

# SAMPLE CAP

## Student/family Dealing With Mental Health Concerns/Barriers

### Corrective Action Plan (CAP) for Truancy

|                       |                                                                     |                     |       |
|-----------------------|---------------------------------------------------------------------|---------------------|-------|
| Name:                 | <i>Demographic information automatically populates to the form.</i> |                     | ID: : |
| Current School:       | Current Grade:                                                      | As of:              |       |
| Birth Date:           | Age                                                                 | STI: :              |       |
| Parent/Guardian Name: | Parent/Guardian DOB:                                                |                     |       |
| Address:              |                                                                     |                     |       |
| Home Phone:           | Contact Mobile Phone:                                               | Contact Work Phone: |       |

### Attendance Details

*Attendance information automatically populates to the form.*

|                     |               |            |           |
|---------------------|---------------|------------|-----------|
| Absences: 9         | Unexcused: 5  | Excused: 4 | Total: 9  |
| Tardies: 13         | Unexcused: 13 | Excused: 0 | Total: 13 |
| Early Dismissals: 0 | Unexcused: 0  | Excused: 0 | Total: 0  |
| Suspensions: 0      | OSS: 0        | ISS: 0     | Total: 0  |

### Truancy Interventions

*(Discuss interventions implemented prior to CAP meeting, to include: who made contact, dates, and action taken)*

*Collect this information from HERE in PowerSchool, RtI, and CCA support. Can be done in advance to save time during the meeting but needs to be reviewed with the family during the meeting.*

- Attendance Officer, NAME, left a voicemail message on 9/15/20 due to 3rd unexcused absence. No response.
- Attendance Office spoke with grandmother, NAME, on 9/28/20 who provided new phone # for mother, NAME. Called the new #. MOTHER confirmed student has been out due to therapy appointments and refusing to attend school. Changed 2 absences to excused due to therapy appointments (documentation sent via email).
- Dean, NAME, called on 10/14/20 because student had 4 new Unexcused Absences. MOTHER said she would make sure he attends school from now on.

### Describe your child's behavior at school and services rendered

*(Address behavior, attitude towards school, academics, special education 504 accommodations, extra-curricular activities/school activities, etc.)*

MOTHER shared STUDENT liked school until grade #. STUDENT shared he enjoys Science but hates most classes because he says he doesn't understand when he reads.

STUDENT shared he has not been able to build friendships and prefers to hide in the back of the classroom and not participate.

No special accommodations in place at this time.

STUDENT likes to play Chess and on-line video games.

### Describe your child's behavior at home and effective interventions

*(Address behavior patterns, living arrangements, physical health/mental health concerns, substance abuse, etc.)*

STUDENT lives with both parents and his 2 younger siblings in a 3-bedroom apartment. FATHER works for a contracting company with the military and is currently overseas. Family has moved twice in the past 4 years as a result of FATHER's work.

STUDENT started to withdraw from family interactions, miss school, isolate beginning after their last move. He has been in therapy for 9 months but STUDENT has missed multiple appointments because he does not like therapy. Students seems to be isolating more. MOTHER struggles to get him to get out of bed recently.

## Describe your child's community involvement

(Discuss peer interactions, court involvement, recreational activities, vocational goals, safety concerns, etc.)

STUDENT has no friends currently. He does not communicate socially with any peers in the neighborhood or from school.

STUDENT used to play local Rec league Basketball at their previous home but has expressed no interest here.

STUDENT shared he wants to be a video game programmer for a career.

MOTHER recently cut her hours to part time out of concern for STUDENT (because she is worried he may self harm) and to reduce day care expenses for the two younger children.

## Describe your child's medical conditions (Asthma/Diabetic/ADHD/Other)

(Does student need to be considered for 504 related to chronic medical condition?)

STUDENT suffers from seasonal allergies but they do not impact school.

MOTHER shared that the Psychiatrist who works with STUDENT's therapist has diagnosed him with depression and recommended a medication regimen they have not started. MOTHER will provide the diagnosis to the school.

Team agrees student should be considered for eligibility for a 504 plan.

Health Insurance:

TriCare

*Ask for this information in case services are recommended but don't push if the parent is uncomfortable providing it.*

## Recommendations to Improve Attendance

*(List very specific actions the student, parent, and administrator will take to improve attendance, other than parent contacting school and administrator monitoring attendance. Be sure to address current barriers at home, school, and in the community)*

1 Attend a HERE Workshop Date: **Type the date** Time: **Type the time IF a workshop is available**

2 **Parent will communicate with therapist regarding impact on school and follow all recommendations of the care plan.**

3 **School counselor will meet with student weekly (in person/virtually) to ask about classes and attendance, as well as provide support.**

4 **School sponsors of the Chess team and Video Game club will reach out to the student and provide information to student about upcoming meetings/opportunities.**

5 **School will conduct a 504 Eligibility meeting to consider diagnosis and impact. School will investigate impact on reading as well.**

**School will submit a School Social Work referral.**

I confirm that I have reviewed and understand the Compulsory Attendance Mandate (Code of Virginia 22.1-254)

**Student's name did/did not participate**

Student Signature

**Parent's name participated by phone/Zoom/etc.**

Parent/Guardian Signature

**Type the date**

Date


**Type the Administrator's Name**

Administrator Completing CAP

**Type the date**

Date

## Legend

Icons  - Date Entry