**STUDENT ABSENCE INTERVENTION PLAN TEMPLATE**

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. This plan can be copied onto a district/school letterhead.

STUDENT INFORMATION

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student SSID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individuals and role/relationship to the student present: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Preferred Communication:

☐ Home Phone ☐ Cell Phone ☐ Work Phone ☐ Mail

☐ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Emergency Contact Form Reviewed and Updated (if necessary)

ATTENDANCE HISTORY

Does the student have a history of attendance concerns? ☐ Yes ☐ No

If yes, has the student previously been charged with truancy or received interventions related to improving attendance. ☐ Yes ☐ No

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does parent/guardian notify the school on day of absence? ☐ Yes ☐ No

Does student provide an excuse for absence on day of return to school? ☐ Yes ☐ No

Does the student complete missing assignments from the absence? ☐ Yes ☐ No

Additional Information:

BARRIERS CONTRIBUTING TO TRUANCY

☐Academics ☐Basic Needs ☐Behavioral ☐Chronic Medical Condition ☐Family ☐Housing ☐Mental Health ☐Social ☐Transportation ☐Communication ☐Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT ENGAGEMENT INFORMATION

Current Academic Progress, including grades:

Favorite course/subject:

Least favorite course/subject:

Extracurricular activities:

Student and family strengths:

Is the student being evaluated for or currently on IEP? ☐ Yes ☐ No

If yes, has the IEP team reviewed the IEP for absence of services? ☐ Yes ☐ No

Graduation Plan Reviewed (HS Students only) ☐ Yes ☐ No

ATTENDANCE SUPPORTS AND EXPECTATIONS

Identified Areas for Support:

1.

2.

3.

Student Expectations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Expectations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Expectations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Successful Implementation Includes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESOURCES PROVIDED TO THE STUDENT AND FAMILY

☐ Alarm Clock / Phone Call ☐ Extracurricular Activities ☐ Tutoring

☐ Parent Education Program ☐ Other academic resources ☐ Mentor

☐ School Counselor ☐ IEP/504 consideration ☐ IEP/504 review

☐ Student Counseling ☐ Parent Counseling ☐ Family Counseling

☐ Food Pantry/Meals ☐ Community Action ☐ Employment

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Copy of attendance policy and/or procedures, including school contact information.

Describe resource referrals below:

RECORD OF ABSENCE INTERVENTION TEAM MEETING

I/we understand this plan has been created as a support for the student to improve attendance at school. In the event the student is absent for any reason, the school will be contacted as instructed by the attendance procedures received.

**I/we also 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 for 30 consecutive hours or 42 hours 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendance Officer Phone Email Address