Attendance Plan

 Parent (s) Name (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Center : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| My Child’s current attendance:  | Expected Attendance: 85 % |
| Barriers to Attendance: | Resources/ Supports: |
| Action Steps to Improve Attendance: |
| Next Check In Date: | Attendance Goal for Next Mtg: |