

ABSENCE INTERVENTION TEAM PLANNING CHECKLIST

This checklist was developed in partnership with Cuyahoga County Juvenile Court. This check list may be used by the school or district absence intervention team to ensure all components of the absence intervention team have been successfully met and should be tailored to meet local needs.

- Copy of year-to-date attendance records & grades

Habitual Truancy Triggers

Threshold Date

30 or more consecutive school hours

42 or more hours in one school month

72 or more hours in a school year

- Copy of school notification letter(s) to parent/guardian or custodian regarding student's excessive absences
- Narrative detailing interventions utilized with the student as laid out in district policy when the student became excessively absent
- Narrative and any relevant materials detailing three good faith attempts to engage parents in the absence intervention team
- Absence Intervention Team Overview:

Meeting Date

60 Days Review Date

File Date with Juvenile Court (if applicable):

Team Participants:

- | | |
|---|--|
| <input type="checkbox"/> child | <input type="checkbox"/> school administrator |
| <input type="checkbox"/> mother | <input type="checkbox"/> school psychologist |
| <input type="checkbox"/> father | <input type="checkbox"/> counselor |
| <input type="checkbox"/> guardian | <input type="checkbox"/> school or district representative |
| <input type="checkbox"/> parent designee | |
| <input type="checkbox"/> other (i.e. local public or nonprofit agency)
please specify: _____ | |

- Narrative detailing the plan developed by absence intervention team to engage the child in attending school, specific intervention efforts, and services provided to the family during initial 60 days interval
- Narrative detailing AIT overall impressions relating to the child's compliance with the plan
- Copy of reports from service providers, if applicable
- Copy of child's disciplinary record, if applicable
- Date the absence intervention plan was communicated, in writing, with the student's parents or guardians
- Other relevant information

Student Absence Intervention Plan Template

This form was developed in partnership with Marietta City Schools. This form can be used by schools and districts during absence intervention team meetings to develop and implement student absence intervention plans and should be tailored to meet local needs.

STUDENT INFORMATION

Student: _____ DOB: _____

School: _____ Grade: _____

Student SSID: _____

Individuals and role/relationship to the student present: _____

Parent/Guardian Present?

Yes

No

If no, was a parent designee present?

Yes

No

Parent(s)/Guardian(s): _____

Street Address: _____

Mailing Address (if different): _____

Home Phone: _____ Work Phone: _____ Cell: _____

Parent(s)/Guardian(s): _____

Street Address: _____

Mailing Address (if different): _____

Home Phone: _____ Work Phone: _____ Cell: _____

STUDENT ENGAGEMENT INFORMATION

Grades (Current Year):

Favorite course/subject:

Least favorite course/subject:

Extracurricular activities:

ATTENDANCE HISTORY
(Total Days Absent including excused, unexcused, and out-of-school suspension)

K	1st	2nd	3rd	4th	5th	6th
7th	8th	9th	10th	11th	12th	2nd yr Sr.

Does parent/guardian call school on day of absence?

Does student provide an excuse for absence on day of return to school?

How does student get to school?

Additional Attendance History Notes:

BARRIERS STUDENT EXPERIENCES CONTRIBUTING TO TRUANCY

- Academics
 Basic Needs
 Behavioral
 Chronic Medical Condition
 Family
Housing
 Mental Health
 Social
 Transportation
 Other:

Please Describe:

Identified Areas of Need:

1. _____
2. _____
3. _____
4. _____

RESOURCES PROVIDED TO THE STUDENT AND FAMILY

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Alarm Clock Provided | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Counseling, Student | <input type="checkbox"/> Food Pantry/Meals |
| <input type="checkbox"/> Extracurricular Activities | <input type="checkbox"/> Mentor | <input type="checkbox"/> Counseling, Parent | <input type="checkbox"/> Community Action |
| <input type="checkbox"/> Parent Education Program | <input type="checkbox"/> School Counselor | <input type="checkbox"/> Counseling, Family | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Other academic resources | <input type="checkbox"/> IEP/504 review | | <input type="checkbox"/> Other Community Resources |
| | <input type="checkbox"/> IEP/504 consideration | | |

Describe resource referrals below:

STUDENT ABSENCE INTERVENTION PLAN

The STUDENT will: _____

The PARENT/GUARDIAN will: _____

The SCHOOL will: _____

Successful Implementation Includes:

RECORD OF ABSENCE INTERVENTION TEAM MEETING

Habitual Truancy Triggers:

- 30 or more consecutive unexcused-hours;**
- 42 or more unexcused hours in a school month;**
- 72 or more unexcused hours in a school year**

I/we understand if the student fails to improve their attendance per this plan or has refused to participate in this plan, the attendance officer, obligated by Ohio law, shall file a complaint not later than sixty-one (61) days after the plan was implemented. The attendance officer may file a complaint prior to the 61st day if the student is absent without legitimate excuse 30 consecutive hours or 42 hour in one school month during the implementation period of the plan.

Absence Intervention Team Meeting Date: _____

Plan Start Date: _____ Plan End Date: _____ Plan Review Date: _____

Parent/Guardian Initials _____ Parent/Guardian Initials _____ Student Initials _____

Student Signature	Date	Parent/Guardian Signature	Date
-------------------	------	---------------------------	------

School Official Signature	Date	Parent Guardian Signature	Date
---------------------------	------	---------------------------	------

Should we have difficulty in implementing the plan or are not clear on our roles in the plan we can contact the following with questions or concerns:

Administrator	Phone
---------------	-------

Attendance Officer	Phone
--------------------	-------

PARENT NOTIFICATION OF ABSENCE INTERVENTION TEAM AND PLAN

First Attempt to Engage Parent/Guardian

Date: _____ Successful? Yes No
 Phone Call Email Home Visit Letter, Regular Mail Other

Second Attempt to Engage Parent/Guardian

Date: _____ Successful? Yes No
 Phone Call Email Home Visit Letter, Regular Mail Other

Third Attempt to Engage Parent/Guardian

Date: _____ Successful? Yes No
 Phone Call Email Home Visit Letter, Regular Mail Other

Was the parents/guardians notified of the completion of the absence intervention plan? Yes No

Date of Notification: _____

How were they notified? Phone Call Email Home Visit Letter Other

If they were not notified, why not?

DETERMINATION OF SUCCESSFUL IMPLEMENTATION

Date of 60 day review: _____

Participants present:

The student successfully implemented the absence intervention plan

Yes No

The student failed to participate in the agreed upon plan

Yes No

The student failed to improve school attendance as agreed upon in the plan

Yes No

The truancy officer will file a complaint against the student and/or parents in the county juvenile court

Yes No If yes, date of filing: _____

Narrative from absence intervention team detailing the student's success or failure of improving attendance:

Attendance Officer

Date