SNHS Head Start & Early Head Start

Attendance Success Plan

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| Child’s Name: | Center: | Date: |

1. Review the following with Parent/Guardian:

* Attendance Percentage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Attendance Framework
* Provided Attendance Handout

Family Service Worker Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Discuss Challenges, Barriers and Solutions (Coaching: Roadmap for Attendance)

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| Challenges/Barriers | Possible Solutions | Follow UP |
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Family Service Worker Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Create a plan of action to improve attendance.

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| Improvement Plan | When & whom will it be done by? | Supports or Resources Needed |
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|  |  |  |

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Family Service Worker Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Center Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_