	8-22-16	8-23-16	8-24-16
<b>SCHOOL</b>	7	6	8
<b>TEACHER</b>	8	9	10
<b>FRIENDS</b>	7	6	6
<b>LUNCH</b>	5	4	5
<b>RECESS</b>	10	9	10
<b>READING</b>	6	5	5
<b>MATH</b>	8	9	9
Carson	2	4	
Gym	4	4	
Study Hall	3	2	
<b>HOME</b>	8	7	
Mom	9	10	9
Dad	8	7	
		2	

**INTAKE QUESTIONS**

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
TEACHER: \_\_\_\_\_

Today, I feel \_\_\_\_\_

I feel happy when \_\_\_\_\_

One thing I worry about is \_\_\_\_\_

I feel angry when \_\_\_\_\_

I am proud of myself because \_\_\_\_\_

School is \_\_\_\_\_

My family is \_\_\_\_\_

Something my friends \_\_\_\_\_

At the end of the session, create \_\_\_\_\_ involve the student in the \_\_\_\_\_

**INTAKE SESSION**

NAME: **EXAMPLE** GRADE: \_\_\_\_\_  
TEACHER: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

Ask the student who he/she lives with at home. List each family member and any other relevant family information the student shares. Include details such as: parents' jobs, pets, siblings' names and ages, etc.

Ask the student about his/her friends. Include friends' names, grade level and any other relevant friendship information the student shares.

Ask the student what he/she likes about school.

Ask the student about his/her hobbies and interests outside of school.

Ask the student what he/she likes about school.



# BOLT QUEST: 2019

Welcome Chargers! We are so excited to have you as a part of our Roberts Middle School family. We want you to take this opportunity to get to know your campus.

Here's how it works:

- 1) Start with clue #1: *She calls the shots in this room.*
- 2) At this location, you will get a punch on your Bolt Quest card and read the next clue.
- 3) Once you have 10 punches, turn in your card for a drawing for prizes.



## Clue #2

Pablo and Leonardo like this room.

## Clue #3

We stay in tune here.

## Clue #4

We always know the score in this place.

## Clue #5

Here's where you can enjoy the lime light.

**504 Receipt of Accommodations:**

I have received the Individualized Accommodation Plan (IAP) for my 504 student(s) of record for the 2018-19 school year. I understand that these accommodations are mandatory, and I must document their implementation. I also understand that the student's records are confidential. I understand that a student's 504 plan for Leaman Junior High School can also be accessed and downloaded through Eduphoria in Aware.

	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
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31											

Staff Name	Content Area	Room #	Signature
Barbee, Amber	Counselor	1111	



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**SECTION 504 - MEETING NOTICE**

You are invited to attend a meeting to determine or review your child's eligibility for services under Section 504 of the Rehabilitation Act of 1973. If it is determined that your child is or continues to be eligible, a Section 504 Plan will be developed, reviewed, or revised at the meeting. The meeting will be held on:

Meeting Date: \_\_\_\_\_ Meeting Time: \_\_\_\_\_

Meeting Location: Dean Leaman Junior High School: Counselor's Suite: Conference Room

**Please RSVP and return this form to the Counselor Suite.**

- I will attend the Section 504 meeting as scheduled.
- I would like to request that my son or daughter be *dismissed* from the 504 program.
- I am not able to attend and request the meeting be rescheduled.

Alternate date and time option 1: \_\_\_\_\_

Alternate date and time option 2: \_\_\_\_\_

- I am not able to attend, but request that the meeting be held without me and that the paperwork is sent home with my son or daughter.

**Please print:**

Parent Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact number: \_\_\_\_\_ Contact e-mail address: \_\_\_\_\_



### Student Observation

**Student Name:** \_\_\_\_\_  
**Teacher Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **Period:** \_\_\_\_\_

Please complete the information below and return to the counselor's office.

1. Student's current grade in your class: \_\_\_\_\_
2. Does this student complete homework and other outside projects on time? Yes No
3. Does this student complete in class assignments such as quizzes/tests/timed writings in the allotted time/or in the extended time indicated on his/her accommodations plan? Yes No
4. When does this student complete test/quizzes in your class?  
-first to finish,  
-middle of the group, or  
-one of the last  
-doesn't finish during class time; uses extra time
5. Has this student ever indicated to you that he/she has difficulty completing assignments? Yes No
6. Does this student attend tutorials? Yes No  
 If yes, how often? \_\_\_\_\_
7. If this student has accommodations in the classroom, does (s)he use them regularly and consistently? Yes No

If no, please explain which accommodations (s)he does not use regularly.

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

8. Do you feel accommodations are needed for this student (either added to a current plan or to start a plan) to be successful? Yes No

If yes, what accommodations do you believe are necessary for this student to have academic success? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe parent contact (meetings, phone calls, etc.)

Please add any further information that you feel would be helpful. Thanks!

