

# SAMPLE CAP

## Student/family Dealing With Homelessness

### 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: 7	Unexcused: 7	Excused: 0	Total: 7
Tardies: 7	Unexcused: 5	Excused: 2	Total: 7
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 voicemail messages on 9/16/20 and 9/22/20 due to 3rd and 4th unexcused absence.
- Attendance Officer, NAME, called on 9/23/20. MOTHER confirmed absences and agreed to ensure student will report to school.
- Dean, NAME, conducted a Home Visit on 9/25/20. House vacant. Neighbor said family moved out suddenly 2 weeks ago.
- Dean, NAME, called on 9/25/20. MOTHER acknowledged they no longer live at the provided address.

### 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 likes school but she is embarrassed about her clothing and now the family living situation. She can't log in to Zoom meetings/physically get to school because the family has had to switch hotels and family does not have transportation currently.

STUDENT shared she has a core group of friends she connects with via social media. MOTHER is concerned if she has to switch schools because they don't live near the school anymore then she will lose her friends.

No special accommodations in place at this time.

STUDENT likes to play softball and swim.

### 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 biological mother in a hotel on Mercury Blvd near the city line between Hampton and Newport News. Father lives in New York. STUDENT visits Father during the summer and winter vacations. They used to live in a house near the school with an uncle but there were substance abuse issues and the uncle recently kicked them out.

## Describe your child's community involvement

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

STUDENT has friends through school and communicates with them via Social Media.

STUDENT shared she wants to be a nurse in the future.

MOTHER was laid off in March and has been unable to get a job. She is receiving unemployment benefits but the family is financially strained.

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

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

STUDENT has IBS which has impacted her attendance in the past. Student is not receiving medical treatment currently because the family does not have insurance.

No Chronic Illness form on file. MOTHER will complete the Chronic illness form. If IBS impacts future absences, team will discuss additional supports and potential for a 504 plan.

Health Insurance:

None

*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 School provided McKinney Vento paperwork. Mother will complete and submit to the School Social Work Office by 10/1/20.

3 Parent completed Internet Assistance form and school will submit to the Internet Assistance Team.

4 Teachers will provide a list of make-up work for STUDENT to complete and submit for grade recovery.

5 School will submit a School Social Work referral.

Parent will complete the Chronic Illness form and submit to the school by 10/1/20.

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