
Exhibit: Student Attendance Improvement Plan (SAIP)

Student Information:

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

Attendance Summary:

- Total School Days to Date: _____
- Total Days Present: _____
- Total Days Absent: _____
 - Excused: _____
 - Unexcused: _____

Chronic Absenteeism Threshold Review:

- Number of School Days for 10% Threshold: _____
- Current Percentage of Absences: _____

Goals for Improvement:

- Reduce total absences by ____% within the next grading period.
- No instances of unexcused absences in the upcoming grading period.
- Achieve ____ consecutive days of attendance.

Intervention Strategy Details:

1. Positive Reinforcement Initiatives:

- Participation in Attendance Incentive Programs (e.g., monthly recognition for perfect attendance).

- Regular positive reinforcement and feedback from teachers and staff.
2. **Family Engagement and Support:**
 - Scheduled bi-weekly check-ins with parents/guardians to review attendance and address concerns.
 - Connection to community resources to support family needs impacting attendance.
 3. **Educational Support Services:**
 - Assignment of a student mentor to provide peer support.
 - Access to tutoring before or after school to catch up on missed assignments.
 4. **Health and Wellness Support:**
 - Coordination with the school nurse to manage and support health-related needs.
 - Implementation of individual health plans if necessary.
 5. **Behavioral Support and Intervention:**
 - Meetings with a school social worker/school psychologist or school-based therapist to address and resolve behavioral issues.
 - Development of behavioral goals with regular reviews.
 6. **Transportation Solutions:**
 - Assessment of current transportation arrangements and assistance if needed.
 - Partnership with local transport services to find stable solutions.

Action Plan:

Milestone	Strategy	Responsible Party	Deadline	Notes
Attendance Review Meeting	Family Engagement	School Social Worker/School Psychologist	[Date]	
Health Plan Update	Health and Wellness	School Nurse	[Date]	If applicable

Milestone	Strategy	Responsible Party	Deadline	Notes
Mentor Assignment	Educational Support	Mentor Coordinator	[Date]	
...	...	...	...	...

Monitoring Progress:

- Regular attendance checks will be conducted weekly.
- The SAIP will be reviewed monthly to evaluate progress and make necessary adjustments.

Agreement:

The undersigned parties hereby agree to the terms and conditions of the Student Attendance Improvement Plan as outlined above and commit to working collaboratively to improve the student's attendance record.

- **Student:** I agree to attend school consistently and on time, follow my schedule, and communicate with my mentor and parents about my attendance.

Signature: _____ **Date:** _____

- **Parent/Guardian:** I will ensure my child is prepared for school and support the school's efforts to improve my child's attendance.

Signature: _____ **Date:** _____

- **School Official:** I will monitor the student's attendance, provide support as outlined in this plan, and maintain open communication with the student and family.

Signature: _____ **Date:** _____

This plan is to be reviewed in conjunction with Exhibit A and the overall Attendance and Chronic Absenteeism Policy of Mapleton Public Schools.

Note: *This plan is not a legal document but serves as a school-based agreement aimed at promoting better attendance outcomes for the student. The SAIP may be subject to adjustment depending on the success of the interventions and the changing needs of the student.*