

Monticello Middle School
Targeted Services
Academic after School Program
The Zone & Friday Focus

How Targeted Services Work

These programs utilize the Middle School staff who provide a routine of homework help, academic enrichment, and recreational activities. Each student seeks personal goals as specified by their Continual Learning Plan composed of academic and social needs determined by the student, his or her parents/guardians, and the student's team of teachers. Students are expected to complete academic schoolwork during these programs and must follow the STAR Expectations that are utilized during the regular school day. It is recommended to attend The Zone as consistently as possible on a weekly basis. Students attending The Zone or Friday Focus are expected to vacate the school premises at the conclusion of the program.

Who Qualifies?

Students should be referred for Targeted Services by parents, teachers, or community agencies. In order to be eligible for services, a student must meet the criteria established by Minnesota Graduation Incentives Act (M.S 124D.68). Each student and their parents/guardians need to complete the registration form and the Continual Learning Plan included on the back of this form and return to the Middle School Office.

The Zone

The Zone is an academic after school program to support students that need a little extra help with their daily schoolwork. It meets in the Media Center Classroom immediately after school from 2:30 - 4:00 on Tuesdays and Thursdays. Our first session is Tuesday, October 24th and will continue through May. The expectation is that students are utilizing this time for academic purposes. They will need to have schoolwork to complete during this time. Students will be supported by qualified staff to meet goals as specified by their individual Continual Learning Plan through academic, social, and recreational activities.

Friday Focus

Friday Focus is an academic after school program that runs once every quarter. Students are asked to attend based on the recommendation of their team of teachers. A student is referred for this service due to a significant amount of missing or late class work that may jeopardize the student's ability to make academic progress. The program is staffed by certified teachers and administration. It will run from 2:30-5:00 pm on selected dates in the Media Center. The dates will be published in the Middle School Matters newsletter. Parents/guardians will be notified of the academic need for students to attend this opportunity.

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Registration and Continual Learning Plan

Targeted Services: (The Zone/Friday Focus)

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

Email Address: _____

Home Phone #: _____ **Work Phone #:** _____

Emergency Contact Name _____ **Phone #** _____

Students are eligible to take part in the program if they meet one of the following criteria: *(Check all that apply)*

- ☐ Performs substantially below grade level
- ☐ Is behind in satisfactorily completing coursework
- ☐ Speaks English as a second language or is an English learner
- ☐ Other: _____

Academic Goals:

1. _____
2. _____

Social Behavioral Goals:

1. _____
2. _____

To Be Completed by School Staff:

How will we measure the assessment?	How will we know we have been successful?
<ul style="list-style-type: none"><input type="checkbox"/> Test Scores<input type="checkbox"/> Academic Information<input type="checkbox"/> IEP/504<input type="checkbox"/> Teacher Observation<input type="checkbox"/> Report Card or Transcript<input type="checkbox"/> Behavioral Survey<input type="checkbox"/> Other: _____	<ul style="list-style-type: none"><input type="checkbox"/> Improved Test Scores<input type="checkbox"/> Work Completed on Time<input type="checkbox"/> Improved Grades<input type="checkbox"/> Parental Feedback<input type="checkbox"/> Improved Behavior<input type="checkbox"/> Better Social Interaction<input type="checkbox"/> Other: _____

What, if any, goals were not met? What do we plan to do next? (Complete at End of Year)

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____