

**Student Attendance Intervention Conference****Date:** \_\_\_\_\_

INDIVIDUALS PRESENT &amp; ROLE/RELATIONSHIP TO STUDENT: \_\_\_\_\_

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

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

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

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

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: \_\_\_\_\_

Does parent/guardian call school on day of absence? ☐ Yes ☐ No \_\_\_\_\_Does student provide an excuse for absence on day of return to school? ☐ Yes ☐ No \_\_\_\_\_Does student have siblings, step or half-siblings or other children or young adults living in the household? ☐ Yes ☐ No

With whom does the student live during the school week? \_\_\_\_\_ Weekend \_\_\_\_\_ ?

What time does the student wake up on a school day? \_\_\_\_\_ Does parent wake student? \_\_\_\_\_

How does student get to school? ☐ Walks ☐ Family/friend provides ride ☐ School Bus ☐ Student Drives**Attendance History (Total Days Absent including excused, unexcused, and OSS)**

K	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	5 <sup>TH</sup>	6 <sup>TH</sup>
7 <sup>TH</sup>	8 <sup>TH</sup>	9 <sup>TH</sup>	10 <sup>TH</sup>	11 <sup>TH</sup>	12 <sup>TH</sup>	2 <sup>nd</sup> Yr. Sr.

(R - Retained MS - Multiple Schools NR - No Record)

ATTENDANCE HISTORY NOTES:

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GRADES (Current Year)

**THREE WISHES TO MAKE SCHOOL BETTER**

1. I wish \_\_\_\_\_
2. I wish \_\_\_\_\_
3. I wish \_\_\_\_\_

**BARRIERS STUDENT EXPERIENCES CAUSING TRUANCY (Describe indicators below)**

- |                                    |                                  |                                      |                                     |                                                    |                                 |
|------------------------------------|----------------------------------|--------------------------------------|-------------------------------------|----------------------------------------------------|---------------------------------|
| <input type="checkbox"/> Academics | <input type="checkbox"/> AOD     | <input type="checkbox"/> Basic Needs | <input type="checkbox"/> Behavioral | <input type="checkbox"/> Chronic Medical Condition | <input type="checkbox"/> Family |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Housing | <input type="checkbox"/> Insurance   | <input type="checkbox"/> Social     | <input type="checkbox"/> Transportation            | <input type="checkbox"/> Other: |
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**ASSESSMENT / AREAS OF NEED**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**STUDENT/PARENT REFERRED TO SCHOOL or COMMUNITY SERVICES:**

- |                                                     |                                                |                                            |                                              |
|-----------------------------------------------------|------------------------------------------------|--------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Alarm Clock Provided       | <input type="checkbox"/> Tutoring              | <input type="checkbox"/> Food Pantry/Meals | <input type="checkbox"/> Counseling, Student |
| <input type="checkbox"/> Tabby's Clothesline        | <input type="checkbox"/> Mentor                | <input type="checkbox"/> Community Action  | <input type="checkbox"/> Counseling, Parent  |
| <input type="checkbox"/> Clothing                   | <input type="checkbox"/> School Counselor      | <input type="checkbox"/> WCDJFS            | <input type="checkbox"/> Counseling, Family  |
| <input type="checkbox"/> Hygiene Products           | <input type="checkbox"/> IEP/504 review        | <input type="checkbox"/> WCCSB             | <input type="checkbox"/> AOD, Student        |
| <input type="checkbox"/> School Supplies            | <input type="checkbox"/> IEP/504 consideration | <input type="checkbox"/> Other Community   | <input type="checkbox"/> AOD, Parent         |
| <input type="checkbox"/> Extracurricular Activities | <input type="checkbox"/> Adult Basic Ed        | Resources                                  |                                              |
| <input type="checkbox"/> Employment                 |                                                |                                            |                                              |

Notes: \_\_\_\_\_

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**STUDENT ABSENCE INTERVENTION PLAN (SAIP)**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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This Student Absence Intervention Plan (SAIP) was created collaboratively to:

- Assist the student in improving attendance
- Enlist my/our support as the parent(s)/guardian(s); and
- To document the school's attempt to provide resources to promote the educational success of the student

As the parent(s)/guardian(s), I/we understand that while the school has demonstrated its support and assistance to this student through this process, by law, it is my/our responsibility to ensure that the student attends school on time every day.

We agree with this Plan, including all requirements, referrals and consequences set forth herein.

I/we understand if the student fails to improve their attendance or refuses to participate in the SAIP, the attendance officer is obligated by Ohio law to file complaints against the parent and child in Juvenile court on or before the 61<sup>st</sup> day after the implementation of the SAIP.

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Student Signature

Date

Parent/Guardian Signature

Date

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School Official Signature

Date

Parent Guardian Signature

Date

Should we have difficulty in implementing the plan or are not clear on the roles of each party, we can contact the following with questions or concerns prior to the 61<sup>st</sup> day after the implementation of the Plan:

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**ABSENCE INTERVENTION CONFERENCE CONTACT DOCUMENTATION**1<sup>st</sup> Attempt to Contact Parent/Guardian for SAICSuccessful? ☐ Yes ☐ No

Date: \_\_\_\_\_

☐ Phone Call ☐ Email ☐ Home Visit ☐ Letter, Regular Mail ☐ Letter, Certified Mail ☐ Other2<sup>nd</sup> Attempt to Contact Parent/Guardian for SAICSuccessful? ☐ Yes ☐ No

Date: \_\_\_\_\_

☐ Phone Call ☐ Email ☐ Home Visit ☐ Letter, Regular Mail ☐ Letter, Certified Mail ☐ Other3<sup>rd</sup> Attempt to Contact Parent/Guardian for SAICSuccessful? ☐ Yes ☐ No

Date: \_\_\_\_\_

☐ Phone Call ☐ Email ☐ Home Visit ☐ Letter, Regular Mail ☐ Letter, Certified Mail ☐ Other☐ The above named student was identified as [Choose an item.](#) from school on [Click here to enter a date.](#)☐ Notification of Truancy Status letter Issued on [Click here to enter a date.](#)☐ A meeting (SAIC) was held on [Click here to enter a date.](#) with the parent and student along with appropriate school personnel to identify and address barriers causing student to be truant from school.☐ A Student Attendance Improvement Plan (SAIP) was devised and agreed upon to address the barriers identified by those present.☐ Coordination of available school centered services and referrals to community agencies were provided to the student/parent.☐ The student and parent were provided with a copy and verbal explanation of the district attendance policy.☐ The student has failed to participate in the agreed upon in SAIP.☐ The student has failed to improve school attendance as agreed upon in SAIP.☐ The mandatory Notification of Intent to File was issued on [Click here to enter a date.](#) and mailed by certified mail to the last known address provided by the parent(s)/guardian(s).☐ Complaints filed on parent(s)/guardian(s) and student on [Click here to enter a date.](#)

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Lynn Doebrich, Attendance Officer

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