

Assessment Completed Staff Name/Title: _____ Date of Conference: _____

Student, Family, School Attendance Success Plan

Total Number of Absences: _____ **Excused Absences:** _____ **Unexcused Absences:** _____

Student Name:		Student ID:		School:		Birthdate:	
Parent/Guardian		Home Language:		Interpreter:	<input type="checkbox"/> Student <input type="checkbox"/> Parent	Grade:	

Identified Barriers:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Sleep | <input type="checkbox"/> Food | <input type="checkbox"/> Motivation | <input type="checkbox"/> Mental Health or Medical |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Housing | <input type="checkbox"/> Caring for Siblings | <input type="checkbox"/> Special Services |
| <input type="checkbox"/> Academic Support | <input type="checkbox"/> Bullying or Conflict | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Parent Communication |

Actions offered by school to reduce or eliminate the student's absences:

- | | | | |
|---|--|---|--|
| Academic | Resources | Activities and Clubs | Referrals |
| <input type="checkbox"/> Academic Counseling | <input type="checkbox"/> Call chain | <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Alternative Education | <input type="checkbox"/> Check & Connect | <input type="checkbox"/> Clubs | <input type="checkbox"/> ELL |
| <input type="checkbox"/> Adjusted
<input type="checkbox"/> courses <input type="checkbox"/> schedule | <input type="checkbox"/> Community Resources | <input type="checkbox"/> College planning | <input type="checkbox"/> Excel/Highly Capable |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> HIB Report/Safety | <input type="checkbox"/> Community Activities | <input type="checkbox"/> Other |
| <input type="checkbox"/> Restorative Practices | <input type="checkbox"/> Home visit | <input type="checkbox"/> Graduation Coach | <input type="checkbox"/> Parent Voice |
| <input type="checkbox"/> Technical Support | <input type="checkbox"/> McKinney Vento | <input type="checkbox"/> Peer mentoring | <input type="checkbox"/> Prevention &
Intervention Referral |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Morning call | <input type="checkbox"/> School Advisory | <input type="checkbox"/> Student Voice |
| <input type="checkbox"/> Time Management | <input type="checkbox"/> PBIS | <input type="checkbox"/> Sports | <input type="checkbox"/> Special Services |
| | <input type="checkbox"/> Walking school bus | <input type="checkbox"/> Volunteering | |

Student Recommendation: _____

Parent Recommendation: _____

School Recommendation: _____

- Review RCW 28A.225.010, you are expected to be in school every day, every period, on time, or provide an excused absence.
- Review School District Attendance Policies and Procedures
- Discuss communication regarding attendance and how to excuse absences

Agreement to Plan: We, the undersigned, agree to the terms of this action plan and understand the importance of regular school attendance. We also acknowledge that failure to comply with this plan may result in further action, including referral for court proceedings.

Student Signature: _____ Date: _____ Parent Signature: _____ Date: _____

Contact attempted: _____ 1st _____ 2nd _____ 3rd Contact attempted: _____ 1st _____ 2nd _____ 3rd

Date Mailed Home: _____

- Phone Call Email Home Visit Text