

School Tier 2 Indicator Data

Measure	Proficient Score	At-Risk Score	High Risk Score	Person Responsible	Date(s) to Review
Attendance	95%	90%	85%	Insert Staff Name	Bi-weekly monthly
Tardy	0-2	3-4	5 or more	Insert Staff Name	Bi-weekly monthly
Grades	C or less	2 D's or F's	2 or more F's	Insert Staff Name	Bi-weekly monthly
Counselor Visits	0-2	3-5	5 or more	Insert Staff Name	Bi-weekly monthly
Major Office Discipline Referrals	0 Referrals	2 Referral	More than 2 Referral	Insert Staff Name	Bi-weekly monthly
Boone County Mental Health Checklist	Green	Yellow	Red	Insert Staff Name	Quarterly

Qualifies for 2 or more measures in the at-risk categories OR triggers one category two months in a row