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Objectives

- Understand how trauma and mental health needs are undermining the ability of many students to be successful in school. **(Be Mindful)**
- Discover how trauma informed care and mental health intervention in the form of a wellness zone in schools can improve student behavior, academic performance, and attendance. **(Be Inspired)**
- Gain strategies proven to help staff decrease behavior incidences through an alternative to the alternative. **(Be Better)**

4

A Journey into the depths of a MINDFUL SCHOOL

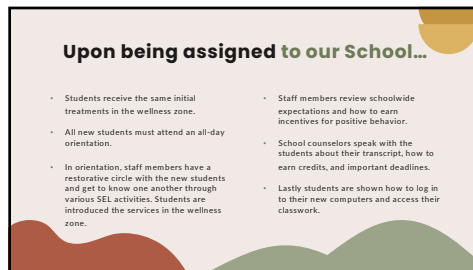
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Our Mission
 OUR MISSION AT JOHNSON LEARNING CENTER IS TO RECALIBRATE, RESTORE, AND RECONNECT OUR YOUTH TO THEMSELVES, THEIR EDUCATION, AND THEIR COMMUNITY.

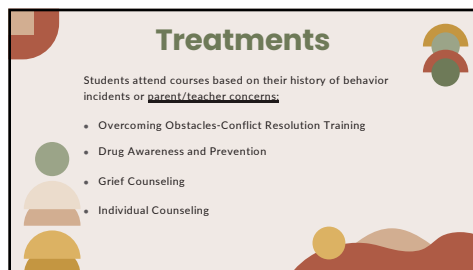
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9

Arrival

Upon arrival, students are greeted with three statements from which they choose the one which suits their current mood...

1
I am...
Ready to Learn.

2
I...
Need a minute.

3
I need..
to speak with someone.

10

Other Therapy

In addition to the 4-week programs, based on the student's identified needs, students are assigned to various programs with outside organizations...

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Supporting Cast!

Getting the right staff in place is key when organizing a wellness zone:

- Trauma Informed Specialist
- School Psychologist
- Restorative Practices Assistant
- School Social Worker
- School Counselor
- Outside Counseling

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Other Changes which made a difference in the number of behavior incidents:

- **Control of Traffic during transition.**
- **Staying involved in student affairs and resolving conflicts immediately.**
- **Rewarding positive behavior.**

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Behavior Response Comparison

Expelled		Local Discipline		Out-of-School Suspension		Restorative Conference	
18-19	22-23	18-19	22-23	18-19	22-23	18-19	22-23
#incidents	#incidents	#incidents	#incidents	#incidents	#incidents	#incidents	#incidents
13	4	451	188	173	120	8	26

Total Incidents 18-19
645

Total Incidents 22-23
338

14

Section 1: Student Information					
First Name		Last Name		Student ID	Grade
		Click or tap here to enter text.		Click or tap here to enter text.	9
Sending School		IEP/504	Date of Birth	ISRP Revision Dates	Exit Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap to enter a date.	Click or tap to enter a date. Click or tap to enter a date.	Click or tap to enter a date.
Home Language	Interpreter	Medical Alert	Legal Alert		
Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 2: Academic Information					
Map Reading		Map Math		ACT	GPA
Click or tap here to enter text.		Click or tap here to enter text.		<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap here to enter text.
On Track to Graduate/Promotion		Reading Intervention		Math Intervention	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Language	Interpreter	Medical Alert	Legal Alert	I-Ready Math Diagnostic	Edgenuity
Spanish	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3: Attendance/Behavior Information			
Attendance %	# of Behavior Referrals this year	# of OSS days this year	FBA on File
	Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there academic concerns for this student?		Are there behavioral concerns for this student?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 4: Area(s) of Concern and Recommended Interventions	
Area(s) of Concern	Interventions
<input type="checkbox"/> Drug use or possession <input type="checkbox"/> Fighting/physical aggression <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Cutting Class <input type="checkbox"/> Non-Compliance with request <input type="checkbox"/> Disrupting the learning environment <input type="checkbox"/> Lacking credits <input type="checkbox"/> Failing grades/below grade level <input type="checkbox"/> Overage, Under-credit <input type="checkbox"/> Other: Click or tap here to enter text.	<input type="checkbox"/> Break, moving position in class <input type="checkbox"/> Recognize positive behaviors with Live School <input type="checkbox"/> Regular communication with parent <input type="checkbox"/> CICO with trusted adult <input type="checkbox"/> Supervised time in the vibe room/peace room <input type="checkbox"/> Meet with student supports below <input type="checkbox"/> Edgenuity <input type="checkbox"/> Academies of Nashville <input type="checkbox"/> Behavior, Academic, Attendance, or Safety Plan <input type="checkbox"/> Drug awareness and prevention course <input type="checkbox"/> Other: Click or tap here to enter text.