## 504 Documents

Initial Placement	Annual Review	3 Year Reevaluation	Dismissal	Parent Denial/Revocation of Consent
<input type="checkbox"/> Notice/Consent for Initial 504 Evaluation and Signature for Receipt of Rights <input type="checkbox"/> Referral information				<input type="checkbox"/> Notice/Consent for Initial 504 Evaluation (denial of evaluation) and Signature for Receipt of Rights
<input type="checkbox"/> Notice of Section 504 Meeting	<input type="checkbox"/> Notice of Section 504 Meeting	<input type="checkbox"/> Notice of Section 504 Meeting	<input type="checkbox"/> Notice of Section 504 Meeting	
<input type="checkbox"/> Initial Evaluation/Periodic Reevaluation Form	<input type="checkbox"/> 504 Annual Review	<input type="checkbox"/> Initial Evaluation/Periodic Reevaluation Form	<input type="checkbox"/> Initial Evaluation/Periodic Reevaluation Form	
<input type="checkbox"/> 504 Student Services Plan (if plan indicated)	<input type="checkbox"/> 504 Student Services Plan (if plan indicated)	<input type="checkbox"/> 504 Student Services Plan (if plan indicated)		
<input type="checkbox"/> Notice of Section 504 Evaluation Results (if parent does not attend)	<input type="checkbox"/> Notice of Section 504 Evaluation Results (if parent does not attend)	<input type="checkbox"/> Notice of Section 504 Evaluation Results (if parent does not attend)		
<input type="checkbox"/> Parental Consent for 504 Services		<input type="checkbox"/> Parental Consent for 504 Services		<input type="checkbox"/> Parental Consent for 504 Services (revocation of consent)
<input type="checkbox"/> File originals in 504 audit folder and give Skyward form to Diane Storti at SESS.	<input type="checkbox"/> File originals in 504 audit folder and give Skyward form to Diane Storti at SESS.	<input type="checkbox"/> File originals in 504 audit folder and give Skyward form to Diane Storti at SESS.	<input type="checkbox"/> File originals in 504 audit folder and give Skyward form to Diane Storti at SESS.	<input type="checkbox"/> File originals in 504 audit folder and give Skyward form to Diane Storti at SESS.

## 504 Documents

Manifestation Determination Review	Periodic Review	Initial Dyslexia Evaluation	Dyslexia Reevaluation	Homebound
<input type="checkbox"/> Notice/Consent for Initial 504 Evaluation & Signature for Receipt of Rights		<input type="checkbox"/> Notice/Consent for Initial 504 Evaluation & Signature for Receipt of Rights		<input type="checkbox"/> Notice/Consent for Initial 504 Evaluation and Signature for Receipt of Rights (if initial placement)
<input type="checkbox"/> Notice of Section 504 Meeting	<input type="checkbox"/> Notice of Section 504 Meeting	<input type="checkbox"/> Notice of Section 504 Meeting	<input type="checkbox"/> Notice of Section 504 Meeting	<input type="checkbox"/> Notice of Section 504 Meeting
<input type="checkbox"/> Section 504 Manifestation Determination Evaluation	<input type="checkbox"/> 504 Annual Review	<input type="checkbox"/> Texas Dyslexia Law and Section 504 Initial Evaluation & Periodic Re-evaluation	<input type="checkbox"/> Texas Dyslexia Law and Section 504 Initial Evaluation & Periodic Re-evaluation	<input type="checkbox"/> Section 504 Initial Evaluation & Periodic Reevaluation
<input type="checkbox"/> 504 Student Services Plan (if plan changes indicated)	<input type="checkbox"/> 504 Student Services Plan (if plan indicated)	<input type="checkbox"/> 504 Student Services Plan (if plan indicated)	<input type="checkbox"/> 504 Student Services Plan (if plan indicated)	<input type="checkbox"/> 504 Student Services Plan (if plan indicated) <input type="checkbox"/> And Texas General Education Homebound Supplement
<input type="checkbox"/> Notice of Section 504 Evaluation Results (if parent does not attend)	<input type="checkbox"/> Notice of Section 504 Evaluation Results (if parent does not attend)	<input type="checkbox"/> Notice of Section 504 Evaluation Results (if parent does not attend)	<input type="checkbox"/> Notice of Section 504 Evaluation Results (if parent does not attend)	<input type="checkbox"/> Notice of Section 504 Evaluation Results (if parent does not attend)
		<input type="checkbox"/> Parental Consent for 504 Services		<input type="checkbox"/> Parental Consent for 504 Services
<input type="checkbox"/> File originals in 504 audit folder and give Skyward form to Diane Storti at SESS. <input type="checkbox"/> Referral info.	<input type="checkbox"/> File originals in 504 audit folder and give Skyward form to Diane Storti at SESS.	<input type="checkbox"/> File originals in 504 audit folder and give Skyward form to Diane Storti at SESS.	<input type="checkbox"/> File originals in 504 audit folder and give Skyward form to Diane Storti at SESS.	<input type="checkbox"/> File originals in 504 audit folder and give Skyward form to Diane Storti at SESS.

## STUDENT HALL PASS

DATE \_\_\_\_\_

STUDENT \_\_\_\_\_

*This student was in Mrs. Barbee's counseling office.*

TIME LEFT \_\_\_\_\_ AM / PM

TEACHER \_\_\_\_\_



## Roberts Middle School Course DROP/ADD form

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

1. Course to DROP: \_\_\_\_\_ Course to ADD \_\_\_\_\_

2. Course to DROP: \_\_\_\_\_ Course to ADD \_\_\_\_\_

3. Course to DROP: \_\_\_\_\_ Course to ADD \_\_\_\_\_

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_



### Middle School Junior High Career Exploration and Course Planning Road Map

	Grade	Lesson 1	Lesson 2	Lesson 3	Lesson 4	Lesson 5	Lesson 6
	6 <sup>th</sup> grade	What is a career/job? Short term and long-term goals	Reasons for working	Explore occupational family tree	Take online career inventory	Strengths and Weaknesses (results); Resume	Endorsements, GPA, and High School Credit courses
Take online career inventory	7 <sup>th</sup> grade	How to use the results of my survey; why did we do this?	Types of higher education; commitments	Employer expectations; salaries		Goals	Link results to endorsement; endorsement options for careers
	8 <sup>th</sup> grade	Higher education options; using results of the survey	Business and Industry	STEM/Public Service	Multi-Disciplinary; Arts and Humanities	Pick your pathway and endorsement	4-year plan, goal setting

# Power Points





# Group Games





## The Anger Game




For every  say one thing that makes you angry.

