

## ABSENCE INTERVENTION TEAM PLANNING CHECKLIST

This checklist was developed in partnership with Cuyahoga County Juvenile Court. This check list may be used by the school or district absence intervention team to ensure all components of the absence intervention team have been successfully met and should be tailored to meet local needs.

- Copy of year-to-date attendance records & grades

Habitual Truancy Triggers

Threshold Date

30 or more consecutive school hours

\_\_\_\_\_

42 or more hours in one school month

\_\_\_\_\_

72 or more hours in a school year

\_\_\_\_\_

- Copy of school notification letter(s) to parent/guardian or custodian regarding student's excessive absences
- Narrative detailing interventions utilized with the student as laid out in district policy when the student became excessively absent
- Narrative and any relevant materials detailing three good faith attempts to engage parents in the absence intervention team
- Absence Intervention Team Overview:

Meeting Date

\_\_\_\_\_

60 Days Review Date

\_\_\_\_\_

File Date with Juvenile Court (if applicable):

\_\_\_\_\_

Team Participants:

- |   |  |
|---|--|
| <input type="checkbox"/> child  | <input type="checkbox"/> school administrator              |
| <input type="checkbox"/> mother   | <input type="checkbox"/> school psychologist               |
| <input type="checkbox"/> father   | <input type="checkbox"/> counselor                         |
| <input type="checkbox"/> guardian   | <input type="checkbox"/> school or district representative |
| <input type="checkbox"/> parent designee  |  |
| <input type="checkbox"/> other (i.e. local public or nonprofit agency)<br>please specify: _____ |  |

- Narrative detailing the plan developed by absence intervention team to engage the child in attending school, specific intervention efforts, and services provided to the family during initial 60 days interval
- Narrative detailing AIT overall impressions relating to the child's compliance with the plan
- Copy of reports from service providers, if applicable
- Copy of child's disciplinary record, if applicable
- Date the absence intervention plan was communicated, in writing, with the student's parents or guardians
- Other relevant information

# Student Absence Intervention Plan Template

This form was developed in partnership with Marietta City Schools. This form can be used by schools and districts during absence intervention team meetings to develop and implement student absence intervention plans and should be tailored to meet local needs.

## STUDENT INFORMATION

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student SSID: \_\_\_\_\_

Individuals and role/relationship to the student present: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Present?

Yes

No

If no, was a parent designee present?

Yes

No

Parent(s)/Guardian(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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## STUDENT ENGAGEMENT INFORMATION

Grades (Current Year):

Favorite course/subject:

Least favorite course/subject:

Extracurricular activities:

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**ATTENDANCE HISTORY**  
(Total Days Absent including excused, unexcused, and out-of-school suspension)

<b>K</b>	<b>1st</b>	<b>2nd</b>	<b>3rd</b>	<b>4th</b>	<b>5th</b>	<b>6th</b>
<b>7th</b>	<b>8th</b>	<b>9th</b>	<b>10th</b>	<b>11th</b>	<b>12th</b>	<b>2nd yr Sr.</b>

Does parent/guardian call school on day of absence?

Does student provide an excuse for absence on day of return to school?

How does student get to school?

Additional Attendance History Notes:

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**BARRIERS STUDENT EXPERIENCES CONTRIBUTING TO TRUANCY**

- Academics      Basic Needs      Behavioral      Chronic Medical Condition      Family  
Housing      Mental Health      Social      Transportation      Other:

Please Describe:

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Identified Areas of Need:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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RESOURCES PROVIDED TO THE STUDENT AND FAMILY

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Alarm Clock Provided       | <input type="checkbox"/> Tutoring              | <input type="checkbox"/> Counseling, Student | <input type="checkbox"/> Food Pantry/Meals         |
| <input type="checkbox"/> Extracurricular Activities | <input type="checkbox"/> Mentor                | <input type="checkbox"/> Counseling, Parent  | <input type="checkbox"/> Community Action          |
| <input type="checkbox"/> Parent Education Program   | <input type="checkbox"/> School Counselor      | <input type="checkbox"/> Counseling, Family  | <input type="checkbox"/> Employment                |
| <input type="checkbox"/> Other academic resources   | <input type="checkbox"/> IEP/504 review        |  | <input type="checkbox"/> Other Community Resources |
|   | <input type="checkbox"/> IEP/504 consideration |  |  |

Describe resource referrals below:

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STUDENT ABSENCE INTERVENTION PLAN

The STUDENT will: \_\_\_\_\_

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The PARENT/GUARDIAN will: \_\_\_\_\_

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The SCHOOL will: \_\_\_\_\_

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Successful Implementation Includes:

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RECORD OF ABSENCE INTERVENTION TEAM MEETING

Habitual Truancy Triggers:

- 30 or more consecutive unexcused-hours;
- 42 or more unexcused hours in a school month;
- 72 or more unexcused hours in a school year

I/we understand if the student fails to improve their attendance per this plan or has refused to participate in this plan, the attendance officer, obligated by Ohio law, shall file a complaint not later than sixty-one (61) days after the plan was implemented. The attendance officer may file a complaint prior to the 61st day if the student is absent without legitimate excuse 30 consecutive hours or 42 hour in one school month during the implementation period of the plan.

Absence Intervention Team Meeting Date: \_\_\_\_\_

Plan Start Date: \_\_\_\_\_ Plan End Date: \_\_\_\_\_ Plan Review Date: \_\_\_\_\_

Parent/Guardian Initials \_\_\_\_\_ Parent/Guardian Initials \_\_\_\_\_ Student Initials \_\_\_\_\_

\_\_\_\_\_  
Student Signature Date Parent/Guardian Signature Date

\_\_\_\_\_  
School Official Signature Date Parent Guardian Signature Date

Should we have difficulty in implementing the plan or are not clear on our roles in the plan we can contact the following with questions or concerns:

\_\_\_\_\_  
Administrator Phone

\_\_\_\_\_  
Attendance Officer Phone

PARENT NOTIFICATION OF ABSENCE INTERVENTION TEAM AND PLAN

**First Attempt to Engage Parent/Guardian**

Date: \_\_\_\_\_ Successful? Yes No  
 Phone Call Email Home Visit Letter, Regular Mail Other

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**Second Attempt to Engage Parent/Guardian**

Date: \_\_\_\_\_ Successful? Yes No  
 Phone Call Email Home Visit Letter, Regular Mail Other

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**Third Attempt to Engage Parent/Guardian**

Date: \_\_\_\_\_ Successful? Yes No  
 Phone Call Email Home Visit Letter, Regular Mail Other

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Was the parents/guardians notified of the completion of the absence intervention plan?  Yes  No

Date of Notification: \_\_\_\_\_

How were they notified?  Phone Call  Email  Home Visit  Letter  Other

If they were not notified, why not?

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**DETERMINATION OF SUCCESSFUL IMPLEMENTATION**

Date of 60 day review: \_\_\_\_\_

Participants present:

The student successfully implemented the absence intervention plan

Yes No

The student failed to participate in the agreed upon plan

Yes No

The student failed to improve school attendance as agreed upon in the plan

Yes No

The truancy officer will file a complaint against the student and/or parents in the county juvenile court

Yes No If yes, date of filing: \_\_\_\_\_

Narrative from absence intervention team detailing the student's success or failure of improving attendance:

\_\_\_\_\_  
Attendance Officer

\_\_\_\_\_  
Date