**COMMUNITY TRUANCY INTERVENTION BOARD**

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| ***SCHOOL DISTRICT,***  Petitioner  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Respondent  **DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Parent/Guardian Respondent | No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COMMUNITY TRUANCY BOARD  ATTENDANCE INTERVENTION PLAN |

The following persons were present:

Student: Parent/Guardian:

Parent/Guardian: School District Representative:

Other: Other:

Other: Other:

Other: Other:

Identified Goals and Positive Outcomes:

Identified Barriers to Regular School Attendance:

The Student is expected to attend school every day and shall take the following steps to address the barriers preventing his/her regular school attendance (including dates):

The Parent/Guardian(s) is/are expected to cause the student to attend school every day and shall take the following steps to address the barriers preventing the student’s regular school attendance (including dates):

The School District is expected to monitor the student’s attendance and shall take the following steps to address the barriers preventing the student’s regular school attendance:

Further recommendations:

A review meeting shall be held on (date) at (time) at (location).

Student Signature/Date Parent/Guardian Signature/Date

Parent/Guardian Signature/Date School District Representative

Other Other

Other Other

Other Other