

Erie’s Public Schools (www.eriesd.org)

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**School Attendance Improvement Plan (SAIP)**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Goal: Increase student’s attendance for the remainder of the school year.**

|  |  |  |  |
| --- | --- | --- | --- |
| Home address | Special needs | Date of birth | Home phone |
|  |  |  |  |
| Gender | Medical concerns | Cell phone | Email |
|  |  |  |  |
| Name of parent/guardian (1) | Home address | Home phone | Work address/phone |
|  |  |  |  |
| Name of parent/guardian (2) | Home address | Home phone | Work address/phone |
|  |  |  |  |

**List of those who attended the SAIP and role/relationship to the student:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role/Relationship | Name | Role/Relationship |
|  |  |  |  |
| Name | Role/Relationship | Name | Role/Relationship |
|  |  |  |  |
| Name | Role/Relationship | Name | Role/Relationship |
|  |  |  |  |

**Strengths of the student/family/school:**

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Relevance to the plan | Description | Relevance to the plan |
|  |  |  |  |
| Description | Relevance to the plan | Description | Relevance to the plan |
|  |  |  |  |

Does the student have siblings (step/half) or other children or young adults living in the household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom does the child live with during the week?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What time does he/she wake up on a school day?\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What transportation is used in the morning?\_\_\_\_\_\_\_\_\_\_\_

Additional comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assessment/Areas of Need: Description**

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**Solutions: Description Responsible Party(ies) Completion Date**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

**Specific potential benefits to the student for compliance with the plan:**

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

**Specific potential consequences for non-compliance with the plan:**

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

This SAIP was created collaboratively to assist the student in improving attendance, enlist my/our support as 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 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:

**SCHOOL CONTACT for**

**ATTENDANCE ISSUES**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |
| --- | --- |
| Student: | Date: |
| Parent/Guardian: | Date: |
| Parent/Guardian: | Date: |
| School representative: | 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Assistant Principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Guidance Counselor \_\_\_\_\_\_\_\_\_\_, School Wide Support

Date for follow-up meeting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Next Steps**

|  |
| --- |
|  |
|  |
|  |

**Permission to release SAIP to other individuals/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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All truancy documentation, including student records of absences, actions taken, parent contacts, and student summary sheet from IC must be attached to this form.

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_