

STUDENT ATTENDANCE PLAN

Parent/Caregiver:
D.O.B:
Residential Address:
Contact Number:

Current School:
School Contact number:
Attendance & Truancy Hotline:

Students Name: <FirstName> <SecondName> <LegalSurname>
D.O.B: <DOB>
Year level: <Year>

Students Current Attendance % =
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Date Attendance plan to commence:
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Monitoring period date:

Parents identified barriers to attendance at school
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This section is where the parent/caregiver is able to talk about and identify what barriers they are experiencing in regards to their child's attendance at school.

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D.O.B:
Residential Address:
Contact Number:

Current School:
School Contact number:
Attendance & Truancy Hotline:

Students Name: <FirstName> <SecondName> <LegalSurname>
D.O.B: <DOB>
Year level: <Year>

<u>Required actions</u>	<u>Who is Responsible</u>
<p><FirstName> must attend school at the following times every week: Monday - Thursday 7.55am to 2.20pm and Friday 7.55am to 12pm. (adjust times to suit individual student plan)</p> <hr/> <p>If <FirstName> is unable to attend school due to illness, or for any other reason that is acceptable to the school, the school MUST be notified in all instances. The school can be notified in one of the following ways.</p> <ul style="list-style-type: none"> By calling the school on 08 on the day of absence. By notifying a school staff member of the absence. By writing a note and handing it to a school staff member on the day or the day <FirstName> returns to school. By emailing the school, with the reason and length of time <FirstName> will be absent from school. By advising the school bus driver that <FirstName> is sick and will not be attending school. <hr/> <p>If <FirstName> is unable to attend school due to illness for more than two days, a Medical Certificate must be provided to the school. This can be adjusted to suit the student's individual needs and history.</p> <hr/> <p>If the Parent/caregiver of <FirstName> changes, you must let the school staff know of these changes and provide new parent/caregiver details.</p>	

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Contact Number:

Current School:
School Contact number:
Attendance & Truancy Hotline:

Students Name: <FirstName> <SecondName> <LegalSurname>
D.O.B: <DOB>
Year level: <Year>

<u>Identified Barriers</u>	<u>Attendance Strategies</u>	<u>Who is Responsible</u>
Parents identified barriers are addressed at this section	Strategies for addressing barriers are noted here. These strategies may or may not be measurable.	

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Parent/Caregiver:
D.O.B:
Residential Address:
Contact Number:

Current School:
School Contact number:
Attendance & Truancy Hotline:

Students Name: <FirstName> <SecondName> <LegalSurname>
D.O.B: <DOB>
Year level: <Year>

Referrals				
Agency	Contact details	Reason for referral	Responsibility	Date referral to be done by

STUDENT ATTENDANCE PLAN

Parent/Caregiver:
D.O.B:
Residential Address:
Contact Number:

Current School:
School Contact number:
Attendance & Truancy Hotline:

Students Name: <FirstName> <SecondName> <LegalSurname>
D.O.B: <DOB>
Year level: <Year>

Distribution list		
Name	Date	Method of Delivery
SATO - <Teacher1>		
Parent / Carer -		
School Representative -		
Other -		

Senior Attendance and Truancy Officer:	<Teacher1>	Phone	
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I, agree to the above support plan and the distribution of this plan to the listed persons. I agree to uphold my responsibilities in accordance with the above plan. If for any reason you are unable to meet the requirements or would like a review of this student attendance plan, please contact the Senior Attendance & Truancy Officer above.

Parent Signature:

Date:

SATO Signature:

Date:

Student Signature: (if appropriate)

Date:

School Representative Signature: (if appropriate)

School Representative Name:

Date:

STUDENT ATTENDANCE PLAN

Parent/Caregiver: XXXX XXXXX
D.O.B: xx/xx/xx
Residential Address: XXXXXXXXXXXX
Contact Number:XXXXXXXXXX

Current School: XXXXXXXXXXXX
 School Contact number: XXXXXXXXX
 Attendance & Truancy Hotline:

Students Name: XXXXXXXX XXXXXXXXX
D.O.B: xx/xx/xx
Year level: XXXXXXXXXXXX

Students Current Attendance % = 57%

Date Attendance plan to commence: 25/7/13

Monitoring period date: 6 weeks

Parents identified barriers to attendance at school

This section is where the parent/caregiver is able to talk about and identify what barriers they are experiencing in regards to their child's attendance at school.

- Missing the bus to school – no other way to get to school.
- XXXX goes to bed too late and has trouble getting up in the morning.
- XXXX is getting bullied at school.

