STUDENT ATTENDANCE INTERVENTION PLAN

NAME OF STUDENT:_____
DOB: _____School:_____School Year: _____

STUDENT'S ATTENDANCE HISTORY (days absent if available)

Kind ____ Gr. 1____ Gr. 2 ____ Gr. 3____ Gr. 4 ____ Gr. 5 ____
Gr. 6____ Gr. 7____ Gr. 8____ Gr. 9____ Gr. 10____ Gr. 11____

_____
_____

Record of Conference

Conference Date:_____ Total Absences_____ (____excused ____unexcused)

Individuals Present at Conference: _____
_____

If no parent/guardian attended the conference, specify how school personnel provided notice to the parent/guardian of this intervention conference: _____
_____
_____

Reasons given for unlawful absences *(specify date and reason for each unlawful absence):*
_____
_____
_____

Actions to be taken by Parent(s)/Guardian(s) and student to resolve causes of unlawful absences: _____
_____
_____
_____

Actions to be taken by School Personnel: _____
_____
_____
_____

Results: _____
_____
_____
_____

☐ **Parent agrees to contact the school if revisions to intervention plan are needed. Attendance Supervisor will make further revisions if unlawful absences continue.**

_____	_____
Team Leader/Title	Student
_____	_____
School Personnel /Title	Parent/Guardian
_____	_____
School Personnel /Title	Parent/Guardian