**Attendance Improvement Plan Meeting**

**Sign-In Sheet**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name | | | Date |
|  | | |  |
| Address | | | DOB |
|  | | |  |
| School | | | Grade |
|  | | |  |
| Home Phone | Parent Cell Phone | Student Cell Phone | |
|  |  |  | |

|  |
| --- |
| **AIP Team Participation** |

Individual(s) participated in the Attendance Improvement Plan Meeting

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Principal/Designee | Date |  | Other(note relationship or title) | Date |
|  |  |  |  |
| Family(note relationship to student) | Date | Other(note relationship or title) | Date |
|  |  |  |  |  |
| Student | Date |  | Other(note relationship or title) | Date |
|  |  |  |  |  |
| Other(note relationship or title) | Date |  | Other(note relationship or title) | Date |
|  |  |  |  |  |

Did parent(s) attend: [ ] Yes [ ] No Forms given to parent: [ ] Yes [ ] No Forms given to student: [ ] Yes [ ] No

Cc: Student Cumulative File

Student Family

**Attendance Improvement Plan**

|  |  |
| --- | --- |
| Student Name | Date |
|  |  |
| School | Grade |
|  |  |
| Primary Reason(s) for absences: (Identify family and student barriers) | |
|  | |
| Previous Attendance Interventions: | |
|  | |
| Identify Student’s Strengths/Goals | |
|  | |

**Attendance Improvement Plan**

|  |
| --- |
| Attendance Improvement Plan: (Identifying specific goals and responsible parties) |
|  |
| Student Check-In Plan: (Include time of day, frequency and contact person) |
|  |
| Additional Interventions / Supports Needed: (Consider family, school and community supports) |
|  |
| Other Comments / Considerations: |
|  |