

Attendance Intervention Meeting (AIT)

Student Name: _____ Current Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Contact Information:

Email: _____

Cell: _____

Mailing Address: _____

Best time to talk: _____

Obstacles to consistent attendance (Check all that apply):

- Sleep patterns
- Safety fears
- Overwhelmed academically
- Health issues

Describe how you feel when you return to school after an extended absence. Do you feel more anxious when you realize the amount of work you need to do for makeup? Do you feel like shutting down because it seems like too much?

On a scale of 1 - 10 (1 being not sure at all, 10 being very sure) how sure are you that you are actually going to make it to graduation? Not how badly do you WANT to graduate, but that you WILL graduate.

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1 5 10

1. What can we do to help you move up to the next number on the scale? (Make the move manageable and doable...not a 10 right away).

Plan of Action:

Determine areas of connections: sports, activities, clubs, favorite teacher, online vs. F2F, CI/CO?

Participant Signatures

Student

Parent/Guardian

Principal

Assistant Principal/Dean of Students

School Counselor

School Social Worker

Public Health Nurse

Case Manager (if applicable)

