

Policy No: 503.01 E1
Adopted:
Revised:

Attendance Improvement Plan

This collaborative plan has been developed as a result of a meeting or meetings held on the following dates:

Those attended included:

The attendees considered the following actions to reduce barriers to improve regular attendance:

1. Illness related to physical or behavioral health of the child:

___ It was determined that the physical or behavioral health of a child is not a barrier to improve regular attendance.

___ The child's physical or behavioral health poses a barrier to regular attendance. The following actions will be taken in response: _____

2. Educational counseling (e.g. curriculum changes):

___ It was determined that educational counseling is not needed to reduce barriers to improve regular attendance.

___ Educational counseling ___ has been ___ will be provided, consisting of the following:

3. Educational evaluation:

___ It was determined that an educational evaluation is not needed to reduce barriers to improve regular attendance.

___ An educational evaluation ___ has been ___ will be conducted to assist in determining the specific condition, if any, contributing to the problem of excessive absenteeism. The evaluation will include:

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4. Referral to community agencies for economic services:

___ It was determined that economic services are not needed to reduce barriers to improve regular attendance.

___ The family ___ has been ___ will be given information about community agencies which may have economic services available to the family, which includes:

 _____.

5. Family or individual counseling:

___ It was determined that family or individual counseling is not needed to reduce barriers to improve regular attendance.

___ The family ___ has been ___ will be given information about family or individual counseling that is available pertaining to:

 _____.

6. Assisting the family in working with other community services:

___ It was determined that assistance in working with community services is not needed to reduce barriers to improve regular attendance.

___ The family ___ has been ___ will be given assistance working with community services pertaining to:

 _____.

Other actions to be taken:

Action	Responsible Person	Date to Complete

Plan completed by:

	_____ Signature (title)	_____ Signature (title)
_____ Signature (title)	_____ Signature (title)	_____ Signature (title)
_____ Signature (title)	_____ Date	