

SCHOOL ATTENDANCE REVIEW TEAM CONTRACT

This attendance contract is being entered into by _____ (Parent(s)) of _____ (student). The student is enrolled at _____.
This contract will be effective from the date signed below until _____.

Parent(s) understand that they are being asked to sign an attendance contract because the student has had unsatisfactory school attendance. Parent(s) understands that every day in school is critical to the student's future success. Parent(s) agree to the following action steps to improve their student's attendance:

1. Parent(s) will send the student to school on time every day. If for some reason the student has a legitimate excuse for being absent, Parent(s) will immediately bring in the excuse documentation to the school's attendance office the next day of attendance. The student will NOT have more than 7 unexcused absences or excessive tardies/early dismissals during the current school year.
2. If the student is absent, he/she will also make-up all missing work within the timeframe allowed in the Parent Handbook.
3. Parent(s) will attend any follow-up meetings to discuss the student's progress

To help prevent future issues, the parent(s) have been informed of the consequences of not following this agreement. An individualized assessment outlining the reasons for the student's absences was also completed. The parent(s) understand that if the agreement is not followed and the student continues to have unexcused absences, the school will take further steps, which may include referring the student to counseling, community services, or other in-school or out-of-school programs to address the attendance problem.

What is the nature of the student's attendance problem?

- | | |
|--------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Medical or anxiety |
| <input type="checkbox"/> Behavioral | <input type="checkbox"/> Social and peer challenges |
| <input type="checkbox"/> Family responsibilities or home situation | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Housing or food insecurity | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Lack of resources/services | |
| <input type="checkbox"/> Other: _____ | |

Intervention Recommendation(s):

- | | |
|---------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Counseling referral | <input type="checkbox"/> Referral to Department of Children's Services |
| <input type="checkbox"/> Social worker support | <input type="checkbox"/> Referral for 504 eligibilities |
| <input type="checkbox"/> Medical release authorization | <input type="checkbox"/> Truancy Tier III referral |
| <input type="checkbox"/> Referral to an outside agency: _____ | |
| <input type="checkbox"/> Other: _____ | |

Additional Comments: _____

Follow up meeting(s) to evaluate attendance progress will be held on the following date(s): _____

If the parent(s)/guardian(s) do not meet the expectations listed above, they understand that they will be responsible the consequences outlined in the Parent Handbook, Murfreesboro City Schools policies, and state law. This may include a referral to juvenile court for educational neglect.

Parent/Guardian Signature & Date

Administrator's Signature & Date

Parent/Guardian Signature & Date

Interpreter's Signature (If Applicable)

Please select the following, if applicable, and initial:

- Parent(s)/guardian(s) did not attend the meeting.
- Parent(s)/guardian(s) attended the meeting but refused to sign the contra

TIER II INDIVIDUALIZED ASSESSMENT

PARENT WORKSHEET: UNDERSTANDING THE ROOT CAUSES FOR STUDENT ABSENTEEISM

We use these questions to help identify the likely causes of absenteeism for a student who is chronically absent.

Understanding the root causes for missing too much school can help us determine the best course of action.

STUDENT NAME _____ NAME OF PERSON COMPLETING FORM _____ DATE _____

Academic Conditions	
Is your child struggling academically? Consider what skills and content the student has missed as a result of his or her absences as well as other instructional needs.	Y / N
Does your child need accommodations to benefit from classroom instructions? (e.g. peer support, access to computer, breaks, material presented in different ways)	Y / N
Does your child have language or communication challenges?	Y / N
Does your child struggle with organizational tasks?	Y / N
Are there barriers or challenges to homework completion?	Y / N
Do you suspect that your child has an unidentified disability?	Y / N
Safety Concerns	
Has your child reported being bullied or harassed at school?	Y / N
Is your child exposed to race, disability, cultural or LGBTQ biases?	Y / N
Social Dynamics	
Does your child get to avoid difficult social or academic situations by staying away from school?	Y / N
Are transitions difficult for your child? (e.g. entering the school building, moving from class to class)	Y / N
Home Situation	
Do you recognize the importance of and support regular school attendance?	Y / N
Are there problems in the home that contribute to frequent absences? (e.g., parental illness, homelessness, joblessness, childcare, transportation, needed health or mental health services for parent/caregiver)	Y / N
Health Status	
Are there conditions in the classroom, cafeteria or other school areas that affect your child's health or safety? (e.g. mold or other asthma triggers, animal dander, food allergens)	Y / N
Does your child exhibit anxiety due to separation from parent(s) / caregiver(s)?	Y / N
Does your child require health or mental health-related treatment that interferes with attendance?	Y / N
School Culture	
Are there any clubs, programs or resources during the school day and after school that might help engage your child?	Y / N
Has your child identified a caring adult at the school that could mentor him/her?	Y / N
Student Voice	
Has your child identified the reasons for missing school?	Y / N
Parent Voice	
Have you met with the school staff to discuss attendance concerns?	Y / N
Have you identified specific barriers to attendance?	Y / N
Are there cultural, language, or other types of barriers that require extra effort on the part of the school to work with you and your child?	Y / N
<p>Please complete this form by _____ and return to _____. Thank you.</p>	

TIER II INDIVIDUALIZED ASSESSMENT

TEACHER WORKSHEET: UNDERSTANDING THE ROOT CAUSES FOR STUDENT ABSENTEEISM

Use these questions to help identify the likely causes of absenteeism for a student who is chronically absent in your class. Understanding the root causes for missing too much school can help determine the best course of action.

