

SCHOOL SUPPORT PLAN

Student Name:

Meeting Date:

Names of those Present:

This plan is meant to be used as an assessment tool. Please use this at the school level to look at interventions to support attendance prior to referring to Anoka County's Truancy Diversion Program.

HEALTH STATUS

Check all that apply

Does the family have a significant life event that may have contributed to the student's chronic absenteeism?
(Examples: chemical abuse, illness of family member, death of family member, recent divorce of parent, recent marriage of parents, etc..)

Please describe:

Does the student have any mental health concerns that could be affecting their chronic absenteeism?

Please describe:

Does the student have a chronic health condition that could be affecting their chronic absenteeism.

Please describe:

Does the student have a chemical health concern that could be affecting their chronic absenteeism.

Please describe:

STUDENT/FAMILY STRENGTHS

Check all statements that are true

Family has reliable transportation

Student is respectful of school staff

Family has stable housing

Student feels supported at home

Family is able to meet financial needs

Student has past academic success

Family has food security

Student has friends at school

Family understands attendance requirements

Student has friends in community

Students and guardian value education

Student has a connection with an adult in the school building.

If yes, please describe:

ACADEMIC ENVIRONMENT

Does this student have an IEP Yes No
Learning Disability Yes No

Does this student have a 504 Yes No
Emotional/Behavioral Yes No

Note: Consider if IEP or 504 should be considered to address chronic absenteeism first. If there is an IEP or 504 Plan in place, does it need to be modified to address chronic absenteeism? If there is no plan in place, consider if an evaluation for an IEP or 504 Plan should be initiated to address chronic absenteeism.

Narrative from student/guardians as to what is the barrier to the student's attendance:

Narrative from school as to what is the barrier to the student's attendance:

Based on the strengths and barriers discussed, what are some ways the student, guardian, and the school can work together to increase school attendance in the next 30 days?

GOALS FOR STUDENT AND/OR INTERVENTION ATTEMPTS MADE BY SCHOOL
TO INCREASE SCHOOL ATTENDANCE

- 1.

- 2.

- 3.

SIGNATURES AND DATE

Student _____ Date _____
Guardian _____ Date _____
Guardian _____ Date _____
School Representative _____ Date _____
Other (and relationship) _____ Date _____

Page 3: Completed by the school after intervention has been attempted:

Please provide information regarding school intervention attempts and/or goals for the student to increase school attendance as discussed previously when you met with the family and filled out page 2 of this form.

Intervention/Goal 1	Intervention/Goal 2	Intervention/Goal 3
<input type="checkbox"/> Attempted?	<input type="checkbox"/> Attempted?	<input type="checkbox"/> Attempted?
Comments:	Comments:	Comments:

ADDITIONAL INTERVENTIONS ATTEMPTED

Check each intervention, if any, the school has attempted in addition to what is listed above in the boxes above.

- School staff attempts to engage student at time of return regarding reason for absence
- Met with student and guardians to address absences
- Communicated with guardians on day of absence (not robocall)
- Provided incentives/rewards for good attendance
- Arranged tutoring/academic mentoring services for youth
- Arranged safe place for student
- Engaged in in-school social/support groups
- Student met with counselor
- Referred family to community programs
- Modified school day schedule
- Encouraged involvement in extracurricular activities
- Modified homework
- Arranged morning sign in procedures with staff person
- Initiated 504 accommodation plan
- Initiated IEP testing
- Consideration of alternative education setting (ie ALC, Day Treatment, etc...)
- Other:

School Representative _____ Date _____