**DETERMINATION OF IMPLEMENTATION OF ABSENCE INTERVENTION PLAN**

Absence Intervention Teams can use this form to assist them in determining if a truancy complaint will be filed. The student has 60 calendar days to participate and make satisfactory progress on the plan. If the student does not participate or make satisfactory progress on the plan, as determined by the absence intervention team, the attendance officer must file a complaint in juvenile court against the student on the 61st calendar day after the implementation of the absence intervention plan.

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

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

Date of 60-day review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_

Participants present:

Does the Absence Intervention Team feel the student’s attendance improved because of the absence intervention plan?

☐ Yes, the team has determined the student made **satisfactory progress** in attendance as outlined the plan. No further interventions are required, and a truancy complaint will not be filed.

☐ Yes, the team has determined the student demonstrated improved attendance because of the plan. The team will continue to provide necessary interventions and monitor the student’s attendance.

☐ No

If no, what impacted the success of the plan?

☐ The student failed to participate in the agreed upon plan.

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

☐ The student was absent without legitimate excuse for 30 consecutive hours or 42 hours in one school month during the implementation period of the plan.

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

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

☐ Yes ☐ No If yes, date of filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Attendance Officer / Designee Date