**Attendance Success Plan**

[ ] Tardy

[ ] Late Pick Up

[ ] Moderately Absent (10-20%)

[ ] Chronically Absent (21+%)

* **Child’s name:**

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* **Family member’s name:**

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* **Phone(s) (note if home, work, or friends, etc.):**

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* **Other individuals who can support attendance success (include phone numbers):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **Today’s Date:**  **Worker’s Name:**
* **Goal (in family member’s words):**

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* **Help family brainstorm possible steps and strengths for attendance success:**

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* **What are some potential barriers to attendance success?**

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* **How can we work together to address those barriers?**

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* **Services available (include names, addresses, phone numbers, etc) and who will outreach:**

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* **Notes:**

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 Family Signature Date

 Worker Signature Date