

WASD School Attendance Improvement Plan (SAIP)

Date: _____

Regulations provided

Student: _____

School: PRI INT MS HS Male Female Age: _____ Grade: _____

DOB: _____ ID# _____

Parent or Guardian: _____

Address: _____

Phone #: _____

Total Absences: _____

Legal: _____ Illegal/Unexcused: _____ Tardy: _____

Notes: _____

Team: Guidance Counselor Case Manager Director of Sec. Education
 SAP Liaison Parent Other _____
 Principal Student Other _____

Other Agency/School Involvement

SAP _____ District Magistrate
 Children & Youth Services _____ Other _____
 Juvenile Probation _____ Other _____

Correspondence: Notification	Date of Letter	Date of Meeting
Letter for 1 day absence		
Letter for 3 day absence: Invitation to meeting (SAIP)		
Letter for 6 day (under 17)		
Letter for 6 day (17 and older)		
Letter for 10 day – Doctor excuses required		
Court Hearing – 6 day (under 17)		
District Hearing – 6 day (17 and older)		

Notes: _____

Other Information

Parent Explanation: _____

Student Explanation: _____

IEP 504 Cyber
 GIEP ELL Other _____
 Health Concerns _____

Student Information

Student's Strengths: _____
 Likes/Motivators: _____
 Teacher/Mentor: _____

Possible Root Causes

Documented Illness (Medical/Anxiety) Substance Abuse Concerns
 School Avoidance (Ambition) Legal Concerns (Hearings)
 Social Issues (Peers/Bullying) Home Challenges (Child care, medical)
 Mental Health (Anxiety/Self-esteem) Transportation
 Academic Challenges (Poor Grades) Other: _____

Student Will

- | | |
|---|--|
| <input type="checkbox"/> Make teachers aware of social concerns | <input type="checkbox"/> Talk to a supportive adult |
| <input type="checkbox"/> Ask for help from teachers | <input type="checkbox"/> Complete homework nightly |
| <input type="checkbox"/> Take medications | <input type="checkbox"/> Attend small group counseling |
| <input type="checkbox"/> Attend counseling appointments | <input type="checkbox"/> Check in, Check out |
| <input type="checkbox"/> Turn in Parent excuses/Dr. excuses | <input type="checkbox"/> Outside Services: _____ |
| <input type="checkbox"/> Go to bed earlier/routine | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Get up earlier/set alarm | <input type="checkbox"/> Other: _____ |

Family Will

- | | |
|--|--|
| <input type="checkbox"/> Make sure student goes to bed earlier | <input type="checkbox"/> Get medical care as needed |
| <input type="checkbox"/> Make sure student completes homework | <input type="checkbox"/> Identify back up plan for transportation |
| <input type="checkbox"/> Write excuses/obtain Dr. excuses | <input type="checkbox"/> Engage others to ensure school attendance |
| <input type="checkbox"/> Enforce rewards/consequences | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> SAP papers completed | <input type="checkbox"/> Other: _____ |

School Will

- | | |
|---|--|
| <input type="checkbox"/> Continuously review attendance | <input type="checkbox"/> Revoke working papers or _____ |
| <input type="checkbox"/> Provide a student/adult mentor | <input type="checkbox"/> Conduct a district hearing |
| <input type="checkbox"/> Encourage student tutoring sessions | <input type="checkbox"/> File Truancy with District Magistrate |
| <input type="checkbox"/> SAP | <input type="checkbox"/> Change of Program _____ |
| <input type="checkbox"/> Refer to appropriate agencies: _____ | <input type="checkbox"/> Coping/de-escalation skills |
| <input type="checkbox"/> Small group counseling | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> School health plan | <input type="checkbox"/> Other: _____ |

As the Parent/Guardian, we understand that while the school has demonstrated support and assistance, by law, it is our responsibility to ensure school attendance. This plan was created collectively to assist the student in improving attendance, to enlist the support of the parents/guardian and to document the school's attempt to provide resources to promote student success. This document and the student's school profile (including attendance, grades, and discipline, etc.) may be shared with the District Justice and/or Children and Youth Services if truancy continues.

Student: _____

Date: _____

Parent: _____

Date: _____

School Official: _____

Date: _____

Counselor: _____

Date: _____

Case Manager: _____

Date: _____

Outcome Notes: _____

Filed with District Magistrate (under 17)

District Hearing (17 and over)