

Attendance Improvement Plan

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

Those in attendance 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 the 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: _____
_____.

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 in 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