

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): |

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 |

Plan of Action by School

| <i>Check all that apply:</i> | <u>Actions</u> | Notes |
|------------------------------|--|--------------|
| | Assess for need of alternative school setting | |
| | 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/ Recommend for behavior | |
| | Referral to counseling on campus/community | |
| | Referral to school personnel | |
| | Review Grades | |
| | Schedule teacher/parent conference | |
| | Attendance Incentives | |
| | Weekly teacher communication with parents | |

Recommendations for Parent/Guardian: _____

- _____ 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.

| | | | |
|---|-------------|----------------------------------|-------------|
| _____ | _____ | _____ | _____ |
| Administrator/Designee | Date | Parent/guardian Signature | Date |
| _____ | _____ | _____ | _____ |
| School Personnel – Signature and title | Date | Parent/guardian Signature | Date |
| _____ | _____ | _____ | _____ |
| School Personnel – Signature and title | Date | Student's Signature | Date |

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

| 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: | |

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

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