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| **ESCAMBIA COUNTY STUDENT ATTENDANCE INTERVENTION PLAN**  *The purpose of the Attendance Child Study Team Meeting is to identify the reason(s) for the student’s excessive unexcused absences and develop plans necessary to improve the student’s future attendance.*  ***Florida law requires schools to take measures to assist the student and his/her family in resolving attendance problems.*** | | |
| **IDENTIFICATION INFORMATION** | | |
| **Student’s Name:** | **School:** | **Date of Birth:** |
| **Address:** | **Parent/Legal Guardian(s):** | **ID#:** |
| **Home Phone:** | **Cell Phone (s):** |

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| **STUDENT ATTENDANCE HISTORY**  **(Provide copy of FOCUS attendance printout to parent)** | | | |
| **Current School year** | **Unexcused absences** | **Excused absences** | **Tardies** |
| **Prior School year** | **Unexcused absences** | **Excused absences** | **Tardies** |

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| ***Plan of Action by School*** | | |
| ***Check all that apply:*** | **Actions** | **Notes** |
|  | Assess for need of alternative school setting |  |
|  | Recommend review for behavior |  |
|  | Attendance Contract |  |
|  | Community resources for parent |  |
|  | Connect students with school clubs |  |
|  | Evaluate student’s schedule (make changes if needed) |  |
|  | Health Screening |  |
|  | Morning Check -in |  |
|  | Mentoring - Peer and/or adult |  |
|  | Recommend review by the RTI team |  |
|  | Referral to counseling on campus/community |  |
|  | Referral to school’s Navigator |  |
|  | Review Grades |  |
|  | Schedule teacher/parent conference |  |
|  | Attendance Incentives |  |
|  | Weekly teacher communication with parents |  |

Recommendations for Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_ Parent/Guardian attended in person.

\_\_\_\_\_\_\_\_ Parent/Guardian did not attend meeting (*Please attempt to contact parent/guardian through phone and/or email)*

\_\_\_\_\_\_\_\_ Parent/Guardian contacted via phone (Phone number contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_\_\_ Parent/Guardian contacted through email (Email contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

This meeting is held because your child is not in compliance with mandatory school attendance laws. Under Florida Law, any child between the ages of six (6) and sixteen (16) must attend school unless (a) the child is ill, (b) a family emergency, (c) a death in the immediate family, or (d) an absence has prior approval of the principal. Florida Law further states that students who are not in school for one of the reasons listed above must be under parental supervision during school hours on a regular school day. The State of Florida holds the parents responsible for a student’s attendance and for **properly notifying** the school for the reason of any absences. Your child’s absences are in violation of Florida Law.

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**Administrator/Designee Date Parent/guardian Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Personnel – Signature and title Date Parent/guardian Signature Date**

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**School Personnel – Signature and title Date Student’s Signature Date**

*To be Completed if parent/guardian attended meeting or contact with parent/guardian was successful via phone/email.*

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| ***Plan of Action by parent/guardian*** | | |
| ***Check all that apply:*** | **Actions** | **Notes** |
|  | Communicate weekly with your child’s teacher |  |
|  | Create FOCUS Parent Portal and review often |  |
|  | Develop a back-up plan for transportation |  |
|  | Provide daily praise/reward to student |  |
|  | Provide parent or dr note to school within 3 days of absence |  |
|  | Provide updated address/ phone number to school |  |
|  | Review student’s folder/homework nightly |  |
|  | School Attendance Contract (attached) |  |
|  | Volunteer at your child’s school if applicable |  |
|  | Other: |  |

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| **What is the nature of the student’s attendance barriers? (please check all that apply)** | | | | | |
| **Transportation** | | **Home** | | **Health** | |
|  | Distance to school |  | Tending to younger siblings |  | Pregnancy |
|  | No money for transportation |  | Family illness |  | Disability |
|  | Missing bus |  | Teen Parent |  | Poor Motivation |
|  | No reliable means of getting to school |  | Physical/sexual abuse in the home |  | Medical problems |
|  | |  | Lack of basic necessities |  | Anxiety/Depression |
| **Academic/School** | |  | Substance abuse in the home |  | Substance abuse |
|  | Problems with teacher or other school staff |  | Homeless/housing instability |  | Lacking medical care/immunizations |
|  | Poor academic performance |  | Domestic violence |  | Other mental health concerns |
|  | School Discipline |  | Runaway |  | School Avoidance |
|  | Suspended from school |  | Violence Dating |  | Behavior Issues |
|  | |  | Neglect |  |  |
| **Safety** | |  |  | **Other** | |
|  | School problem |  | |  | Involvement with DJJ  JPO name: \_\_\_\_\_\_\_\_\_\_\_ |
|  | Surrounding neighborhood not safe | **Social** | |  | Bullying  Reported on district site |
|  | Does not feel safe |  | Personal relationships |  | Gang Activity |
|  | Gangs |  | Financial issues |  | Travel/Out of town |
|  |  |  | Difficult peer relations |  |  |

**Please specify the details of the attendance barrier(s) checked above and describe any other applicable areas of concern not listed above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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