STUDENT ATTENDANCE PLAN

Parent/Caregiver: XXXX XXXXX
D.O.B: xx/xx/xx
Residential Address: XXXXXXXXXX
Contact Number:XXXXXXXXXX

Current School: XXXXXXXXXXXX School Contact number: XXXXXXXXX Attendance & Truancy Hotline:

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STUDENT ATTENDANCE PLAN

Parent/Caregiver: XXXX XXXXX
D.O.B: xx/xx/xx
Residential Address: XXXXXXXXXX
Contact Number:XXXXXXXXXX

Current School: XXXXXXXXXXXX School Contact number: XXXXXXXXX Attendance & Truancy Hotline:

Students Name: XXXXXXXX XXXXXXXX
D.O.B: xx/xx/xx
Year level: x

Required actions	Who is Responsible
<p>XXXXX must attend school at the following times every week:</p> <p>Monday – Thursday 7.55am to 2.20pm and Friday 7.55am to 12pm.</p>	XXXX
<p>If xxxx is unable to attend school due to illness, or for any other reason that is acceptable to the school, the school MUST be notified in all instances. The school can be notified in one of the following ways.</p> <ul style="list-style-type: none"> • By calling the school on 08 ...xxxx...xxxx..... on the day of absence. • By notifying a school staff member of the absence. • By writing a note and handing it to a school staff member on the day or the day xxxxx returns to school. • By emailing the school, with the reason and length of time xxxx will be absent from school. • By advising the school bus driver that xxxxxx is sick and will not be attending school. 	XXXX
<p>If XXXXX is unable to attend school due to illness for more than two days, a Medical Certificate must be provided to the school.</p>	XXXXX
<p>If the Parent/caregiver of XXXXX changes, you must let the school staff know of these changes and provide new parent/caregiver details.</p>	XXXXX
<p>If xxxxxx spends over a week in any other town, xxxxxx must be enrolled in the local school.</p>	

STUDENT ATTENDANCE PLAN

Parent/Caregiver: XXXX XXXXX
D.O.B: xx/xx/xx
Residential Address: XXXXXXXXXXXX
Contact Number:XXXXXXXXXX

Current School: XXXXXXXXXXXXX
School Contact number: XXXXXXXXX
Attendance & Truancy Hotline:

Students Name: XXXXXXXX XXXXXXXXX
D.O.B: xx/xx/xx
Year level: x

<u>Identified Barriers</u>	<u>Attendance Strategies</u>	<u>Who is Responsible</u>
<p style="color: red; margin-bottom: 10px;">Parents identified barriers are addressed at this section</p> <ul style="list-style-type: none"> That there is often a lot of noise in the neighbourhood at night and this prevents xxxxxx from getting a good night's sleep. When xxxxx misses the bus, there is no other way for them to get to school. When xxxxxx is being bullied at school they refuse to go to school. 	<p style="color: red; margin-bottom: 10px;">Strategies for addressing barriers are noted here. These strategies may or may not be measurable.</p> <ul style="list-style-type: none"> Make sure that xxxxxx goes to bed early each school night, ensure no neighbours or family members visit the house after 8pm. Wake xxxxxx up early each school morning and walk xxxxxx to the bus stop before the bus arrives. If xxxxxx misses the school bus, organise a taxi (pay with Centrepay) to get xxxxxx to school If xxxxxx is being bullied at school, contact the school on xx xxxx xxxx 	<p style="margin-bottom: 10px;">Xxxxxxx</p> <p style="margin-bottom: 10px;">Xxxxxxx</p> <p style="margin-bottom: 10px;">Xxxxxxx</p> <p>xxxx</p>

STUDENT ATTENDANCE PLAN

Parent/Caregiver: XXXX XXXXX
D.O.B: xx/xx/xx
Residential Address: XXXXXXXXXX
Contact Number:XXXXXXXXXX

Current School: XXXXXXXXXXXXX
School Contact number: XXXXXXXXX
Attendance & Truancy Hotline:

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STUDENT ATTENDANCE PLAN

Parent/Caregiver: XXXX XXXXX
D.O.B: xx/xx/xx
Residential Address: XXXXXXXXXX
Contact Number: XXXXXXXXXX

Current School: XXXXXXXXXXXX
School Contact number: XXXXXXXX
Attendance & Truancy Hotline:

Students Name: XXXXXXXX XXXXXXXX
D.O.B: xx/xx/xx
Year level: x

Referrals				
Agency	Contact details	Reason for referral	Responsibility	Date referral to be done by

STUDENT ATTENDANCE PLAN

Parent/Caregiver: XXXX XXXXX
D.O.B: xx/xx/xx
Residential Address: XXXXXXXXXXXX
Contact Number:XXXXXXXXXX

Current School: XXXXXXXXXXXXX
School Contact number: XXXXXXXXX
Attendance & Truancy Hotline:

Students Name: XXXXXXXX XXXXXXXXX
D.O.B: xx/xx/xx
Year level: x

Distribution list		
Name	Date	Method of Delivery
SATO - xxxxxx		
Parent / Carer - xxxxx		
School Representative - xxxxx		
Other - xxxxx		

Senior Attendance and Truancy Officer:	XXXXX	Phone	
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I, agree to the above support plan and the distribution of this plan to the listed persons. I agree to uphold my responsibilities in accordance with the above plan. If for any reason you are unable to meet the requirements or would like a review of this student attendance plan, please contact the Senior Attendance & Truancy Officer above.

Parent Signature:

Date:

SATO Signature:

Date: 25/7/13

Student Signature:

Date:

School Representative Signature:

School Representative Name:

Date: