

## PARENT/GUARDIAN ASSESSMENT OF BARRIERS TO ATTENDANCE

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ IEP/504? \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

### **ABOUT YOUR STUDENT**

1. What are some great things you wish people knew about your child? (Example: academic & social strengths)

\_\_\_\_\_

2. What concerns do you have about your child? \_\_\_\_\_

\_\_\_\_\_

3. What activities does your child enjoy? \_\_\_\_\_

\_\_\_\_\_

### **SCHOOL**

4. Does your student like school?  YES  NO Why? \_\_\_\_\_

5. Is your student struggling with any subjects?  YES  NO If so, which ones? \_\_\_\_\_

6. Does your child have friends at school?  YES  NO Who? \_\_\_\_\_

7. Does your child have conflicts with anyone at school?  YES  NO If yes, who? \_\_\_\_\_

If yes, why? \_\_\_\_\_

8. Do you have a staff member at school you feel comfortable communicating with?  YES  NO

If yes, who? \_\_\_\_\_

9. Does your student have a staff member they connect with at school?  YES  NO

If yes, who? \_\_\_\_\_

### **HEALTH**

10. Does your student have any health issues that affect their school attendance?  YES  NO

If yes, what are they? \_\_\_\_\_

If yes, how do they keep your student from attending school? \_\_\_\_\_

11. How does your student sleep?  Not very well  Fairly well  Great

12. What time does your student go to bed? \_\_\_\_\_

13. Does your student have their own room/bed?  YES  NO

14. Do they have access to electronics where they sleep?  YES  NO

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### OUTSIDE OF SCHOOL

15. How does your student get to school in the morning? (circle) BUS WALK CAR BIKE OTHER \_\_\_\_\_

Difficulties with transportation? \_\_\_\_\_

16. How does your student get up for school in the morning? (Check all that apply)

Alarm (cell phone)  Separate alarm clock  Adult  brother/sister  other \_\_\_\_\_

17. What does your student enjoy outside of school? \_\_\_\_\_

\_\_\_\_\_

18. Are there things outside of school that stress your student out?  YES  NO

If yes, what? \_\_\_\_\_

19. Is your family in need of support and/or resources? (Example: hygiene products, laundry services)  YES  NO

If yes, which resources would be helpful? \_\_\_\_\_

#### **FOR SCHOOL USE ONLY:**

**Student's adult connection(s) at school:** \_\_\_\_\_

**Primary barriers to attendance/engagement:** \_\_\_\_\_

\_\_\_\_\_

**Assessment reviewed with parent by:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Immediate steps taken:** \_\_\_\_\_

**FOLLOW UP SCHEDULED FOR:** \_\_\_\_\_ **Type of follow up:** \_\_\_\_\_

### Notes

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