For every  say one thing that you can do to cool off when angry.

For every  say one way you can show self-control at school.

For every  describe a time when it was hard to use self-control.

For every  describe a not so good choice you made when angry.

For every  describe a good choice you can make when you're angry.

PUT YOUR HANDS IN WARM WATER THEN COLD WATER  
**Hands in Water**  
 REPEAT

Hold a piece of ice in your hands  
 WATCH IT MELT

CHOOSE ITEMS OF DIFFERENT TEXTURE  
**Hold and Rub Items**  
 CHOOSE ITEMS THAT ARE TERTIARY COLORS;  
 STATE THE COLOR AND TEXTURE

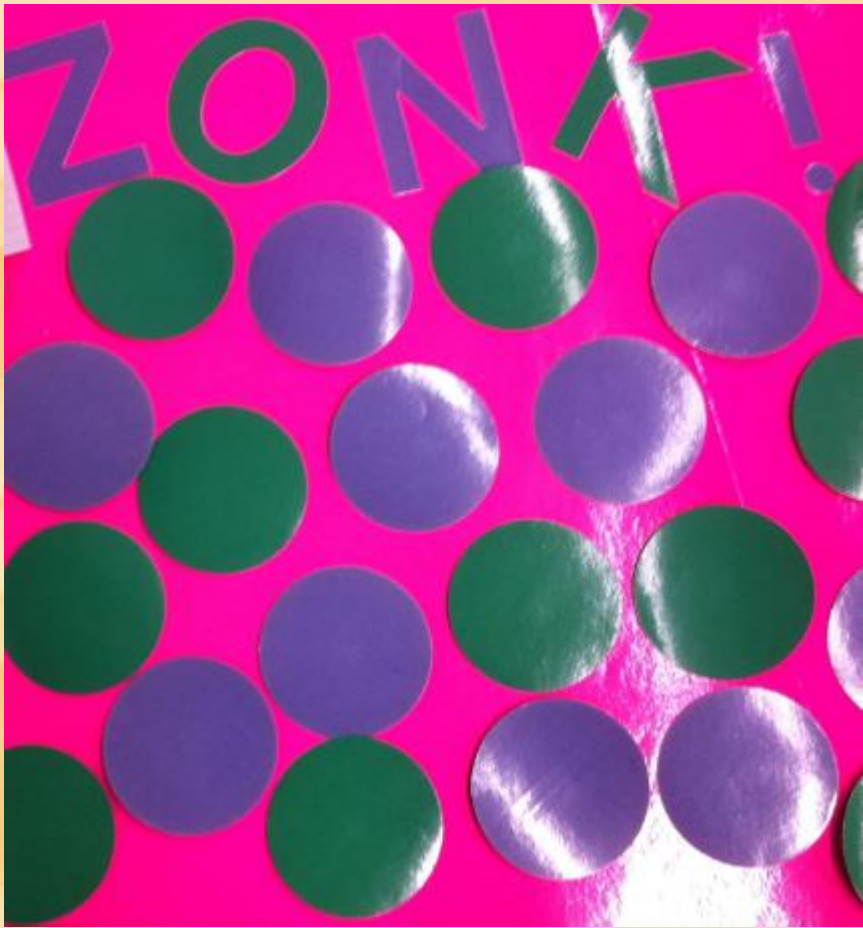
SOMETHING THEY DO NOT EAT ON A REGULAR BASIS  
**Food/Drink**

