



SCHOOL SYSTEM

Department of Student Services
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ATTENDANCE REVIEW CONFERENCE

Date _____

The purpose of this plan is to work with the student and family to identify and remove barriers to promote positive attendance. Please use this form to guide your contact with the family prior to signing the attendance contract.

Student: _____ DOB: _____

Teacher: _____ Grade: **Grade Level** _____

Student Lives with: _____

Address: _____

Phone(s): _____

Involved in RtI, 504, SPED: Select One

Attendance Data

_____ Total absences
 _____ Excused
 _____ Unexcused
 _____ Total early dismissals
 _____ Total tardies
 _____ # of Parent notes
 _____ Suspensions
 _____ Other

Areas of Focus

Tardies	<input type="checkbox"/>
Early Dismissals	<input type="checkbox"/>
Chronic Absenteeism	<input type="checkbox"/>
Truancy	<input type="checkbox"/>

Attendance History

of schools attended: _____

Current Attendance Rate: _____

Previous Year's Atten Rate: _____

Attendance History

How does the student arrive to school? _____

How does the student go home? _____

Barriers to Positive Attendance

<input type="checkbox"/> Transportation	<input type="checkbox"/> Medical/Health	<input type="checkbox"/> Behavior/Mental
<input type="checkbox"/> Financial	<input type="checkbox"/> School Issue	<input type="checkbox"/> Family Issue

Other (Please Describe): _____

Explanation:

Interventions to Minimize Barriers:

Next Steps if plan is not followed:

Signatures of Participants

[illegible]