

**BERKS COUNTY INITIATIVE for SCHOOL ATTENDANCE
SCHOOL ATTENDANCE IMPROVEMENT PLAN**

REFERRAL SOURCE:

NAME:	TITLE:	DATE SUBMITTED:
PHONE:	EMAIL:	DISTRICT:

STUDENT INFORMATION:

DEMOGRAPHIC:

NAME:	DOB:	SEX:	ID #:	GRADE:
CELL:	EMAIL:		SCHOOL:	
ADDRESS:			VERIFIED	DATE:
			NOT VERIFIED	

IMPORTANT INFORMATION:

SPECIAL NEEDS:	
MEDICAL/HEALTH CONCERNS:	

PARENT/GUARDIAN INFORMATION:

NAME:	RELATIONSHIP:	LANGUAGE:
		INTERPRETER NEEDED
HOME PHONE:	CELL:	EMAIL:
ADDRESS:	SAME AS STUDENT	VERIFIED DATE:
		NOT VERIFIED

OTHER AGENCIES INVOLVED:

JUVENILE PROBATION CHILDREN AND YOUTH SERVICES UNKNOWN
MAGISTERIAL DISTRICT JUDGES ADVANCING SCHOOL ATTENDANCE PROGRAM OTHER:

GENERAL INFORMATION REGARDING FAMILY & HABITS/ROUTINES:

Please list other children residing in the home (including siblings/step/half, unrelated children and young adults) N/A

With whom does the student live during the week?

MOTHER FATHER GUARDIAN SPLIT (SELECT ALL THAT APPLY) OTHER:

What time does the child wake up on a school day? _____ Type of Transportation to school: _____

Additional Information/Comments:

Date of SAIP meeting (SAIC) _____

List of who attended the meeting and role/relationship to the student:

NAME	RELATIONSHIP/ROLE	NAME	RELATIONSHIP/ROLE

Strengths of Family:

Strengths of Student:

Primary Reasons for Absences:

Goals to Improve Attendance	Person Responsible
1.	
2.	
3.	
4.	

Action/Results if Attendance does not Improve	
	Referral to Advancing School Attendance Program
	Referral to Children and Youth Services
	Citation sent to MDJ for illegal absences which could result in -Fine of \$300.00 or more -Required community service -Loss of driver's license
	Poor grades, school failure, not graduating
	Develop poor habits that could hurt future employment
	Other:
	Other:

Potential Benefits if Attendance Improves	
	Improved grades, increased likelihood of passing and graduating
	Develop positive habits to help in future employment
	Increased/Better relationships with Parents/Guardians
	Increased/Better relationships with Teachers
	Other:
	Other:
	Other:

This SAIP was created collaboratively to:

- Assist the student in improving attendance;
- Enlist my/your support as the parent(s)/guardian(s); and
- 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 its support and assistance to this student through this process, by law, it is my/our responsibility to ensure that the student attends school.

We understand the plan and participated in the development of it.

Student: _____ Date: _____

Parent or Guardian: _____ Date: _____

Parent or Guardian: _____ Date: _____

If there are future concerns or problems, parents should contact the following person for assistance:

Name:	Phone:	Email:
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Follow up Plans (Optional):

Goal:	Date:
Goal:	Date:

Additional Information to be completed before the SAIP is forwarded to ASAP or the MDJ:

Copy of school attendance for the year included					
DOCUMENTS SENT HOME	DATE	DOCUMENTS SENT HOME	DATE	DOCUMENTS SENT HOME	DATE
Warning Letter		SAIP Form		SAIC Invitation	
3 Day Illegal Letter		Doctor's Requirements		SAIC Phone Call	
OTHER ACTIONS TAKEN TO INTERVENE PRIOR TO REFFERAL					
ACTION	TO				DATE
1.					
2.					
3.					
4.					
5.					
6.					
7.					