Fern Ridge Middle School

*The High Five Program:* The BEP

**BEP Program Goals:**

* To assist FRMS students with their behavioral and academic progress.
* To provide positive structure and positive support for students to ensure their success within the school setting.
* To build positive, caring, and meaningful relationships between the students and adults at FRMS.

**BEP Program Participant Expectations:**

The program relies on the High Fives for student expectations.

1. Be Respectful

Listen to all adults at school, your teacher and other students in the classroom

1. Be Responsible

Follow the High Fives wherever you are in our school. Follow directions. Start work right away and stay on task. Turn in your assignments on time.

1. Hands and Feet to Self

Respect yourself and others by not touching or kicking people. Respect our school, take care of your locker, desks, computers, and other equipment at FRMS.

1. Follow Directions

Do as your asked. Follow adult directions.

1. Be There – Be Ready

Have your completed BEP form ready. Be on time. Have your materials - Agenda, books, paper and pen. Have your assignments ready to turn in. Have your library book for silent reading on Wednesday.

**BEP Program Guidelines:**

All students new to the BEP Program will be considered in training for the first 10 days. During this training period, extra support will be given to the student to assist her/him in learning the program guidelines. Subsequently, the BEP participant will be expected to function independently within the program.

**Student Expectations:**

* Check into the BEP office near the counseling center every morning between 7:50 and 8:25. Have your agenda, notebook, books, PE clothes, paper, pens and other school supplies.
* Return signed BEP report.
* Get your daily BEP Daily Progress Report. Fill in your name, date, etc.
* Take your BEP Report to each of your classes; give the form to your teacher as you enter class and pick it up after class.
* If you forget the form and lose it, you decide to go back to your previous class or go to the office window and ask for another BEP form.
* Check out: Report to the BEP office after school with completed BEP Progress Report.
* Take the form home, along with your homework. Go over the BEP Progress Report with your parents.
* Follow the High Fives at all times!!!

FRMS BEP DAILY PROGRESS REPORT

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A ‑Day or B‑Day

Please indicate YES (7), So‑So‑(I), or No (0) regarding the student’s achievement for the following goals

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Goals | 1/5 | | | 2/6 | | | 3/7 | | | HR | | | 4/8 | |
| Be Respectful | 2 | 1 | 0 | 2 | 1 | 0 | 2 | 1 | 0 | 2 | 1 | 0 | 2 | 1 0 |
| Be Responsible | 2 | 1 | 0 | 2 | 1 | 0 | 2 | 1 | 0 | 2 | 1 | 0 | 2 | 1 0 |
| Keep Hands and Feet to Self | 2 | 1 | 0 | 2 | 1 | 0 | 2 | 1 | 0 | 2 | 1 | 0 | 2 | 1 0 |
| Follow Directions | 2 | 1 | 0 | 2 . | 1 | 0 | 2 | 1 | 0 | 2 | 1 | 0 | 2 | 1 0 |
| Be There- Be Ready | 2 | 1 | 0 | 2 | 1 | 0 | 2 | 1 | 0 | 2 | 1 | 0 | 2 | 1 0 |
| TOTAL POINTS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TEACHER INTIALS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

BEP Daily Goal /50 BEP Daily Score /50

\_\_\_ In Training \_\_\_ BEP Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature

Teacher Comments: Please state briefly any behaviors or achievements that demonstrate the student’s progress. (If additional space is required please attach note and indicate so below.)

Period 1/5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period 2/5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period 3/7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Room\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period 4/8\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**The BEP Team Member Responsibilities:**

BEP Coordinator:

* Facilitate check in and check out
* Provide BEP participants with positive and constructive feedback
* Facilitate BEP review meetings once a week
* Collect, summarize, and report BEP data each week

FRMS Staff:

* Accept BEP Report form from students
* Evaluate student behaviors and complete form
* Offer constructive and positive feedback to students
* Attend BEP weekly meetings as necessary

Parents of BEP Participants:

* Attend BEP planning and review meetings
* Sign BEP contact agreement
* Review BEP Progress Report with my child
* Provide positive, constructive feedback
* Communicate with school when there are concerns

BEP Student Participants:

* Follow all BEP Program Guidelines
* Sign BEP contract agreements
* Give it my BEST!!!

**BEP Program Contact Agreements:**

I have read the BEP Program Guidelines. I understand that my signature indicates that I am willing to participate in the BEP Program.

Student signature ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BEP Coordinator(s) signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copies will be given to all BEP Participants. Thank you for your participation and support today!!!