

Coffee County Schools Attendance Intervention Tiers

Tier I	3 Days (Excused or Unexcused)
Action Level - School	<ul style="list-style-type: none"> • Implement proactive attendance procedures that identify students with a chronic attendance issue. (letters, phone calls, home visits, meetings, conference). • Handbooks will provide parent/guardian/students written notice of the law at the beginning of each school year. • Monitor attendance data • Establish a positive and engaging school culture • Letters are to be sent home after three days of absence (excused or unexcused). • Schedule a conference with parent/student. • Develop and sign a contract stating the specific attendance expectations and additional penalties, if warranted. • Student Progress will be monitored on a regular basis and additional communication with the home (calls, meetings, home visits) will be scheduled as needed.
Tier II	5 Days (Excused or Unexcused)
Action Level – School Community Resources/Agencies	<ul style="list-style-type: none"> • Conduct an individual attendance assessment to identify the barriers impacting attendance. • Develop an intervention plan to address the barriers. • Refer the student to school based services which may include counselor, nurse or special education. • Refer the student to district based services which may include Family Resource Center, Coordinated School Health, School Psychologist. • Make referral to Department of Children’s Service, if attendance is impacting academic growth at the level of educational neglect. • Letter will be sent after 5 days of unexcused absence.
Tier III	5 + Days (Unexcused)
Action Level–School, District, Judicial	<ul style="list-style-type: none"> • Review the barriers identified. • Assign a mentor within the school. • Current intervention plan and contract submitted to the Director of Attendance. • Referral made to Truancy Board. • Petition filed with Juvenile Court. • Coordinate with probation officer or service agency assigned by the court. • Make additional recommendation to parent(s) based on outcome of judicial intervention. • Utilize Centerstone Service within the school setting where available.

Coffee County Schools

Attendance Intervention Checklist

Student _____ Grade _____ School Year _____

Tier 1

- Send attendance expectations home with student in handbook.
- Send letter to parent if attendance was an issue in the prior year.
- Phone parent when student does not report to school.
- Phone parent to discuss continued attendance issues.
- Send letter home with student once accumulates three (3) days of absents.

Tier 2

- Develop and sign a contract.
- Identify attendance barriers.
- Develop and intervention plan.
- Make home visit.
- Send letter after five (5) unexcused days.
- School based referral made.
 - Counselor, Nurse, Other(Specify) _____
- District referral made.
 - Family Resource, Coordinated School Health, Psychologist
 - Other (Specify) _____
- DCS/CPS Educational Neglect Referral – Date _____

Tier 3

- Assign a mentor.
- Review the barriers.
- Submit the current intervention plan, contract, and statement of certification to the Director of Attendance.
- District Attendance Meeting
- Truancy Board Referral (Student with no Priors)
- Juvenile Court Petition Filed
- Parental Compulsory Attendance General Session Summons Filed
- Coordinate with probation officer and service agencies assigned by the court.
- Recommendation made to parent for outside services.
- Make referral to in house Centerstone Services.

Coffee County Schools Attendance Contract

Student: _____ **Gr** _____ **Homeroom** _____

Attendance Record: (# of days): ____ Absent (Ex) ____ Absent (Un) ____ Tardy/Checkout

Updated Contact Info:

Name of Parent/Guardian _____ Birthdate _____

Address _____ Email _____

Telephone Number(s) Home _____ Cell _____ Other _____

Goal(s): _____

Strategy: _____

Expectations:

Student - I agree to the following:

- Make every effort to attend school regularly.
- Not make excuses or complain to my parent about the reason I should not attend school.
- If an absence does occur, I will make-up all work for that absence.
- I am aware that I can only have ____ days excused by a parent note during the year.

Parent - My family agrees to the following:

- Make every effort to assure my child will attend school regularly and arrive on time.
- Ensure that my child is only absent for legitimate excused reasons.
- Provide a note each and every time that my child or the student in my home is absent from school.
- Support all school initiatives/meetings/conferences designed to promote regular school attendance.
- Make an effort to schedule all family activities and doctor's appointments outside the school day.

