CALGARY CATHOLIC SCHOOL DISTRICT

ATTENDANCE IMPROVEMENT PLAN

School Support Services

NOTE: To fill in this form on your computer, just press the Tab key to move from text field to text field.

Student Identification				**Date Initiated**	
Legal Student Name				Alberta EIE Code	Alberta ED #
Date of Birth	**Year**	**Month**	**Day**	School	
Address				Instructional Support Team involvement: Yes ☐ No ☐ Name	
Postal Code		Home Phone		Grade/Program	School Phone
Parent/Legal Guardian				Parent/Legal Guardian	
Home Phone	Work Phone	Cell Phone		Home Phone	Work Phone	Cell Phone

Attendance History (Please press space bar to select or deselect checkboxes; enter numbers or text where indicated.)

☐ Previous School Year: _____ excused absences _____ unexcused absences

School if other than current: _____

☐ Current School Year: _____excused absences _____ unexcused absences Days possible: _____

☐ Previous AIP (dates) _____

☐ School Resource Team Meeting (dates)_____

☐ Communication with Parent/Guardian: (dates) (phone calls, parent meetings, letters)

Reasons Given for Absences (i.e. illness, appointments, etc.)

Are the student's attendance issues related to:

☐ Learning difficulties ☐ Behaviour ☐ Identified mental health issues

☐ Other _____

What steps have been taken to address the above issues? (Attach additional pages or documentation if needed.)

1. _____
2. _____
3. _____

School Attendance Plan (Strategies for Student/School/Home/Other)

The AIP strategies to be implemented should reflect the identified factors hindering the regular attendance of the student.

STRATEGIES

Student:

1.

2.

3.

4.

School:

1.

2.

3.

4.

Home:

1.

2.

3.

4.

Other:

1.

2.

3.

4.

Signature of Participants (The signatures of the participants indicate their understanding of the plan and their agreement to work to the best of their ability to implement the plan in a timely fashion.)	
Parent(s)/Guardian:	**Student:**
Principal or Designate:	**Date:**
Review Date:	

Review meeting – as a result of the AIP the student's attendance is:

☐ Satisfactory – AIP is no longer required

☐ Improved – AIP continues to be required

☐ Not Improved – AIP requires modifications to strategies and new review date set (page 3)

School Attendance Plan Review # __ (review as often as needed)

STRATEGIES

Student:

1.

2.

3.

School:

1.

2.

3.

Home:

1.

2.

3.

Other:

1.

2.

3.

Signature of Participants (The signatures of the participants indicate their understanding of the plan and their agreement to work to the best of their ability to implement the plan in a timely fashion.)	
Parent(s)/Guardian:	**Student:**
Principal or Designate:	**Date:**
Reviewed by Instructional Support Team: ☐ **Date:**	
Review meeting – as a result of the AIP the student's attendance is: Satisfactory – AIP is no longer required ☐ Improved – AIP continues to be required ☐ Not Improved – AIP requires modifications to strategies and new review date set ☐ AIP has been reviewed at least twice without significant improvement and is being forwarded to the ☐ Attendance Officer for consultation.	

Revised April 2013