
Exhibit: Attendance and Chronic Absenteeism Intervention Plan

Student Information:

- Student Name: _____
- ID Number: _____
- School: _____
- Grade: _____
- Parent/Guardian Name(s): _____

Attendance Record Summary:

- Total Days Absent (Current Academic Year): _____
- Total Excused Absences: _____
- Total Unexcused Absences: _____
- Instances of Tardiness: _____

Identification of Attendance Issue:

- Date Identified: _____
- Identified By: _____
- Indication: ☐ Truancy ☐ Chronic Absenteeism

Intervention Team Members:

- Principal: _____
- Teacher(s): _____
- School Social Worker/School Psychologist: _____
- School Based Therapist (SBT): _____
- Attendance Clerk: _____
- Parent/Guardian: _____

- Student (if appropriate): _____

Reasons for Absenteeism (if known):

- _____

Intervention Strategies:

- Counseling Sessions: ☐ Yes ☐ No
- Mentorship Program: ☐ Yes ☐ No
- Academic Support/Tutoring: ☐ Yes ☐ No
- Referral to Family Services: ☐ Yes ☐ No
- Health-related Services: ☐ Yes ☐ No
- Schedule Adjustments: ☐ Yes ☐ No
- Other: _____

Action Items:

Action Item	Responsible Party	Timeline	Completion Status
Example: Schedule weekly check-ins with a counselor	School Social Worker/School Psychologist	1 week from identification	☐ In Progress ☐ Completed
Contact parents/guardians to discuss student's needs	Attendance Clerk	2 days from identification	☐ In Progress ☐ Completed
...	...	...	☐ In Progress ☐ Completed

Follow-up Meetings:

- Initial Meeting Date: _____
- Follow-Up Meeting Date(s): _____

Parent/Guardian Commitment:

As the parent/guardian of the aforementioned student, I commit to collaborating with Mapleton Public Schools to improve my child's attendance. I understand the importance of regular attendance for my child's education and will support the school's efforts in executing this intervention plan.

- Parent/Guardian Signature: _____ Date: _____

School Commitment:

As representatives of Mapleton Public Schools, we commit to supporting the student in improving their attendance record. We will provide the necessary resources and interventions as outlined in this plan and maintain communication with the family.

- School Official Signature: _____ Date: _____

Student Commitment (if appropriate):

I understand that attending school regularly is important for my learning and success. I agree to follow this plan and work with my teachers and family to improve my attendance.

- Student Signature: _____ Date: _____

This document is confidential and shall be reviewed only by the parties involved in the student's attendance intervention plan. It is stored securely in the student's official records in accordance with Mapleton Public Schools' privacy policies and regulations.
