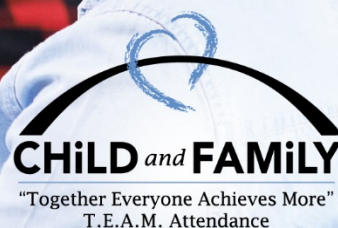




T.E.A.M. Attendance

Program Overview



Purpose of T.E.A.M. Attendance

- Academic success, goal development, honesty, accountability/responsibility, education and to decrease risk factors that contribute to chronic absenteeism.

Program requirements

- Attend school on time
- Demonstrate progress in class
- Weekly contact with intervention specialist (Virtual or In Person)
- Weekly school progress reports
- Create a school attendance success goal plan
- Monthly progress meetings (2) (Virtual or In Person)

Additional Free Services Offered Virtually

- Strengthening Families Program age 7-17 (90 min weekly virtual family workshops & dinner is provided to the family)
- Positive Pathways for Youth Program (prevention therapy services)
- Prime for Life (prevention/intervention group workshops that focuses on youth making high risk choices)
- MAYSI-2 – (mental health/substance abuse screening tool)

Student Signature

Date

Parent/Guardian Signature

Date

T.E.A.M. Attendance Signature

Date

TA#:



Early Intervention Referral Form



Referral Date: _____ Student Name: _____

DOB: _____ Age: _____ Gender: _____ Race: _____

Accommodations required? Yes ☐ _____ No ☐

School: _____ Teacher: _____

Room/Grade: _____ Number of Tardies: _____ Number of Absences: _____

Reason for tardies: _____

Reason for absences: _____

Please refer to the student data and teacher input form to provide additional student information.

Parent/Guardian(s): _____

Address: _____

Telephone: _____ Email: _____

Have parent/guardian(s) been contacted regarding referral: Yes _____ No _____

T.E.A.M. Attendance flyer and notification of referral to T.E.A.M. Attendance sent to parents on:

_____ (T.E.A.M. Attendance will contact within 48 hours upon receipt of referral)

Please note any attendance concerns expressed by parents: _____

Referral Requestor Printed Name

Referral Requestor Signature

Teacher Input Form



Student Name: _____

Number of schools attended: _____ Grades repeated: _____

Excessive absenteeism (past grades as current grade is requested on referral form):

Grade: _____ Days absent: _____ Grade: _____ Days absent: _____

Extenuating reason(s) for excessive absenteeism: (dates/reasons: e.g. severe illness, hospitalizations, etc.): _____

Number of suspensions: _____ Date(s) of occurrence: _____

Reason(s) for suspensions: _____

Is the student involved in English for Speakers of Other Languages (ESOL)? Yes ☐ No ☐

Has instruction been inconsistent within the school year? Yes ☐ No ☐

If yes, please explain (e.g. a series of substitute teachers) and dates: _____

Has the student had a change in classroom assignment or a change in teachers this school year?

Yes ☐ No ☐ If yes, please explain: _____

Does the student have an individualized education plan (IEP)? Yes ☐ No ☐

Additional relevant factors: _____

Continued on next page...

Describe behaviors of concern. Please use measurable terms: _____

Where do concerns occur? Check all that apply:

Classroom ☐ School grounds ☐ Cafeteria ☐ Gym ☐ Hallway ☐ Bus ☐ Home ☐

Other: _____

When is the behavior most likely to occur?

One a particular day: Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

At particular times of the day, such as morning or afternoon? _____

During instructional activities, such as math or independent work? _____

When interacting with certain people, individuals or groups? _____

During non-instructional time such as changing classes, playground or lunch time? _____

When physically tired, hungry or sick? _____

What do you think the student gains or avoids by demonstrating these behaviors (e.g. gaining/avoiding attention/from whom, gaining control/from whom, avoiding embarrassment/from what, task avoidance, etc.)? _____

How have you previously conveyed your expectations to the student? _____