

**FEDERAL WAY PUBLIC SCHOOLS  
ATTENDANCE CONFERENCE AND AGREEMENT**

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SID: \_\_\_\_\_

Grade: \_\_\_\_\_ Parents/Guardians: \_\_\_\_\_

Interpreter needed in \_\_\_\_\_ language. Updated Contact information: \_\_\_\_\_

Considerations:  Probation  IEP  ELL  CHINS/ARY Petition  Other: \_\_\_\_\_

Probation Counselor: \_\_\_\_\_

**In attendance:** Student  \_\_\_\_\_

Parents/Guardians  \_\_\_\_\_

School Representative  \_\_\_\_\_ Title: \_\_\_\_\_

School Representative  \_\_\_\_\_ Title: \_\_\_\_\_

**Reasons given for \_\_\_\_\_ absences:**  Needs to help out at home  Transportation  Medical  Parenting

Trouble Sleeping/Trouble Waking Up in the Morning  Discouraged about being behind  Peer Conflict  Employment

Other: \_\_\_\_\_

**School Staff Identified by Student for Support:** \_\_\_\_\_

**Student's Goals and Interests:** \_\_\_\_\_

**Recommendations:**  Tutoring: \_\_\_\_\_  School Counselor  Career Counselor  School Nurse

Administrator  Daily Check Ins with \_\_\_\_\_  Counseling/Support : \_\_\_\_\_

Attendance Log  Wake-up Call (Student's Cell Phone: \_\_\_\_\_ Time: \_\_\_\_\_  Late Arrival

Teacher Assistance Request  Adjusted classes/schedule: \_\_\_\_\_

Alternative Educational Options/Programs: \_\_\_\_\_

Independent Study/Credit Retrieval (Please list): \_\_\_\_\_

Other: \_\_\_\_\_

**Intervention Plan:**

Student will: \_\_\_\_\_

Parent will: \_\_\_\_\_

School will: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature/Title of School Official: \_\_\_\_\_ Date: \_\_\_\_\_

*For more information contact the FWPS Truancy Intervention and Prevention Office  
(253) 945-4692 or becca@fwps.org*