

**BERKS COUNTY INITIATIVE for SCHOOL ATTENDANCE  
SCHOOL ATTENDANCE IMPROVEMENT PLAN**

**REFERRAL SOURCE:**

<b>NAME:</b>	<b>TITLE:</b>	<b>DATE SUBMITTED:</b>
<b>PHONE:</b>	<b>EMAIL:</b>	<b>DISTRICT:</b>

**STUDENT INFORMATION:**

**DEMOGRAPHIC:**

<b>NAME:</b>	<b>DOB:</b>	<b>SEX:</b>	<b>ID #:</b>	<b>GRADE:</b>
<b>CELL:</b>	<b>EMAIL:</b>		<b>SCHOOL:</b>	
<b>ADDRESS:</b>			<b>VERIFIED</b>	<b>DATE:</b>
			<b>NOT VERIFIED</b>	

**IMPORTANT INFORMATION:**

<b>SPECIAL NEEDS:</b>	
<b>MEDICAL/HEALTH CONCERNS:</b>	

**PARENT/GUARDIAN INFORMATION:**

<b>NAME:</b>	<b>RELATIONSHIP:</b>	<b>LANGUAGE:</b>
		<b>INTERPRETER NEEDED</b>
<b>HOME PHONE:</b>	<b>CELL:</b>	<b>EMAIL:</b>
<b>ADDRESS:</b>	<b>SAME AS STUDENT</b>	<b>VERIFIED</b> <b>DATE:</b>
		<b>NOT VERIFIED</b>

**OTHER AGENCIES INVOLVED:**

JUVENILE PROBATION                      CHILDREN AND YOUTH SERVICES                      UNKNOWN  
MAGISTERIAL DISTRICT JUDGES                      ADVANCING SCHOOL ATTENDANCE PROGRAM                      OTHER:

**GENERAL INFORMATION REGARDING FAMILY & HABITS/ROUTINES:**

Please list other children residing in the home (including siblings/step/half, unrelated children and young adults) N/A

With whom does the student live during the week?

MOTHER      FATHER      GUARDIAN      SPLIT (SELECT ALL THAT APPLY)      OTHER:

What time does the child wake up on a school day? \_\_\_\_\_ Type of Transportation to school: \_\_\_\_\_

**Additional Information/Comments:**

Date of SAIP meeting (SAIC) \_\_\_\_\_

**List of who attended the meeting and role/relationship to the student:**

NAME	RELATIONSHIP/ROLE	NAME	RELATIONSHIP/ROLE

**Strengths of Family:**


**Strengths of Student:**


**Primary Reasons for Absences:**


Goals to Improve Attendance	Person Responsible
1.	
2.	
3.	
4.	

Action/Results if Attendance does not Improve	
	Referral to Advancing School Attendance Program
	Referral to Children and Youth Services
	Citation sent to MDJ for illegal absences which could result in -Fine of \$300.00 or more -Required community service -Loss of driver's license
	Poor grades, school failure, not graduating
	Develop poor habits that could hurt future employment
	Other:
	Other:

Potential Benefits if Attendance Improves	
	Improved grades, increased likelihood of passing and graduating
	Develop positive habits to help in future employment
	Increased/Better relationships with Parents/Guardians
	Increased/Better relationships with Teachers
	Other:
	Other:
	Other:

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.

**As the parent(s) guardian(s), I/we understand that while the school has demonstrated its support and assistance to this student through this process, by law, it is my/our responsibility to ensure that the student attends school.**

**We understand the plan and participated in the development of it.**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**If there are future concerns or problems, parents should contact the following person for assistance:**

<b>Name:</b>	<b>Phone:</b>	<b>Email:</b>
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**Follow up Plans (Optional):**

<b>Goal:</b>	<b>Date:</b>
<b>Goal:</b>	<b>Date:</b>

**Additional Information to be completed before the SAIP is forwarded to ASAP or the MDJ:**

Copy of school attendance for the year included					
DOCUMENTS SENT HOME	DATE	DOCUMENTS SENT HOME	DATE	DOCUMENTS SENT HOME	DATE
Warning Letter		SAIP Form		SAIC Invitation	
3 Day Illegal Letter		Doctor's Requirements		SAIC Phone Call	
OTHER ACTIONS TAKEN TO INTERVENE PRIOR TO REFFERAL					
ACTION	TO				DATE
1.					
2.					
3.					
4.					
5.					
6.					
7.					