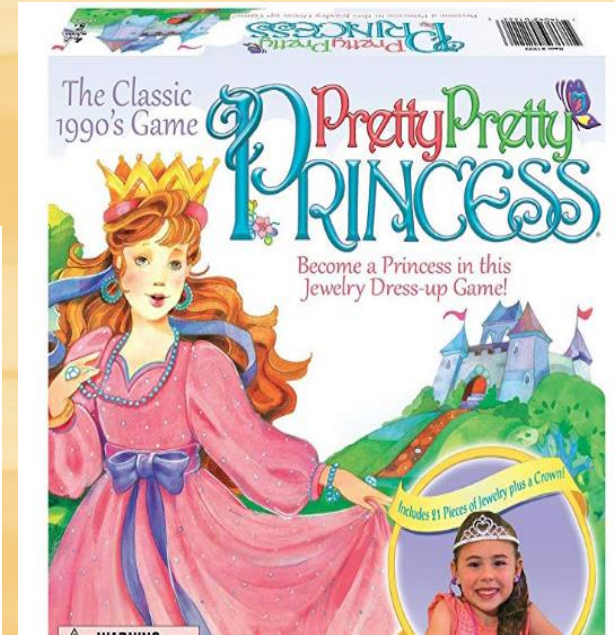
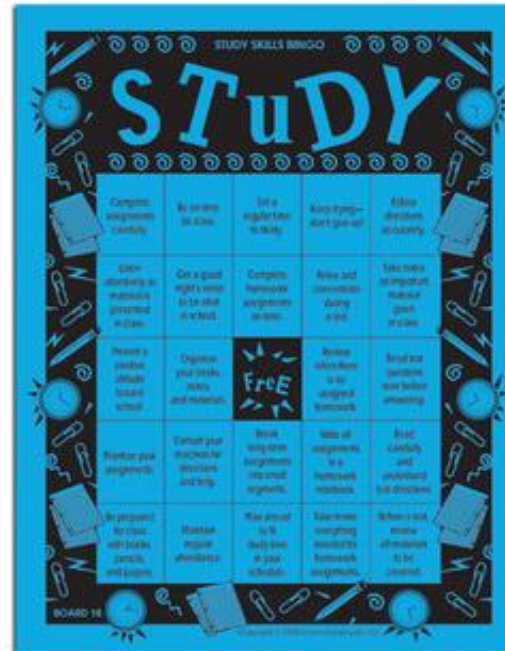
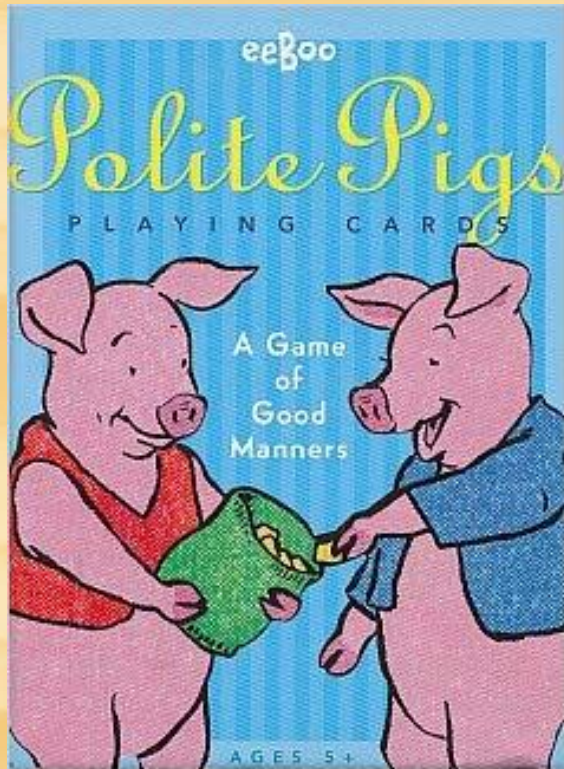
SCENTSY ANIMAL, ROOM SPRAY  
**Use Scents**  
 CANDLE, SPICES, TEA, DIFFUSER WITH OILS

STRETCH  
**Movement**  
 WALK AROUND

HEAR, SEE, TOUCH, SMELL, TASTE  
**5, 4, 3, 2, 1**  
 5 THINGS YOU HEAR, 4 YOU SEE, ETC.

SHOW THEM A PICTURE FOR A FEW MINUTES  
**Memory Pictures**  
 PUT THE PICTURE AWAY AND ASK THEM WHAT THEY REMEMBER FROM THE PICTURE







# Response to Intervention

## RtI Intervention Flow Chart

### Tier One:

**Definition:** interventions that a teacher will implement for any student who is having difficulty with a concept or skill.

**Implemented by:** Teacher

**Responsibilities:** Monitor and document progress

**Consult:** Team member & Instructional Facilitators

**Parent contact:** No

**Student Success Team meeting (SST):** No

### Tier Two:

**Definition:** Tier One interventions + additional support for any student who continues to have difficulty with a concept or skill(s).

**Implemented by:** Teacher/Instructional Facilitators

**Responsibilities:** Provide interventions/monitor & document student progress; adjust or add interventions

**Consult:** Tier One Consult + Administrators, Counselor, & Testing Coordinator

**Parent contact:** Yes; teacher shows parent assessments & work samples

**Student Success Team meeting:** Yes

### Tier Three:

**Definition:** Tier One & Two interventions + additional support for any student who continues to have difficulty with a concept or skill(s).

**Implemented by:** Teacher/Instructional Facilitators

**Responsibilities:** Continue providing interventions & monitor/document progress; adjust/add interventions; increase progress monitoring.