Additional Understanding:

If the student is absent from school for an aggregate of 5 days during the school year without adequate excuse, then the student is subject to referral to juvenile court. (Public Chapter 379/TCA 49-6-3007)

(This contract expires in _____ days at which time it will be reviewed for further action if needed.)

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Attendance Officer/Designee: _____ Date: _____

Coffee County Schools

Attendance Assessment/Intervention 6-12

Student: _____ Gr _____ Homeroom _____

Attendance Record: (# of days): ___ Absent (Ex) ___ Absent (Un) ___ Tardy/Checkout

Current Academic Services: ___ RTI Level (_____) ___ 504 ___ Special Services

Prior Action: _____ Contact by Phone Date _____ Date _____
_____ Letter(s) Sent Date _____ Date _____
_____ Conference Date _____ Date _____
_____ Other (Specify) _____ Date _____

Barriers Identified:

- _____ Non-verified medical Issue
- _____ Medically verified health issue
- _____ Awaiting placement _____
- _____ Transportation
- _____ Student employment
- _____ Medical Need of Parent/Guardian
- _____ Housing _____
- _____ Environmental (peer pressure, bullying)
- _____ Negative attitude/Dissatisfaction with school
- _____ Lack of knowledge (school laws/attendance laws)
- _____ Parent expresses issues with supervision/guidance
- _____ Other _____
- _____ No health care coverage
- _____ Recognition of substance abuse
- _____ Academic difficulties
- _____ Financial issues
- _____ Lack of family child care
- _____ Clothing Needs _____
- _____ Custody _____
- _____ Different priorities

Interventions:

Referrals: _____ To Whom: _____ Date _____
_____ To Whom: _____ Date _____
_____ To Whom: _____ Date _____
_____ To Whom: _____ Date _____

Areas to Address:

Special Conditions/Circumstances:

Mentor Assigned: _____

Evaluation time frame: ___ weekly ___ monthly ___ grading period ___ as needed

Dates _____

Home Visits: Dates _____

Coffee County Schools

Attendance Assessment/Intervention K - 5

Student: _____ Gr _____ Homeroom _____

Attendance Record: (# of days): ___ Absent (Ex) ___ Absent (Un) ___ Tardy/Checkout

Current Academic Services: ___ RTI Level (_____) ___ 504 ___ Special Services

Prior Action: ___ Contact by Phone Date _____ Date _____
___ Letter(s) Sent Date _____ Date _____
___ Conference Date _____ Date _____
___ Other (Specify) _____ Date _____

Barriers Identified:

Student	Parent/Guardian
___ Non-verified medical Issue	___ No health care coverage
___ Medically verified health issue	___ Transportation
___ Awaiting placement _____	___ Financial issues
___ Academic difficulties	___ Housing _____
___ Clothing Needs _____	___ Different priorities
___ Custody _____	___ Lack of knowledge (school laws/attendance laws)
___ Environmental (peer pressure, bullying)	___ Parent expresses issues with supervision/guidance
___ Negative attitude/Dissatisfaction with school by student or parent	
___ Other _____	___ Other _____

Interventions:

Referrals: ___ To Whom: _____ Date _____
___ To Whom: _____ Date _____
___ To Whom: _____ Date _____
___ To Whom: _____ Date _____

Areas to Address:

Special Conditions/Circumstances:

Mentor Assigned: _____

Evaluation time frame: ___ weekly ___ monthly ___ grading period ___ as needed

Dates _____

Home Visits: Dates _____

Coffee County Schools
Progressive Interventions Certification Statement

*This document is required prior to juvenile court referral based on
TCA 49-6-3007(f) and TCA 49-6-3007(i)(4)(D)*

Student Name _____ **Date of Implementation** _____

Name of School _____

I do hereby certify the following:

_____ The Progressive Truancy Intervention Plan was implemented for the student listed above.

_____ The interventions and services provided to the student by our school did not prove to be successful in improvement of the student's attendance.

Signature _____ **Date** _____