

SCHOOL ATTENDANCE IMPROVMENT PLAN (SAIP)

Basic Student Information:

Name of Student: _____ Home Address: _____ Special Needs/IEP: Yes
No

Grade Level: _____

Name of Parent/
Guardian: _____ Home Address: _____ Home Phone: _____

Email Address: _____ Work Address: _____ Work Phone: _____
Cell Phone: _____

Name of Parent/
Guardian: _____ Home Address: _____ Home Phone: _____

Email Address: _____ Work Address: _____ Work Phone: _____
Cell Phone: _____

Goal:

(Insert Student's Name)

Projected Date of Attendance Improvement
(Insert Date)

List of those who attended the SAIP and Role/Relationship to student:

Date of SAIP meeting:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Attach the Attendance Summary to the End of this Document for Reference

Strengths of Student/Family:

Description

Relevance to the Plan

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

General Information Regarding Family Habits/Routines

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

Yes
No

If yes, who

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

Assessment / Areas of Need:

Primary

Secondary

- 1.
- 2.

Additional
Information /
Comments

Solutions:

Description	Responsible Party(ies)	Projected Completion Date
1.		
2.		
3.		

Specific Potential Benefits to Student for Improved Attendance with Plan:

Short Term Benefit :

1.

2.

Long Term Benefit :

Specific Potential Consequences for Non-improvement / Decline of Attendance :

Short Term Consequence :

1.

2.

Long Term Consequence :

This SAIP was created collaboratively to

- Assist the student in improving attendance;
- Enlist my/your support as the parent(s)/guardian(s); and
- Document the school's attempts to provide resources to promote the educational success of the student.

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 :	<input type="text"/>
Parent or Guardian :	Date :	<input type="text"/>
Parent or Guardian :	Date :	<input type="text"/>

If those persons listed above disagree and refuse the terms set forth in the plan, please sign below:

Student

Parent / Guardian

Parent / Guardian

Should we the Parent / Guardian have difficulty in implementing the plan or are not clear on the roles of

each party, we can contact the following school personnel

with questions or concerns prior to the scheduled progress meeting.

Date for Follow-up Meeting (if applicable) :

If no date is listed above, please disregard.

The student, parents, and school should be provided a copy of this form regardless of attendance.