



# LCPS FORM JHB-E1

## Student Attendance Intervention Plan (SAIP)

Conference Date:

School:

Student Name:

Pupil ID#:

Grade:

Siblings:

Address:

Current Phones:

Parents/guardians live at the same address:

Update Student Attendance (Synergy Report):

### The following staff attended the follow-up conference:

Name:	Name:
Position:	Position:
Name:	Name:
Position:	Position:
Name:	Name:
Position:	Position:
Name:	Name:
Position:	Position:

### INTERVENTION PLAN

1. Describe attendance issues:
2. Interventions and collaborative efforts of the team, and family/student utilized to solve the attendance issue(s):
3. Parent attended conference?      Yes      No
4. Attempted to contact by:
5. The next meeting to review progress of attendance improvement recommendations will be held:  
TBD
6. Signatures:

Student signature _____	Parent/guardian signature: _____
Student Name:	Parent Name:
Date: Date	Date: Date

Official's Signature: _____	Parent/guardian signature: _____
LCPS Attend. official:	Parent/guardian Name:
Date: Date	Date: Date