

Corrective Action Plan (CAP) for Truancy

Name:	<input type="text"/>	ID:	<input type="text"/>
Current School:	<input type="text"/>	Current Grade:	<input type="text"/>
Birth Date:	<input type="text"/>	As of:	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>	STI:	<input type="text"/>
Address:	<input type="text"/>	Parent/Guardian DOB:	<input type="text"/>
Home Phone:	<input type="text"/>	Contact Mobile Phone:	<input type="text"/>
		Contact Work Phone:	<input type="text"/>

Attendance Details

Absences:	<input type="text"/>	Unexcused:	<input type="text"/>	Excused:	<input type="text"/>	Total:	<input type="text"/>
Tardies:	<input type="text"/>	Unexcused:	<input type="text"/>	Excused:	<input type="text"/>	Total:	<input type="text"/>
Early Dismissals:	<input type="text"/>	Unexcused:	<input type="text"/>	Excused:	<input type="text"/>	Total:	<input type="text"/>
Suspensions:	<input type="text"/>	OSS: <u>0</u>	<input type="text"/>	ISS: <u>0</u>	<input type="text"/>	Total:	<input type="text"/>

Truancy Interventions

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

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.)

Describe your child's behavior at home and effective interventions

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

Describe your child's community involvement

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

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

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

Health Insurance:

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: MM/DD/YYYY Time:

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

Student Signature

Parent/Guardian Signature

MM/DD/YYYY
Date

Administrator Completing CAP

MM/DD/YYYY
Date

Legend

Icons  - Date Entry