



Attendance Improvement Plan

For _____ School Year

School:

Student Name:

ID#:

Meeting Date:

Attending:

This plan was created after ____ absences (of any type) in the following course(s):

Student Strategies:

- 1.
- 2.
- 3.
- 4.

Parent/Home Strategies:

- 1.
- 2.
- 3.
- 4.

School Strategies:

- 1.
- 2.

3.

4.

Other Strategies:

1.

2.

3.

4.

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

Parents/Guardians:

Student:

Principal:

Date: