

MORRISVILLE BOROUGH SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: AUGUST 26, 2015

REVISED:

204-AR-6. TRUANCY ELIMINATION PLAN FORM

Truancy Elimination Plan (TEP)

Date: _____

Goal: Increase *(Insert Student's Name)* school attendance.

<u>Name of Student</u>	Address Phone Number	<u>Special Needs</u>
<u>Date of Birth</u>		Health Concerns
<u>Gender</u>		
<u>Grade Level</u>		
<u>Name of School</u>	Address Phone Number	<u>Principal's Name</u>
		<u>Referring Teacher's Name</u>
		Email Addresses
<u>Name of Parent/Guardian</u>	Home Address Home Phone Number	Work Address Work Phone Number Email Address

Date of Absence	Written Excuse Provided? (Y/N)	Reason(s) for Absence	Action Taken
1.			
2.			
3.			
4.			

Assessment

Description	Solution(s)	Responsible Party
1.		
2.		
3.		

Strengths

Description	Relevance to the Plan
1.	
2.	
3.	

Solutions

Description	Responsible Party(ies)	Completion Date
1.		
2.		
3.		

Consequences for noncompliance
1.
2.
3.

Benefits for compliance
1.
2.
3.

This TEP was created collaboratively to assist the student in improving attendance, to enlist the support of parent/guardian and to document the district's attempts to provide resources to promote student success.

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

District Official: _____ Date: _____

cc: student ____ (initial upon receipt)
parent/guardian ____ (initial upon receipt)
district official ____ (initial upon receipt)
other ____ (initial upon receipt)

Date for Follow-up Outcomes Meeting:

Outcomes: 1. 2. 3.
Next Steps: 1. 2. 3.

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

District Official: _____ Date: _____

In order for agencies outside of the school district to assist with this plan, your permission is needed to release the plan to the following:

Please sign below:

Parent/Guardian: _____

Date: _____