**Consult:** Tier One & Two Consult + Specialists, & Special Education Dept.

**Parent contact:** Yes; show parent assessments & work samples

**Student Success Team meeting:** Yes

## Intervention Tracking Chart (on back)

- o 1 to 2 step directions
- o Fewer items on a page
- o Shortened Assignments
- o Extra time for oral response
- o Amplification device
- o Assignment notebook
- o Basic transcribing
- o Bubbling assistance
- o Word processor
- o Behavior Intervention Plan
- o Braille
- o Calculation Devices
- o Change project requirements
- o Change pace
- o Check for understanding
- o Rewording complex questions
- o Clearly defined limits
- o Colored answer choices
- o Concrete reinforcers
- o Participation grade
- o Cool off period
- o Defined physical space
- o Demonstrate understanding orally
- o Dictionary
- o Direct students to parts of a selection
- o Simplified directions
- o Emphasize major points
- o Encourage participation
- o Exempt from reading before peers
- o Extended time same day
- o Extended time +1 day
- o Frequent breaks
- o Frequent feedback
- o Frequent rule reminders
- o Gestural cues
- o Highlighted texts
- o Highlighters/colored pencils
- o Identify formulas
- o Individual administration
- o Individualized instruction
- o Individualized structured reminders
- o Interpreter
- o Large print
- o Magnifying devices
- o Manipulating test materials
- o Math manipulatives
- o Mathematics scribe
- o Minimize distractions
- o Modified assignments: word banks/fewer answer choices
- o Modify environment
- o Note taking assistance
- o Omit timed or copied assignments
- o Open book tests
- o Opportunity to respond orally
- o Opportunity to retest orally
- o Oral administration of entire test
- o Oral administration of questions/answer choices
- o Oral administration at student request
- o Oral administration of reference materials
- o Oral directives
- o Peer partner
- o Personal care support
- o Photocopies of test
- o Cut out stimulus images
- o Place colored overlays
- o Place marker
- o Positive reinforcers
- o Preferential seating
- o Preview text
- o Private discussions
- o Projects broken into parts/check for completion
- o Provide papers one at a time
- o Reading assistance (decoding)
- o Reading aloud to self
- o Reduce penalty for spelling errors
- o Reduced written task
- o Reminders to stay on task
- o Repeated review
- o Retesting
- o Scaffold steps
- o Scratch paper
- o Short answer tests
- o Shortened assignments
- o Small group administration of tests
- o Special projects in lieu of assignments
- o Spelling assistance orally
- o Study sheets
- o Supervising transitions
- o Taped texts
- o Teacher directs to parts of a selection
- o Teacher provides student with checklist
- o Teacher provides student with a graphic organizer
- o Teacher rewords questions
- o Verbal prompts
- o Visual cues

**Student Name:** \_\_\_\_\_

**ID Number:** \_\_\_\_\_

**Tier:** Two Three

## I saw the school counselor today!

Six weeks: 1 2 3 4 5 6 Today's date/time: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ ID #: \_\_\_\_\_

### We met:

with the Assistant Principal       One on one       In a pair/group

### We focused on:

- My schedule
- Friendships
- Cooling down
- My grades
- Extracurriculars
- My behavior choices
- Problem solving
- Grief
- Tutorials
- Other

### Subject(s) I failed for the six weeks:

### Our work included:

Talking about missing assignments

Assignment I am missing:

Subject/Teacher:

Assignment I am missing:

Subject/Teacher:

Additional assignments listed on the back

### We also talked about:

- Tutorials (schedule on the back)
- GT/Pre-AP placement criteria (average higher than 75 per course)
- Retesting
- Subject I need to take a retest in: \_\_\_\_\_
- Additional subjects I need to take a retest in: \_\_\_\_\_
- WIN time (What I need time)

## Tutorial Schedule:

Tutorial Schedule  
2019-2020



Morning Sessions 7:40 am - 8:10 am  
Afternoon Sessions 3:45 pm - 4:15 pm

		ELA	Math	Science	Social Studies	Electives
Monday	AM					
	PM	Dry (A35)	Faith (A17)			
Tuesday	AM	Tielle (A31)	Krahn (A16)	Kubeczka (A42)	Chmelik (A12)	
	PM	Flowers (A34)		Startz (A38)	Frazier (A10)	
Wednesday	AM	Dixon (A30)	Valles (A21)		Lester (A11)	
	PM	Horelica (A27)				
Thursday	AM	Burke (A32)	Miksch (A15)			
	PM	Mason (A33)		Ditek (A36)		
Friday	AM					

### Other suggestions:

### Additional notes/comments:

Student's signature: \_\_\_\_\_

Counselor's signature: \_\_\_\_\_

Administrator's signature: \_\_\_\_\_



# Safe Places







Safe Places  
continued



# Character Counts Events/Ideas

# RED RIBBON WEEK

**October 23 – October 31, 2019**

To promote Red Ribbon Week and drug free awareness, we have daily themes for the students and staff to participate in at no cost.

We are also collecting an item each day for the [Chargers Care Club](#).

These items will be used to create *Welcome to Roberts supply boxes/pouches* to hand out to new students.

Wednesday October 23 <sup>rd</sup>	Thursday October 24 <sup>th</sup>	Friday October 25 <sup>th</sup>	Monday October 28 <sup>th</sup>	Tuesday October 29 <sup>th</sup>	Wednesday October 30 <sup>th</sup>	Thursday October 31 <sup>st</sup>
<p>Wear a <b>cap/hat</b> "I will put a cap on drugs."</p>  <p><b>Item needed:</b> supply boxes/pouches</p> 	<p>Wear <b>pajamas</b> "I will put drugs to bed."</p>  <p><b>Item needed:</b> travel tissues</p> 	<p>Wear <b>western</b> "I will give drugs the boot."</p>  <p><b>Item needed:</b> Lifesaver rolls</p> 	<p>Wear <b>team gear</b> "I will team up against drugs."</p>  <p><b>Item needed:</b> Post It Notes</p> 	<p>Wear <b>camouflage</b> "I will be all that I can be drug free."</p>  <p><b>Item needed:</b> highlighters</p> 	<p>Wear <b>50's attire</b> "Drugs are old school."</p>  <p><b>Item needed:</b> Pencil sharpeners</p> 	<p>Wear <b>house colors</b> "I will have good character and stay drug free."</p>  <p><b>Item needed:</b> Hand sanitizer</p> 



# Wish You Wells

Faculty and Staff:

If absent, put their names  
in the center of the heart.



