



Academic Team Binder

Table of Contents

1. Sign in Sheets
2. Team Minute Form
3. Parent Conferences Form
4. Home Visitor Form
5. In-Team Suspension Form
6. In School Suspension Form

2010 - 2011

Academic Team

Sign In Sheet

Date: _____

| Subject | Signature |
|-----------------------|------------------|
| English Language Arts | _____ |
| Mathematics | _____ |
| Science | _____ |
| Social Studies | _____ |

Date: _____

| Subject | Signature |
|-----------------------|------------------|
| English Language Arts | _____ |
| Mathematics | _____ |
| Science | _____ |
| Social Studies | _____ |

Date: _____

| Subject | Signature |
|-----------------------|------------------|
| English Language Arts | _____ |
| Mathematics | _____ |
| Science | _____ |
| Social Studies | _____ |

Date: _____

| Subject | Signature |
|-----------------------|------------------|
| English Language Arts | _____ |
| Mathematics | _____ |
| Science | _____ |
| Social Studies | _____ |

Team Minutes

Date: _____

Items of Discussion:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Student conferences (Scheduled or need to be scheduled):

1. _____
2. _____
3. _____
4. _____

Parent conferences (Scheduled or need to be scheduled):

1. _____
2. _____
3. _____
4. _____

Items pending:

1. _____
2. _____
3. _____
4. _____

Parent Conference

Date: _____

Student _____ ID# _____

Purpose of conference: academic behavior
Type of conference: in person phone
Parent contacted by: phone letter note visit

Persons attending conference: _____

Information Shared about Student: _____

| Current Grades | |
|----------------|-------|
| ELA | _____ |
| Math | _____ |
| Science | _____ |
| Social Studies | _____ |

Recommendations: _____

Comments: _____

Parents Signature _____ Phone # _____
Student Signature _____ Alt # _____
Team Leader Signature _____
Counselor Signature _____
Admin Signature _____
At Risk Specialist Signature _____

**Veterans Memorial High School
Brownsville Independent School District**

REQUEST FOR A HOME VISIT

Student Name: _____ Date: _____
SS#/ ID # : _____ D.O.B. _____ Grade: _____
Parent Name: _____ Phone#: _____
Address: _____

PURPOSE FOR VISIT:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Title I Regular | <input type="checkbox"/> Discipline | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Title I Migrant | <input type="checkbox"/> Parent Conference | <input type="checkbox"/> ARD Meeting |
| <input type="checkbox"/> Title VI | <input type="checkbox"/> Withdrawal | <input type="checkbox"/> Health Issue |

Explanation:

Principal Signature

Teacher Signature

TO BE COMPLETED BY PARENT LIASION/ NURSE

Print Teachers Name: _____ Date: _____

OUT COME OF VISIT:

Parent Signature

Signature of person making visit

In-Team Suspension Assignment Log

Student Name: _____

Date Assigned for ITS: _____

of Days Assigned _____ Room # Assigned: _____

Please place your assignment in the folder for the student to complete today.
Thank you.

| Per / Subject | Teacher | Teacher's Sign. | Assignment |
|---------------|---------|-----------------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

Veterans Memorial H.S.

I.S.S. Assignments

Team:

Dates:

| Subject Teacher Name Room # | Language Arts | Mathematics | Science | Social Studies |
|-----------------------------------|---------------|-------------|---------|----------------|
| Monday Date(s) | | | | |
| Tuesday Date(s) | | | | |
| Wednesday Date(s) | | | | |
| Thursday Date(s) | | | | |
| Friday Date(s) | | | | |