

Start Date:	School:
Name:	Student Attendance Specialist:
Student ID:	Parent:
Home Address:	Parent Telephone:
Student Telephone:	Parent Email:

### Targeted Concerns

- |   |  |
|---|--|
| <input type="checkbox"/> Student is oversleeping and/or missing the bus.    | <input type="checkbox"/> Student was out of town/country.                        |
| <input type="checkbox"/> Student frequently comes to school late.           | <input type="checkbox"/> <i>Student has transportation issues.</i>               |
| <input type="checkbox"/> Student is frequently late getting to classes.     | <input type="checkbox"/> Student's work schedule is interfering with school.     |
| <input type="checkbox"/> Student frequently leaves school early.            | <input type="checkbox"/> <i>Student/family has medical/mental health issues.</i> |
| <input type="checkbox"/> Student has a history of attendance problems.      | <input type="checkbox"/> Student is not turning in notes.                        |
| <input type="checkbox"/> Student is skipping specific classes/double lunch. | <input type="checkbox"/> Student believes the attendance record is incorrect.    |
| <input type="checkbox"/> <i>Student is voicing bullying concerns.</i>       | <input type="checkbox"/> <i>Student is McKinney Vento.</i>                       |
| <input type="checkbox"/> <i>Student is in foster care.</i>                  | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> <i>Student is pregnant.</i>                        |  |

### Truancy Prevention Strategies

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| <input type="checkbox"/> Attend school daily and go to all classes on time.  | <input type="checkbox"/> Discuss discrepancies in attendance with teacher, Assistant Principal and Attendance Clerk. |
| <input type="checkbox"/> Submit all valid excuse notes to the appropriate school personnel.                                    | <input type="checkbox"/> School personnel will frequently remind the student to manage their passing time wisely.    |
| <input type="checkbox"/> Student/parent will check student's attendance every _____ to ensure accuracy.                        | <input type="checkbox"/> Student Attendance Specialist will complete random attendance checks.                       |
| <input type="checkbox"/> Develop a structured, consistent, and predictable morning routine (with parent assistance if needed). | <input type="checkbox"/> Reduce the number of hours they are working/will not work during school hours.              |
| <input type="checkbox"/> Refer to campus /community support: _____   | <input type="checkbox"/> Student, parent, and campus support will develop a home/school behavior contract.           |
| <input type="checkbox"/> counselor, social worker, AP, DOP, Nurse  | <input type="checkbox"/> Complete the #Attend2Achieve Truancy Diversion Program in Schoology.                        |
| <input type="checkbox"/> Submit medical documentation of any chronic illnesses.  | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Refer to community resources. _____   |  |
| <input type="checkbox"/> Use an alarm clock.   |  |
| <input type="checkbox"/> Participate in the attendance meeting.  |  |
| <input type="checkbox"/> Ride the bus to school. Bus number _____ at _____.  |  |

### Consequences for Non-Attendance Discussed

- |   |
|---|
| <input type="checkbox"/> Non-attendance may result in referring the student/parent to the District Attorney for truancy.<br><input type="checkbox"/> Student may not receive credit for classes for which he/she does not have 90% attendance.<br><input type="checkbox"/> Student will be subject to the school and class discipline policies and procedures.<br><input type="checkbox"/> Other: _____ |
|---|

### Notes:

### Signatures

Student: _____	Parent: _____
Student Attendance Specialist: _____	Social Worker: _____
Assistant Principal: _____	Dropout Prevention: _____
Case Manager Specialist (JPO): _____	PEIMS/Other: _____