Draft Truancy Elimination Plan (TEP)

Date: _____

GOAI: Increase Student's School Attendance.						
Name of Student	A	Address	Special Needs			
Date of Birth			Health Concerns			
<u>Gender</u>		Home phone:	EP?			
Grade Level		Email: Cell:	Sibling truancy issues?			
		ecii.	Other relevant information?			
Name of School		Address	Principal's Name			
	I	Phone Number	Contact Person if not Principal			
			eferred by:			
Name of Parent/Guardian		Home Address	Work Address			
		Home Phone: Email:	Work Phone Number			
		Cell:				
Previous school years illegal absences Previous years total absences						
	ict Judge he	earing for truancy	(include results)			
WCCB Active YES NO OR Truancy Referral Date to WCCB						
Date of Absence	Written Excuse Provided? (Y/N)	Reason(s) for Absence	Action Taken			
1.						
2.						
3.						

Description	Solutio	n(s)		Responsi	ble Party
1.					
2					
2.					
3.					
	ified Strengths o				
Include any pas	t/present prograr	ns student is	involved in (et	c., SAP, S	ports)
Description		Relevance to the Plan			
1.					
2.					
3.					
Solutions (Based	l on information	from Assess	ment Section)		
Description			Responsible	Party(ies)	Completion Date
1.					
2.					
3.					
Danantal invalua	mont (noto iss	a concours).			
rarentai myölve	ement (note issues	s, concerns):			

4.

Assessment (Identified Reasons for Truancy)

Consequences for non-compliance					
1.					
2.					
3.					
Benefits for compliance					
1.					
2.					
3.					
Please attach copies of permanent record card, attendance records and psychological tests given to date This TEP was created collaboratively to assist the student in improving attendance, to enlist the support					
of parent/guardian and to document the school's attempts to success.	provide resources to promote student				
Student:	Date:				
Parent or Guardian:	Date:				
School Official:	Date:				
School Official:	Date:				
CaseWorker :	Date:				
Participant:	Date:				

Par	ticipant:	Date:	
Par	ticipant:	Date:	
Da	te for Follow-up / Outcomes N		
Outcome	es:		
1.			
 3. 			
Next Ste	ps:		
2. 3.			
Pare	ent or Guardian:	Date: Date: Date:	
	In order for agencies outside of the school permission is needed to release the plan to		
	se sign below: ent or Guardian:	Date:	
ce:	Student Parent/Guardian Principal Guidance Counselor Truancy Officer File		

04/25/13