

Wright-2-School
Truancy & Educational Neglect Intervention Program 2021-2022
Student Support Plan

Meeting Information

Date of meeting _____
Student name _____
Names of those present _____
School staff present _____

Academic Environment

Check those that apply:

- Learning Disability
- Emotional/Behavioral Disability
- 504 Accommodation Plan
If yes list the date of last review _____
- Individual Education Plan (IEP)
If yes list the date of last review _____
- Behavior problems
Grade behavior problems first noted _____

Required credits to graduate _____
Credit earned to date _____
On track to graduate Yes No

Check all that occur at school:

- Attention/concentration problems
 - Physical aggression towards school staff
 - Leaves class without permission
 - Swearing at peers or staff
 - Avoids large groups or chaotic activities
 - Quits group activities
 - Resists or refuses school supports
 - Lacks feeling of school belonging
 - Conflicted relationships with school staff
 - Frequently asked to leave class by teacher
 - Complaints of frequent headaches or nausea without fever
 - Leaves class to visit nurse and/or bathroom frequently
 - At high risk of failing the majority/many of classes
 - Resists school discipline measures/consequences
 - Little or no social connections
 - Leaves school building or grounds without permission
 - Other: _____
- Physical aggression toward peers
 - Property destruction or misuse
 - Refuses to complete classroom activities
 - Frequently interrupts in class
 - Theft
 - Isolates self during school day
 - Victim of teasing and or bullying
 - Panics when called upon in class
 - Instigates bullying or teasing of peers
 - Trouble keeping up with schoolwork
 - Suspected chemical use/possession at school
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School Attendance

Previous school year

Number of excused _____ Number of unexcused _____

Current school year

Number of excused _____ Number of unexcused _____

Has truancy been filed in the past

Number of suspensions _____

If yes, what year _____ If yes what county _____

Interventions (past and current school year)

Check required information:

- Date Initial referral made to Wright County _____
- Date School truancy letter mailed to parents/guardian _____
- Date required medical letter and forms sent to parents/guardian _____

Check interventions that school has made:

- After unexcused absence occurs school staff attempt to engage student at time of return regarding reason for absence
 - Met with parents & student regarding reason for absences
Date(s) _____
 - Contacted parent(s) on each day of absence Enlisted assistance through SRO or Police
 - Completed home visit (school staff or SRO/Police) Date(s) _____
 - Probation Yes No - If so, who is probation officer _____
 - Explanation of attendance laws & provided Wright County Truancy brochure to student and parents
Date _____
 - Behavior plan completed with student Arranged for alternatives to out-of-school suspension
Parent(s) were present _____ Date _____
 - Arranged tutoring/academic mentoring services Adjusted school schedule
What kind _____
 - Engaged in in-school social/support groups Utilized WRight Choice Program
Group Type/Name _____
 - Referred parents/student to community programs
 - Encouraged involvement in extracurricular activities
Which Programs/activities _____
 - Arranged a.m. sign-in procedures with staff person
 - Transportation alternatives Provided incentives/rewards for good attendance
 - Modified homework schedule/deadlines Modified class schedule
 - Arranged student visits with school counselor/social worker
 - Initiated Special Education - Testing started _____
 - Alternative Programs - Name of program _____
 - Arranged student to review attendance progress with staff
 - Created or Modified 504 Accommodation Plan Modified Individual Education Plan (IEP)
 - Other interventions attempted with student _____
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Health Status

Check all that apply:

Family has special circumstances or needs that may contribute to child's absences or academic achievement

- chemical abuse
- death of family member
- recent marriage of parents
- Other _____
- illness of family member
- recent divorce of parent

Is the student involved in counseling and/or any other treatment services? Yes No

- Completed Psychological Testing:
 - Date _____
 - Outcome _____
 - Provider Name _____
 - Contact Number _____

- Counseling
 - How often _____
 - What kind (ie, family, individual, group) _____
 - Provider Name _____
 - Contact Number _____

- Medication
 - Does the student take medication as prescribed Yes No
 - Can medication affect school attendance Yes No
 - Other _____

Health conditions

Please describe the relevance to school attendance/success _____

Exhibits emotions and/or behaviors indicating possible:

- Depression
- Anxiety
- ADHD
- Mood disorder
- Social Phobia
- Post Traumatic
- Stress Disorder
- Suicidal Ideation or Self harm
- Oppositional/defiant
- Other - Please describe _____

Exhibits behaviors indicating possible chemical/alcohol use

- smells of marijuana
- smoke
- alcohol
- appears lethargic
- possession
- deteriorating physical appearance
- slurred speech
- hostile and irritable
- sudden loss of inhibition
- drastic or recent personality change
- Other _____

Student and Family Strengths

Check all statements that are true:

- Family has reliable transportation available
- Family has stable housing
- Good communication exists between school and parents
- Student has demonstrated academic success in past
- Family utilizes school resources – List _____
- Student has positive interactions with adults/peers
- Student is involved in extra-curricular activities
What activities _____
- Student is able to resolve minor problems
- Student is respectful of school staff
- Student complies with school staff requests
- Family has access to appropriate treatment options
- Family has access to appropriate medical care
- Family does not have language barrier
- Student has shown ability to advocate for self
- Family able to meet financial needs
- Parent(s) and student talk daily about progress
- Student spends time with friends at school
- Student feels able to answer questions in class
- Student spends time with friends in community
- Parent(s) advocate for students needs
- Parent attends school conferences
- Parents and student understand school attendance requirements
- Family spends time enjoying leisure activities together during the evenings and/or weekends.
- Family meets cultural needs family/community
- Student and parents can describe why education is important
- Family and/or student have a support system of extended family members.

Name and Relationship _____

Name and Relationship _____

- Student has a support system outside of the family.

Please provide names of specific individuals you are aware of who may have supportive relationships with the student. This may include school staff.)

Name and Relationship _____

Name and Relationship _____

- Additional Strengths _____

In coordination with the family what strategies were developed to increase school attendance?

Student _____

Parent/guardian _____ Parent/guardian _____

School representative _____ Other _____