

Name: _____

Leadership Teacher Check In #1

Hour: _____ Date: ___/___/___

Each student in Lincoln Leadership will check in with their teacher for each class. During the check in they will ask the teacher the questions provided. As the teacher of record, please be clear on the form what improvements need to be made for the student, if any. Please make sure to sign your assigned hour spot. If you have any questions, please contact Ms. Ward (7653).

1st Hour Class _____ **Grade** _____ *Missing assignments? Y or N*

One thing I can do to improve my grade/performance/understanding in this class (be specific):

How will I know I have met my goal (in one week how will you know that you have made progress on improving your grade/performance/understanding in class):

Teacher Comments/Signature: _____

2nd Hour Class _____ **Grade** _____ *Missing assignments? Y or N*

One thing I can do to improve my grade/performance/understanding in this class (be specific):

How will I know I have met my goal (in one week how will you know that you have made progress on improving your grade/performance/understanding in class):

Teacher Comments/Signature: _____

3rd Hour Class _____ **Grade** _____ *Missing assignments? Y or N*

One thing I can do to improve my grade/performance/understanding in this class (be specific):

How will I know I have met my goal (in one week how will you know that you have made progress on improving your grade/performance/understanding in class):

Teacher Comments/Signature: _____

4th Hour Class _____ **Grade** _____ *Missing assignments? Y or N*

One thing I can do to improve my grade/performance/understanding in this class (be specific):

How will I know I have met my goal (in one week how will you know that you have made progress on improving your grade/performance/understanding in class):

Teacher Comments/Signature: _____
