School Attendance   
Improvement Plan (SAIP)

# Basic Student Information

**Name of Student**:

**Home Address**:

**Special Needs/IEP**:  Yes  No

**Grade Level**: Choose an item.

## Parent Information

**Name of Parent/Guardian**:

**Home Address**:

**Work Address**:

**Home Phone**: **Work Phone**:

**Cell Phone**: **Email Address**:

**Name of Parent/Guardian**:

**Home Address**:

**Work Address**:

**Home Phone**: **Work Phone**:

**Cell Phone**: **Email Address**:

# Goals

**Goal**:

**Projected Date of Attendance Improvement**: Click or tap to enter a date.

**Student’s Name**:

**Date of SAIP Meeting**: Click or tap to enter a date.

|  |
| --- |
| List of those who attended the SAIP and Role/Relationship to student |
|  |
|  |
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|  |
|  |
|  |

**Attach the Attendance Summary to the End of this Document for Reference**

# Strengths of Student/Family

|  |  |
| --- | --- |
| Description | Relevance to the Plan |
|  |  |
|  |  |
|  |  |
|  |  |

# General Information Regarding Family Habits/Routines

**Does the student have siblings, step, or half-sibling, or are other children or young adults living in the household**?  Yes  No

**If Yes, who**:

**With whom does the student live during the week**?

**What time does the student wake up on a school day**?

**What type of transportation does the student use to get to school**?

**Additional Information/Comments**:

# Assessment/Areas of Need

|  |  |
| --- | --- |
| Primary | Secondary |
|  |  |
|  |  |
|  |  |

**Additional Information/Comments**:

# Solutions

|  |  |  |
| --- | --- | --- |
| Description | Responsible Party(ies) | Projected Completion Date |
|  |  |  |
|  |  |  |
|  |  |  |

# Specific Potential Benefits to Student for Improved Attendance with Plan

|  |  |
| --- | --- |
| Short Term Benefit | Long Term Benefit |
|  |  |
|  |  |
|  |  |
|  |  |

# Specific Potential Consequences for Non-improvement/Decline of Attendance

|  |  |
| --- | --- |
| Short Term Consequence | Long Term Consequence |
|  |  |
|  |  |
|  |  |

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.

**We agree with this plan, including all requirements and consequences set forth herein, and we agree to comply with the terms set forth in the Plan. Parties in agreement with this plan will sign below:**

Student: Date:

Parent or Guardian: Date:

Parent or Guardian: Date:

**If those persons listed above disagree and refuse the terms set forth in the plan, please sign below:**

Student: Date:

Parent or Guardian: Date:

Parent or Guardian: Date:

Should we the Parent/Guardian have difficulty in implementing the plan or are not clear on the roles of each party, we can contact the following school personnel with questions or concerns prior to the scheduled progress meeting.

**Date for Follow-up Meeting (if applicable)**: Click or tap to enter a date.

If no date is listed above, please disregard.

**The student, parents, and school should be provided a copy of   
this form regardless of attendance.**