**Creekside Oaks Elementary**

2030 First Street, Lincoln, CA 95648 • Tel. (916) 645-6380 • Fax (916) 645-6383

To the Parent / Guardian of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We would like to include your child in our daily Check-in / Check-out program. This is a program designed to help students, with additional support, meet our school wide behavior expectations in a positive manner. Your child was referred to our program because of some challenges they have had with meeting those behavior expectations.

Your child will be assigned a coordinator and will be responsible for checking-in with that person each morning to receive their check-in / check-out behavior report (please see attached). The report will be filled out daily by the teacher(s), and the coordinator will review the report with your child at the end of the day during check-out time.

We ask that you please make sure your child arrives on time each day for check-in. We also ask that each evening you review/discuss the results of the daily report with your child in a positive manner and sign it. Your child will return the signed report the next day to the coordinator at check-in time. Your child will earn incentives and rewards for appropriate behavior and for meeting their goal.

We appreciate your cooperation in this program and look forward to working with your child. Together we can make this a positive experience. Please contact the school office if you have any questions. We may be reached at (916) 645-6380.

Sincerely,

Scott Pickett

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\_\_\_\_\_I do give consent for my child to participate in the Check-in / Check-out program.

\_\_\_\_\_I do not give consent for my child to participate in the Check-in / Check-out program.

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(Parent signature) (Date)