

Attendance Intervention Plan

Student Name: Building: Current Date: Plan Start Date:	Follow Up Meeting Date: Follow Up Meeting Date: Court Referral Date: SID#:
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Barriers to School Attendance:

Physical Illness
 Housing Instability
 Family Factors
 Transportation
 Poor Academic Performance
 Peer Issues
 Behavioral Health
 Other _____

Describe the Need:

	Strategy #1	Strategy #2	Strategy #3
Description of Strategy			
Team Member(s) Responsible			
Timeline to Implement			

Identify How Progress Will Be Tracked and Monitored:	Identify Community Resources Accessed:
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Team Members:
