

# Western Wayne School-wide Truancy Elimination Plan (TEP)

Date: \_\_\_\_\_

**Goal:** Increase \_\_\_\_\_ school attendance.

<p><b><u>Student Name:</u></b></p> <p><b><u>Date of Birth:</u></b></p> <p><b><u>Gender:</u></b></p> <p><b><u>Grade Level:</u></b></p>	<p>Address:</p>  <p>Phone Number:</p>	<p><b><u>Special Needs:</u></b></p>  <p>Health Concerns:</p>
<p><b><u>Name of School</u></b></p>	<p><b><u>Referring Teacher</u></b></p>	<p><b><u>Principal/Assistant Principal</u></b></p>
<p><b><u>Name of Parent/Guardian</u></b></p>	<p>Home Address</p>  <p>Home Phone Number</p>	<p>Work Address</p>  <p>Work Phone Number</p>

Date of Absence	Written Excuse Provided? (Y/N)	Reason(s) for Absence	Action Taken <small>(e.g. Parent Letter 1 sent out on 04/01/2006, John Doe called parent, Mrs. Smith to discuss</small>
1.			
2.			
3.			
4.			
5.			
6.			

7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

**Assessment-brief description of possible issues or roadblocks**

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

**Strengths-brief description of positive influences**

Description	Relevance to the Plan
1.	
2.	
3.	

**Solutions**

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

Consequences for non-compliance
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 school's attempts to provide resources to promote student success.

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**School Official:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**cc:** student \_\_\_\_  
parent/guardian \_\_\_\_  
school personnel \_\_\_\_  
other \_\_\_\_

Date for Follow-up Outcomes Meeting:

***Outcomes:***

- 1.
- 2.
- 3.

***Next Steps:***

- 1.
- 2.
- 3.

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**School 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 or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_