

SCHOOL ATTENDANCE IMPROVEMENT PLAN (SAIP)

Date: _____

Goal: Increase *(Insert Student's Name)* school attendance by: *(Insert Date)*.

Basic Student Information:

Name of Student	Home Address:	Special Needs:
Date of Birth	Home Phone:	Medical/Health Concerns:
Gender	Cell Phone:	
Grade Level		

	<p>Work Phone:</p> <p>Cell Phone:</p> <p>Email:</p>
<p>Name of Parent/Guardian:</p>	<p>Home Address:</p> <p>Home Phone:</p> <p>Work Address:</p> <p>Work Phone:</p> <p>Cell Phone:</p> <p>Email:</p>

List of Those Who Attended the SAIP and Role/Relationship to Student:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

7. _____

8. _____

Strengths of the Student/Family/School:

Description	Relevance to the Plan
1.	
2.	
3.	
4.	
5.	
6.	

General Information Regarding Family and Habits/Routines:

Does the student have siblings, step or half-siblings, or are other children or young adults living in the household? _____

With whom does the student live during the week _____

What time does the student wake up on a school day? _____

What type of transportation does the student use to get to school? _____

Additional information/ comments: _____

School Records of Absence:

Date of Absence	Written Excuse Provided? (Y/N)	Reason(s) for Absence	Action Taken (e.g., Parent Letter 1 sent out on 04/01/2014), John Doe called parent, Mrs. Smith to discuss)
1.			
2.			
3.			
4.			

Assessment/Areas of Need: Description
1.
2.
3.
4.
5.

Solutions: Description	Responsible Party(ies)	Completion Date
1.		
2.		

3.		
4.		
5.		
6.		

Specific Potential Benefits to Student for Compliance with Plan:	
1.	
2.	
3.	
4.	

Specific Potential Consequences for Non-Compliance with Plan:	
1.	
2.	
3.	
4.	

This 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 attempts 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.

We agree with this Plan, including all requirements and consequences set forth herein, and we agree to comply with the terms set forth in the Plan. Parties in agreement with this plan will sign below:

Student: _____ Date: _____

Parent or Guardian: _____ Date: _____

Parent or Guardian: _____ Date: _____

cc: student _____ (initial upon receipt)

parent/guardian _____ (initial upon receipt)

school personnel _____ (initial upon receipt)

other _____ (initial upon receipt)

Should we have difficulty in implementing the plan or are not clear on the roles of each party,

We can contact _____

with questions or concerns prior to the scheduled progress meeting.

Date for Follow-up Meeting: _____

Next Steps:

Permission to Release SAIP To Other Individual(s)/Agencies:

In order for agencies and/or other individuals outside of the school district to assist with this plan, I/We give permission to release this SAIP to the following:

Student: _____

Date: _____

Parent or Guardian: _____

Date: _____

Parent or Guardian: _____

Date: _____