

Preventing Truancy Checklist

Attachment 4 to A.P. 5113

Student Name:	DOB:	Grade:	SN:
Address:			
Parent/Guardian:		Parent/Guardian:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
E-mail:		E-Mail:	
Emergency Contact Name:			Phone:
Special Programs (Special Education, TAG, Section 504, IB, etc.):			

Refer to A. P. 5113 for specific strategies for each step below.

Proactive Steps for Prevention of Truancy

Staff member referral to professional school counselor, pupil personnel worker, or administrator	
Date:	Result:
Family participation at Attendance Committee meeting	
Date:	Result:
Other proactive strategy(ies) utilized (including home visits)	
Date:	Result:

Steps for Truancy Intervention and Remediation

First instance of Truancy: Parent Contact	
Date of truancy:	Parent contacted by (name):
Action plan:	
Date of review:	Results/Further action:
Second instance of Truancy: Parent Conference	
Date of truancy:	Persons at the conference:
Action plan:	
Date of review:	Results/Further action:
Third instance of Truancy: Pupil Personnel Worker review and intervention	
Date of truancy:	Intervention:
Action plan:	
Date of review:	Results/Further action:
Fourth instance of Truancy: Increased level of intervention	
Date of truancy:	Intervention:
Action plan:	
Date of review:	Results/Further action:

File this checklist in the student's cumulative folder.