



ATTENDANCE SUCCESS PLAN



Child's Name: _____ Date of Birth: _____

Site: _____ Date: _____

Parent/Guardian's Name: _____

Father/Father figure participated Yes No

My child was present _____ of _____ **days from** _____ **to** _____.

Chronic absence is when my child misses 10 percent or more of the days he or she has been enrolled in school. If this continues, it will reduce the many benefits of attending an early childhood education program.

These were our challenges and barriers to attending school

Support I welcome to overcome these challenges and barriers

- 1.
- 2.
- 3.

- 1.
- 2.
- 3.

My goal is that my child will be absent no more than _____ day(s) next month.

Possible strategies to reach my child's attendance goal and help my child gain the skills to do well in school.

- ✓ Keep an attendance chart at home. At the end of each week, we will recognize our success in attending school every day with _____.
- ✓ Make sure my child is in bed by _____ p.m. and the alarm clock is set for _____ a.m.
- ✓ Find a relative, friend, or neighbor who can take my child to or from school if I can't.
 1. _____ and 2. _____
- ✓ Set up medical and dental appointments for weekdays after school.
- ✓ Use sound judgement about mild medical complaints:
 - If my child complains of a stomachache or headache, and medical concerns have been ruled out, I will send him/her to school and ask the program to check in with my child during the day.

Together, we will review your child's attendance in 90 days.

Print Parent/Guardian Name

Parent Guardian Signature

Print Staff Name/Title

Staff Signature



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Progress Follow-Up

1st Follow-Up (within 90 days from date goal was set) **Staff Name:** _____

My child was present _____ of _____ **days from** _____ **to** _____.

- Attendance has improved. Great job!
- Progress in process, we will continue to make attendance a priority.

Notes: _____

Print Parent/Guardian Name

Parent Guardian Signature

Print Staff Name/Title

Staff Signature

We will review your progress in 90 days.

Second Progress Follow-Up

2nd Follow-Up (within 90 days from 1st Follow up) **Staff Name:** _____

My child was present _____ of _____ **days from** _____ **to** _____.

- Attendance has improved.
- Progress in process, we will continue to make attendance a priority.

Notes: _____

Print Parent/Guardian Name

Parent Guardian Signature

Print Staff Name/Title

Staff Signature