



Attendance Intervention Plan for High School Students Only

Office of Curriculum and Instructional Programs
MONTGOMERY COUNTY PUBLIC SCHOOLS
850 Hungerford Drive, Rockville, Maryland 20850

MCPS Form 560-26B
February 2019
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See [MCPS Regulation JEA-RA, Student Attendance](#), and [MCPS Form 560-26A, Appeal of Attendance Recording, High School Students Only](#)

INSTRUCTIONS

Please complete one MCPS Form 560-26B, *Attendance Intervention Plan*, for all of the course(s) that have been identified for intervention.

STUDENT INFORMATION

Student Name: _____ Student ID # _____

School Name _____

Original Year of Graduation: _____ Attendance Intervention Plan (AIP) Created on: _____

Attendance and academic data for the course(s) included in this intervention plan as of the date of the plan's creation:

| COURSE NAME | TEACHER | # OF UNEXCUSED ABSENCES | # OF UNEXCUSED TARDIES | CURRENT GRADE | TEACHER SIGNATURE |
|-------------|---------|-------------------------|------------------------|---------------|-------------------|
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ATTENDANCE INTERVENTION

A commitment to school attendance is an essential component of a quality learning experience and regular attendance and engagement are required in order to demonstrate mastery of the material. The student will work with the administrator/counselor to identify actions and strategies to improve attendance.

We are developing this intervention plan because:

INTERVENTION PLAN

The following steps/strategies will be used by the student and/or staff members to improve attendance and/or academic performance:

| STUDENT ACTION/STRATEGY | STAFF SUPPORTS |
|-------------------------|----------------|
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STUDENT UNDERSTANDING

I understand that I must meet the expectations described above or I will be in danger of failing the course(s) (E3).

Student's Signature: _____ Date: ____/____/____

PARENT/GUARDIAN CONTACT

I contacted the parent/guardian (*check one*): By Phone on ____/____/____
(talked, not msg) By E-mail In Person on ____/____/____
(attach parent response) (date of contact)

Name and title of staff member contacting the parent/guardian: _____

Administrator's Initials: _____

PLAN APPROVAL

Counselor Signature: _____ Date: ____/____/____

Administrator's Signature: _____ Date: ____/____/____

PROGRESS MONITORING

The AIP should be reviewed by staff at regular intervals to determine if the student is making progress and revise the plan if needed. The plan is a living document that should be used to support improving student attendance throughout the semester. Plans should be reviewed at least once in the cycle but may be reviewed at more frequent intervals if needed.

Check-in and Review Date: ____/____/____ **Staff Member Initials:** ____ **Student Initials** ____

After review of the student's current attendance and grades, it was determined that the team will:

- Continue the plan; Progress is being made by the student.
- Revise the plan; Progress is insufficient to meet the student's attendance and academic goals.

Describe revisions to the student strategies and staff supports below:

Check-in and Review Date: ____/____/____ **Staff Member Initials:** ____ **Student Initials** ____

After review of the student's current attendance and grades, it was determined that the team will:

- Continue the plan; Progress is being made by the student.
- Revise the plan; Progress is insufficient to meet the student's attendance and academic goals.

Describe revisions to the student strategies and staff supports below:

FINAL REVIEW AND DETERMINATION

Towards the end of the semester, school team meets to review student progress on the AIP. Complete Section A or Section B below depending on the team determination.

Section A

Student attendance improved over the course of the AIP: No E3 recommended for—list course(s):

Administrator's signature: _____ Date: ____/____/____

Section B

Student attendance did not improve over the course of the AIP: E3 for—list course(s):

Did the student otherwise receive a passing grade for the course(s)? Yes No

If yes, describe the opportunity the student will have to restore the passing grade, including the timeline.

Parent/guardian was contacted to share the final determination of the AIP: (*check one*):

- By Phone on ____/____/____ By E-mail In Person on ____/____/____ Initials: _____
- (talked, not msg) (attach parent response) (date of contact)

Note parent/guardian response below: (*required*)

Administrator's signature: _____ Date: ____/____/____

Principal's signature: _____ Date: ____/____/____