STUDENT NAME _____ NAME OF PERSON COMPLETING FORM _____ DATE _____

Academic Conditions	
Is the student struggling academically? Consider what skills and content the student has missed as a result of his or her absences as well as other instructional needs.	Y / N
Does the student need accommodations to benefit from classroom instructions? (e.g. peer support, access to computer, breaks, material presented in different ways)	Y / N
Does the student have language or communication challenges?	Y / N
Does the student struggle with organizational tasks?	Y / N
Are there barriers to homework completion?	Y / N
Do you suspect that the student has an unidentified disability?	Y / N
Safety Concerns	
Have there been any reports of bullying?	Y / N
Is the student exposed to race, disability, cultural or LGBTQ biases?	Y / N
Social Dynamics	
Does the student get to avoid difficult social or academic situations by staying away from school?	Y / N
Are transitions difficult for the student? (e.g. entering the school building, moving from class to class)	Y / N
Home Situation	
Do the parents/guardians recognize the importance of and support regular school attendance?	Y / N
Are there problems in the home that contribute to frequent absences? (e.g., parental illness, homelessness, joblessness, child care, needed health or mental health services for parent/caregiver)	Y / N
Health Status	
Are there conditions in the classroom, cafeteria or other school areas that affect the student's health or safety? (e.g. mold or other asthma triggers, animal dander, food allergens)	Y / N
Does the student exhibit anxiety due to separation from parent / caregiver?	Y / N
Does the student require health or mental health-related treatment that interferes with attendance?	Y / N
School Culture	
Are there any clubs, programs or resources during the school day and after school that might help engage the student?	Y / N
Is there a caring adult at the school that could mentor the student?	Y / N
Student Voice	
Has the student identified the reasons for missing school?	Y / N
Parent Voice	
Have you met with the parent/caregiver to discuss attendance concerns?	Y / N
Has the parent/caregiver identified specific barriers to attendance?	Y / N
Are there cultural, language, or other types of barriers that require extra effort on the part of the school to work with the parent/caregiver?	Y / N
Attendance Barriers for Students with Identified Disabilities	
Has the IEP/504 team met recently to review and revise the student's educational plan?	Y / N

***Please complete this form by _____ and return to _____. Thank you.

TIER II INDIVIDUALIZED ASSESSMENT

TEAM WORKSHEET: UNDERSTANDING THE ROOT CAUSES FOR STUDENT ABSENTEEISM

Use Parent and Teacher responses to help identify the likely causes of absenteeism for a student who is chronically absent. Is this something that you can help your student and his/her family overcome? Or is there an underlying issue that requires additional support, perhaps from the school counselor, social worker or others?

STUDENT NAME _____ TEAM MEETING DATE _____

LIST MEETING ATTENDEES: _____

Academic Conditions- Refer to Teacher, S-Team, intervention, School Counselor	Teacher	Parent
Is the student struggling academically? Consider what skills and content the student has missed as a result of their absences as well as other instructional needs.	Y / N	Y / N
Does the student have language or communication challenges?	Y / N	Y / N
Does the student struggle with organizational tasks?	Y / N	Y / N
Are there barriers to homework completion?	Y / N	Y / N
Do you suspect that the student has an unidentified disability?	Y / N	Y / N
Safety Concerns- Refer to School Counselor, ACEs, Mental Health counselor, School Administration		
Have there been any reports of bullying?	Y / N	Y / N
Is the student exposed to race, disability, cultural or LGBTQ biases?	Y / N	Y / N
Social Dynamics- Refer to School Counselor, ACEs, Mental Health counselor		
Does the student get to avoid difficult social or academic situations by staying away from school?	Y / N	Y / N
Are transitions difficult for the student? (e.g. entering the school building, class transitions)	Y / N	Y / N
Home Situation- Refer to School Social Worker, community agencies		
Do the parents/guardians recognize the importance of and support regular school attendance?	Y / N	Y / N
Are there problems in the home that contribute to frequent absences? (e.g., parental illness, homelessness, joblessness, child care, needed health or mental health services for parent/caregiver)	Y / N	Y / N
Health Status- Refer to School Nurse, School Counselor, ACEs, Mental Health counselor		
Are there conditions in the classroom, cafeteria or other school areas that affect the student's health or safety? (e.g. asthma triggers, food allergens)	Y / N	Y / N
Does the student exhibit anxiety due to separation from parent / caregiver?	Y / N	Y / N
Does the student require health or mental health-related treatment that interferes with attendance?	Y / N	Y / N
School Culture- Refer to School Administrator		
Are there any school clubs/programs/resources that might help engage the student?	Y / N	Y / N
Is there a caring adult at the school (your child has mentioned) that could mentor the student?	Y / N	Y / N
Student Voice- Refer to School Counselor		
Has the student identified the reasons for missing school?	Y / N	Y / N
Parent Voice- Refer to School Administrator, Attendance Team, or Outreach Staff		
Have you met with the parent/caregiver to discuss attendance concerns?	Y / N	Y / N
Has the parent/caregiver identified specific barriers to attendance?	Y / N	Y / N
Are there cultural, language, or other types of barriers that require extra effort on the part of the school to work with the parent/caregiver?	Y / N	Y / N
Attendance Barriers for Students with Identified Disabilities- Refer to IEP or 504 Team		
Has the IEP/504 team met recently to review and revise the student's educational plan?	Y / N	Y / N