Nassau County School District

SCHOOL ATTENDANCE INTERVENTION FORM

The following steps must be completed per Florida State Statute 1003.26

Student Name: _____ Student #: _____ Date of Birth: _____ (mm/dd/yy)

School: _____ Grade: _____ School Year: _____ Prior Attendance Referral: _____ (mm/dd/yy)

504 Plan: _____ Date: _____ (mm/dd/yy) IEP: _____ Date: _____ (mm/dd/yy) FIT Program: _____Yes _____No

Tier I - *5 Absences in 30 Days – Teacher or School Counselor*

First Letter – 5 days: _____ (mm/dd/yy) Requested Excused Absence Notes: _____ (mm/dd/yy)

Other Correspondence: _____

Parent/Teacher Conference Scheduled: _____ (mm/dd/yy) Legal Custody of Student: _____ (Specify who has legal custody of the student)

Did the Parent/Guardian Attend? _____Yes _____No

If **Yes**, Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

If **No**, Date of Phone Contact: _____ Person Contacted: _____ Relationship to Student: _____

School Issues: (Please check (✓) all that apply)

___ Skipping School ___ Skipping Class ___ Behavior Issues ___ Low Academic Performance

___ Bullying/Safety Concerns ___ Poor Peer Relationships ___ Suspected Drug/Alcohol Use

___ Suspensions (Number of Incidents _____ days OSS _____) ___ Other: _____

Tier II - *10 Absences in 90 Days – Teacher or School Counselor*

Second Letter – 10 days: _____ (mm/dd/yy)

Interventions	Date Initiated (mm/dd/yy)	Notes
Parent /Teacher Conferences *		
A Team/Problem Solving Team *		
Mentoring		
Check In/Check Out		
Home Visit		
Remind App		
Attendance Contract		
Class/Schedule Change		
ESE Review		
Individual/Group Counseling		
Tutoring		
Referral to Community Agency		
Other		

*Required

Tier III - *15 Absences in 90 Days – Mental Health Provider*

Referral to Mental Health Provider: _____ (Name) Date of Contact: _____ (mm/dd/yy)

Notes: _____

_____

Additional Comments: _____

_____

_____

_____ Refer to Truancy Staffing Principal's Signature: _____

District Office Use Only

Student has _____ Unexcused Absences in 90 Calendar Days. From _____ (mm/dd/yy) to _____ (mm/dd/yy).