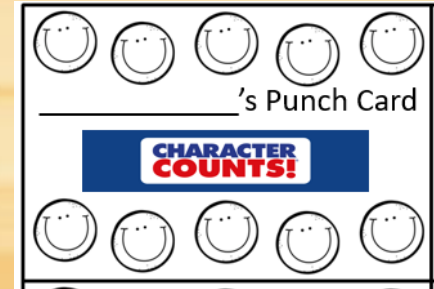
Robert's Middle School  
STUCCO  
Dance 2019  
Friday, October 25, 2019  
4:00 - 6:00 PM



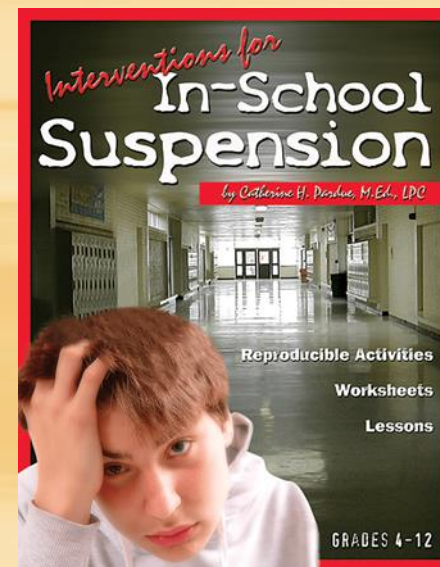
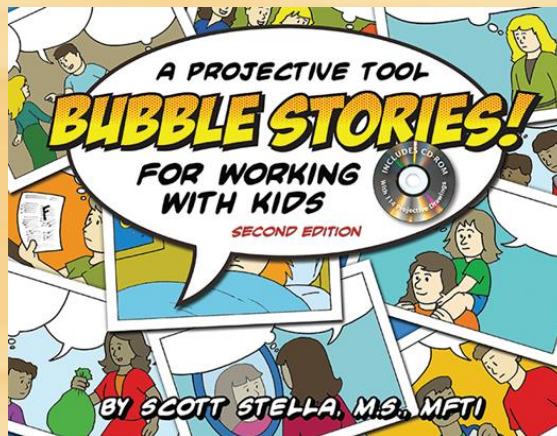
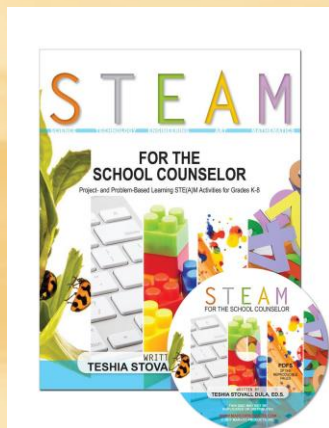
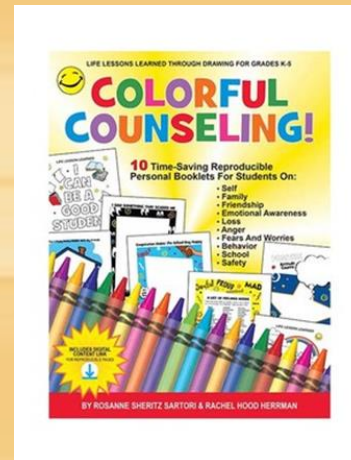
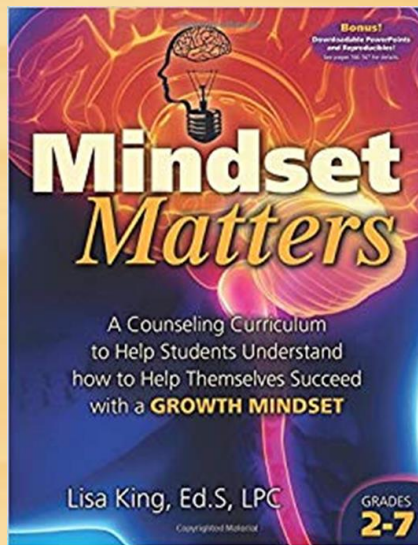
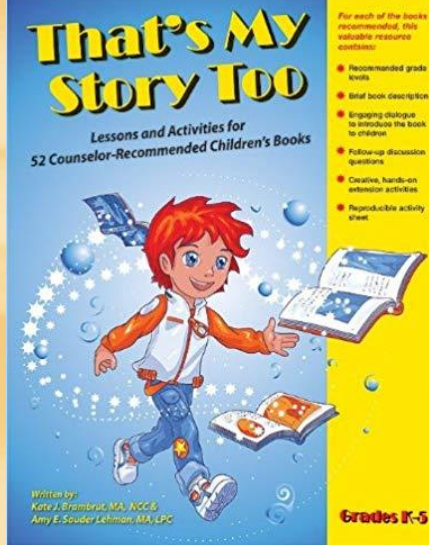
# ADMIT ONE



