EXHIBIT

## TRUANCY

## ACTION PLAN FOR <u>A</u> STUDENT<del>S</del> WITH ATTENDANCE PROBLEMS

	Schoolyear		
Student's name		Grade level	Date
Parent's name	Address		
City	State	Z	ip
Phone	Cell Phone		
E-mail address			
Person responsible for home-school coordination	Position	Sch	ool
Action Intervention List:	<u>(</u>	Comments and Con	cerns to Resolve
	_ 1.		
	_ 2.		
	_ 3.		
	_ 4.		
5.			
	_ 6.		
	_ 8. Student agr	ees to attend classe	s and commits to
cooperating with the planned int	erventions.		

Student's Signature				
Date				
Parent/guardian agrees to c	ontact the school for abso	ences during the school year.		
Parent's Signature				
Date				
Approved: Principal's signature				
Annual review of Action Pla	n:			
Number of excused absences	Number of unexcused absences	☐ Transcripts and attendance records		
For theschool year	r, □should / □should not	be continued on an Action Plan		
Superintendent's Signature School Representative	Parent's sign	nature		
Date				