

"Keep Moving Forward"

## Jefferson High School The Eagle Study Recommendation Form

Coordinator: Ms. Julie Paucek Phone: 920-675-1152

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If you see a student struggling in your classroom, please recommend that they participate in The Eagle Study. Talk with the student and complete the following information. Since this is held after school and is related to poor academic performance, be sure to **contact the parent or guardian**. After completing this form, please submit to Julie Paucek's mailbox. Thank you.

The Eagle Study meets Monday through Thursday in the library from 3:15-4:15. This is for supplemental instruction and work completion, requiring teacher supervision. **This is NOT a study hall.** Students who fail to attend within the first week may be withdrawn from this program, and the coordinator will contact the parent/guardian.

Student Name	Teacher	Date of	Referral	Parent/Guardian Name	
Frosh Soph Jr S	Sr Course	Date of I Contact	Parent	Phone/Email	
Reason for referral:					
Intended Goals:					
Select	<u>Monday</u>	<u>Tuesday</u>	Wednesday	<u>Thursday</u>	
recommended					
day→	□Math □Science	□English □Social	□Math □Science	□English □Social Studies	
Specify topic→		Studies			

TWO WEEK FOLLOW-UP					
Date:	Notes:				
Date:	Notes:				
Date:	Notes:				
Date:	Notes:				
	Student Self-Reflection				
Please have Information	e the student complete this portion before dismissing from the program. All data is confidential. n will be used to improve the objectives of The Eagle Study.				
1. H	ow did you become involved with The Eagle Study?				
2. Ha	2. Has the Eagle Study helped you to meet your set goals? If not, how could The Eagle Study change to help you meet those goals? Please be specific.				
3. I(	(would / would not) recommend The Eagle Study to others because:				
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4. Pl	lease share any other comments or thoughts in regards to The Eagle Study.				

© Thank You! ©