Truancy Elimination Plan (TEP)/School Attendance Improvement Plan (SAIP)

Date: _____

Goal: Increase *(Insert Student's Name)* **school attendance.**

Name of Student Date of Birth Gender Grade Level	Address Phone Number	Special Needs Health Concerns
Name of School	Address Phone Number	Principal's Name Referring Teacher's Name
Name of Parent/Guardian	Home Address Home Phone Number	Work Address Work Phone Number

Date of Absence	Written Excuse Provided? (Y/N)	Reason(s) for Absence	Action Taken (e.g., Parent Letter 1 sent out on 04/01/2006, John Doe called parent, Mrs. Smith to discuss)
1.			
2.			
3.			
4.			

Assessment

Description	Solution(s)	Responsible Party
1.		
2.		
3.		

Strengths

Description	Relevance to the Plan
1.	
2.	
3.	

Solutions

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

Consequences for non-compliance
1.
2.
3.

Benefits for compliance
1.
2.
3.

This TEP was created collaboratively to assist the student in improving attendance, to enlist the support of parent/guardian and to document the school's attempts to provide resources to promote student success.

Student: _____ **Date:** _____

Parent or Guardian: _____ **Date:** _____

School Official: _____ **Date:** _____

cc: student _____ (initial upon receipt)

parent/guardian _____ (initial upon receipt)

school personnel _____ (initial upon receipt)

other _____ (initial upon receipt)

Date for Follow-up Outcomes Meeting:

Outcomes: 1. 2. 3.
Next Steps: 1. 2. 3.

Student: _____ **Date:** _____

Parent or Guardian: _____ **Date:** _____

School Official: _____ **Date:** _____

In order for agencies outside of the school district to assist with this plan, your permission is needed to release the plan to the following:

_____

Please sign below:

Parent or Guardian: _____ **Date:** _____