## TOLERANCE T-SHIRT CONTEST







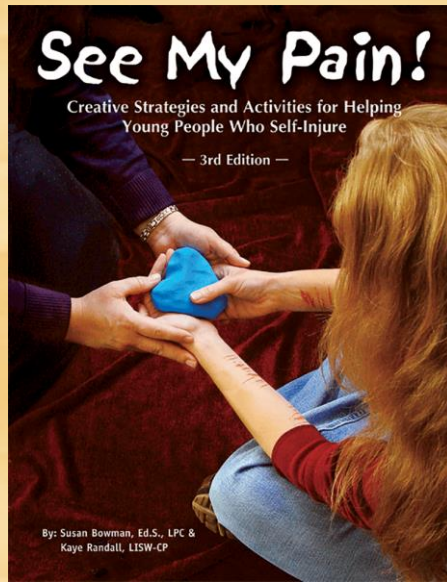
**Great Resources!**



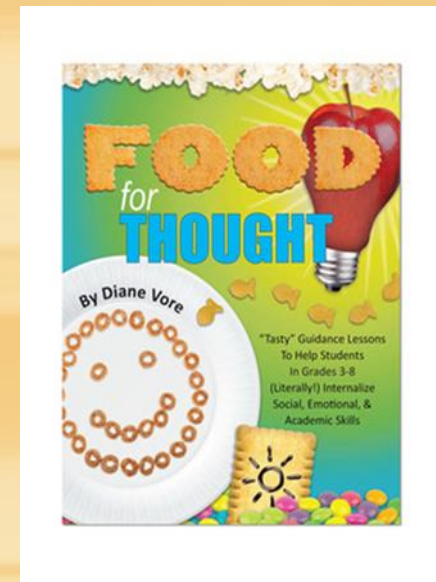
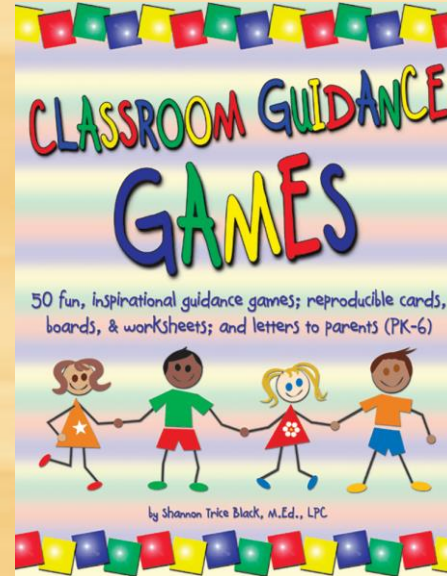
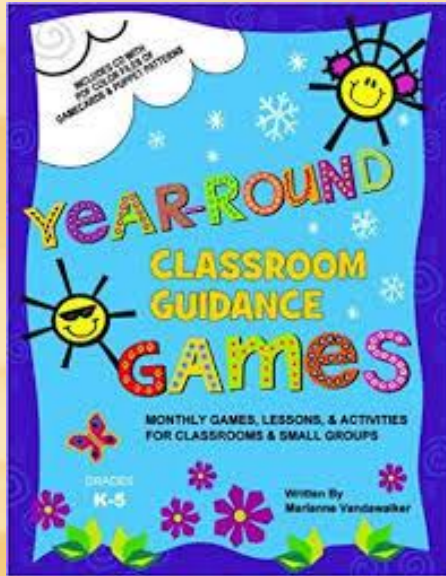
# See My Pain!

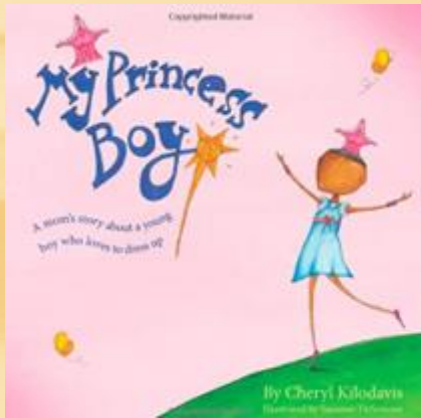
Creative Strategies and Activities for Helping Young People Who Self-Injure

— 3rd Edition —



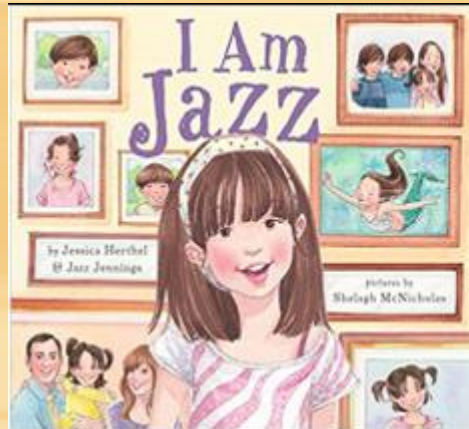
By: Susan Bowman, Ed.S., LPC & Kaye Randall, LISW-CP





Gender Identity- Read this book and I am Jazz and ask the student which character he/she identified with the most.

Who would you like to notice?



If you go down a path to change your body, how would you know this is still right for you?



