

Attendance Reassessment with HOPE Scale

Created by Peninsula School District

Student Name _____ Date _____

Do you feel behind in school or in your classes? (circle) YES NO

If yes, which classes? _____

Do you have conflict with people at school? (circle) YES NO If yes, who? _____

Which adults would you feel comfortable asking for help? _____

On a scale of 1-5, how welcome and supported do you feel at school?

Not welcome and supported at all 1 2 3 4 5 Extremely welcome and supported

Why? _____

What keeps you from attending school? _____

Are there things at home that stress you out? (circle) YES NO If yes, what? _____

What happens at home when you miss school? _____

Are you having any health issues that affect your school attendance? (circle) YES NO

If yes, what are they? _____

What help do you need to do to deal with them? _____

What time do you usually go to sleep on a school night? _____

Do you think you get enough sleep? (circle) YES NO

Score how often these statements describe you.

	None of the time	Some of the time	Half of the time	Most of the time	All of the time
I think I am doing pretty well.					
I can think of many ways to get the things in life that are most important to me.					
I am doing just as well as other kids my age.					
When I have a problem, I can come up with lots of ways to solve it.					
I think the things I have done in the past will help me in the future.					
Even when others want to quit, I know that I can find ways to solve the problem.					

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