ATTENDANCE IMPROVEMENT PLAN

School:	
Student Name:	D.O.B.
Meeting Date:	
Attending:	

This plan was created after _____ absences (of any type) in the following grade and/or course(s):

Student Strategies (school-based supports):

1.

2.

3.

4.

Parent/Home Strategies:

1.

2.

3.

4.

Additional Comments:

The undersigned confirm that they understand the purpose of this plan and agree to work to the best of their ability to implement the plan. The consequences of continued non-attendance have been explained by the school administrator and are understood.

_____ _____
Parents/Guardians Student

_____ _____
Principal Date