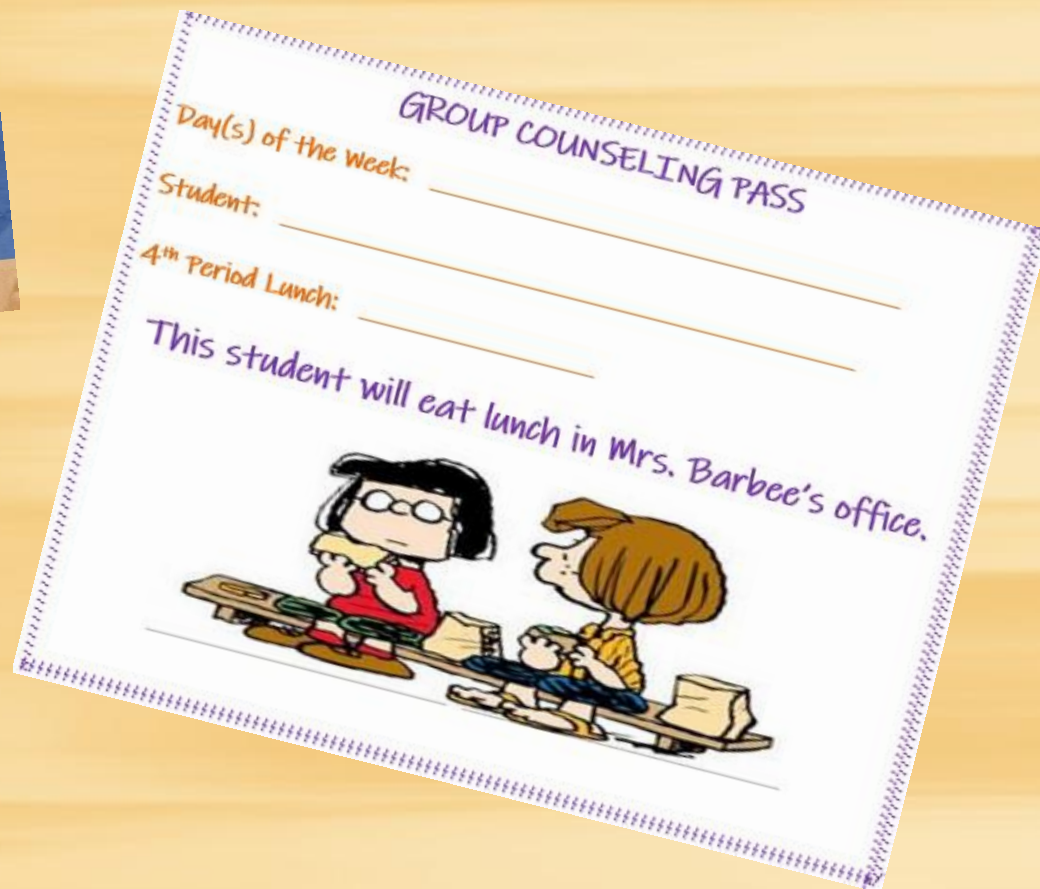
## Solution Focused Trade Books with Question Stems

Book Title	Topic/Questions
 <p>The Invisible String Patrice Karol Illustrated by Sherry Lee Johnson</p>	<p>Coping with all kinds of anxiety, loss, and grief</p> <p>What did you love about him/her?</p>
 <p>The Memory Box A Book About Grief By Joanna Dowland Illustrated by Tracy Baker</p>	<p>The death of a loved one</p> <p>What did he/she love watching you do?</p>
 <p>NONNI'S MOON JULIA INZERRO &amp; LUCY SMITH</p>	<p>Missing a loved one/ Living far away from a loved one</p> <p>If he or she was here right <u>now</u> and you could say something to him or her, what would you say?</p>
 <p>A Flicker of Hope by Anders Cook Illustrated by MacKenzie Wiley</p>	<p>Tough days/feeling helpless</p> <p>How have you made it this far?</p>





# Lunch Bunch Group Counseling Activities:



# Solution Focused Guide Book

This resource guide is designed to help counselors and administrators incorporate the practice of Solution Focused Therapy into the everyday life of the school community. This competency based approach builds on the strengths of people and things they are able to do even though they may not realize it yet.

## The approach:

- 1) Find out what they want
- 2) Ask- What it would look like/what would you be doing?
- 3) Ask- How have you done this before/accomplished something?

## Guiding Approach

### Student/Teacher/Counselor/Administrator Conference:

- What has gone so well that tomorrow you hope it happens again?
- How do you hope you come across to him/her/them? Can you keep that in mind as we talk?
- How does you being a part of this meeting make you feel?
- How can you let your teachers know what you are trying out?
- Can you try these things and you come back in a few weeks and see how you've done?
- How did you make it on those days?
- What did the teacher see?
- What do you think about what the teachers said?
- What will it take to get you back on track?
- What do you think your teacher needs to see to show him/her you are back on track?
- How would you know your teacher likes you?
- How will you know your teacher knows you are paying attention?
- What do you wish they understood about you?

### Parent/Student/Counselor Conference:

- Is it okay if mom sits in here with us?
- Mom/dad tell me how you want things to go for him/her?
- If mom/dad says in here, is there something you don't want them to do?

### Parent/Counselor Conference:

- What did you want to discuss?
  - What would you like to see instead?
- Would it be okay if we tried it as an experiment?
  - How often do you think you can try this?
    - How do you want things to be?  
(I'm here for you as much as I am for your child)
- What do you think your child would say they need from you?
  - What could you do to help that behavior happen?
  - How do you want things to be different for your child?
  - What would you say it is taking from your daughter?
- What would be happening to show you things with your child are better?
  - So, what are your best hopes of me talking to your son/daughter?  
(I want to have that conversation together because you are the expert on your child).





Thank you so much  
&  
Keep in touch

[kkracker@lcisd.org](mailto:kkracker@lcisd.org)  
[abarbee@lcisd.org](mailto:abarbee@lcisd.org)