Section 4: Student Supports		
<input type="checkbox"/> School Counselor	<input type="checkbox"/> Restorative (RPA)	<input type="checkbox"/> Trauma Informed Spec.
<input type="checkbox"/> School Social Worker	<input type="checkbox"/> Oasis Center	<input type="checkbox"/> Probation Officer
<input type="checkbox"/> School Psychologist	<input type="checkbox"/> CIS	<input type="checkbox"/> STARS
<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Navigator	<input type="checkbox"/> Other: Here

To be completed upon exiting:

Completed Courses: Resolving Conflicts

Drug Awareness/Prevention

Clubs: Epic Girl Linguistic Liberation

Nashville Repertory Theatre

Southern Word

Johnson ALC

Be Mindful, Be Inspired, Be Better

Name: Click or tap here to enter text.

Date: Click or tap here to enter text.

Incident(s): Click or tap here to enter text.

Teacher(s): Click or tap here to enter text.

Tier II Behavior Plan & SEL Supports

Behavior Supports

Attention Seeking Behaviors

Choose an item.

Escape Maintained Behaviors

Choose an item.

Visual Supports

Choose an item.

Internalizing Behaviors

Choose an item.

Social Skills

Choose an item.

Attendance

Choose an item.

SEL Core Supports

Self-Management

Check-in/Check-out

Relationships Skills

Social Skills Group

Responsible Decision Making

Choose an item.

Self-Awareness

Choose an item.

Social Awareness

Choose an item.

District Approved Programs

Choose an item.

Additional Resources

Choose an item.

What is the Tier II Supports? Click or tap here to enter text.

Who will oversee this process? Dr. Hale w

Does the student have an FBA? No,

Does student have an BIP? Click or tap here to enter text.

Does the student have an Individualized Education Plan?

Does the student have a safety plan? Click or tap here to enter text.

Will the Student move to 2.O? Click or tap here to enter text.

Date to review the intervention(s) data: Click or tap here to enter text.

JOHNSON ALC 2.0

Name _____ Date entered ALC 2.0 Click or tap to enter a date.

Date to review return to Johnson ALC Click or tap to enter a date.

Week 1-4: Seven Habits of Highly Effective Teens completed

Week 1-4 (8 hours): Completed Overcoming Obstacles

Week 2 & 3: (6 hours) Completed Drug Offenders Class (if applicable)

Attendance 80% has been met

All credits completed in Edgenuity

Conferenced with Counselor: Date Click or tap to enter a date.

Signature of Counselor _____

Conferenced with Jessica Taylor/Jemesia Todd: Date Click or tap to enter a date.

Signature _____

Conferenced with Mr. Black/Ms. Carver: Date Click or tap to enter a date.

Signature _____

Completed all academic assignments: Signatures from teachers

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Letter to request modification

Meeting with Administration

Signature _____

Re-entry contract signed Date exited ALC 2.0 Click or tap to enter a date.