

Colleton County School District
Student Attendance Intervention Plan

Student Name: _____ **Grade:** _____ **Date of Birth:** _____

Parent/Guardian Name: _____

Mailing Address: _____

Street Address: _____
(If different than mailing address)

City: _____ **State:** _____ **Zip Code:** _____

Telephone Numbers: (home) _____ (work) _____ (emergency) _____

Date of Conference: _____ **School:** _____

Student Attendance History:

Number of Absences: _____ **Excused:** _____ **Unexcused:** _____

Previous Year Absences: _____ **Excused:** _____ **Unexcused:** _____

Record of Conference:

Parent(s)/Guardian(s) did not attend Student did not attend

Individuals Present at Conference: _____

If no parent/guardian attended the conference, specify how school personnel provided notice to the parent/guardian of this intervention conference.

Reason(s) for absences: _____

Plan for Improving Attendance: _____

Results of actions taken by Parent/Guardian and student to resolve cause of unlawful absences:
(to be documented as results occur)

Action to be taken if attendance does not improve: _____

Results of Action taken by School Personnel: (to be documented as results occur)

Additional Comments (if any): _____

Student Signature

Parent/Guardian Signature

School Personnel

Parent/Guardian Signature