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Superintendent of Schools

SERVICE EXCELLENCE INNOVATION TEAMWORK

22 - 23

Your School District
STUDENT ATTENDANCE REVIEW TEAM (SART) AGREEMENT

Student's Name: _____ ID Number: _____ DOB: _____

School: _____ Grade: _____ Date: _____

Reason for Plan Development:

Truancy:

☐ 3 – 6 unexcused absences and/or tardies of more than 30-minutes and **receipt of SARB Letter 1 and SARB Letter**
☐ 6 – 9 unexcused absences and/or tardies of more than 30-minutes and **receipt of SARB Letters 1, 2, and 3**.
☐ 9+ unexcused absences and/or tardies of more than 30-minutes and **receipt of SARB Letters 1, 2, and 3**.

Chronic Absenteeism/Excessive Excused Absences/Tardies:

☐5 – 9 (3% - 5%) excused absences and/or tardies.
☐9 – 18 (5% - 10%) excused absences and/or tardies.
☐18 – 27 (10% - 15%) excused absences and/or tardies
☐27+ (15% or more) excused absences and/or tardies.

I understand that school attendance improvement success is dependent on daily and on-time school attendance, positive behavior on-and-off campus, working together with school staff, and maintaining consistent communication with the school. I will complete the interventions and/or requirements from this plan, and my progress will be monitored by my school's SART members during the time period of through .

THE STUDENT SHALL:

☐Improve in areas of attendance, behavior, or academics.
This school year, I have _____Absences, _____Tardies, _____Discipline Referrals, _____GPA.
☐Attend school each day school is in session.
☐Arrive at school on time each day and remain at school for the full time assigned.
☐Abide by all school rules and regulations and maintain appropriate behavior while at school.
☐Attend Academy Program to focus on: _____
☐Participate in the following site-based counseling support program(s):
_____
_____
☐Participate in any additional interventions that will support improved attendance, behavior, and/or academics as discussed in the SART Meeting: _____
_____
☐Seek additional help from an administrator, counselor, school social worker, teacher, or support staff to continue to improve attendance, behavior, and/or academics, when needed.
☐Other: _____

THE PARENT(S)/GUARDIAN(S) SHALL:

☐Know their legal obligation to ensure the student: a) attends school each day it is in session; and b) arrives on time, prepared to learn (i.e. is clean, fed, and with required classroom materials).

☐Attend all meetings and conferences concerning their student.

☐Cooperate with school authorities by doing the following:

- ☐Attend school and/or classes with their student (California Ed. Code 48260.5 and 48268).
- ☐Report to school office each day with student.
- ☐Provide medical verification for any absence.
- ☐Contact school weekly to determine student's progress.
- ☐Walk the student to the classroom door.
- ☐Call the school by 8:30 a.m. each day student is absent.
- ☐Other: _____

THE STUDENT ATTENDANCE REVIEW TEAM SHALL:

☐Verify the student's attendance on a weekly basis.

☐Review the parent's/guardian's and student's compliance with the SART directive on: _____.

☐Refer the family to the District School Attendance Review Board (SARB) for further action should these directives not be followed.

☐Other: _____

TO THE STUDENT AND PARENT/GUARDIAN:

We encourage you and your child to be active participants in this team effort to assist in improving attendance. Our ultimate goal is to see you graduate from school and become a productive and successful adult. We will provide you with the services necessary to attain this goal, as available. Without your cooperation,the only other alternative will be to refer this matter to the Acalanes Union High School District School Attendance Review Board (SARB), who may either refer this matter to the District Attorney's Office or to the Juvenile Court for prosecution, pursuant to Penal Code 272 and/or California Education Code Section 48290.

I/We have read and understand the above and I/We agree to the recommendations stated above.

Signatures:

_____		_____	
Parent/Guardian	Date	Student	Date
_____		_____	
Parent/Guardian	Date	Counselor	Date
_____		_____	
Teacher	Date	Teacher	Date
_____		_____	
Other	Date	IEP Case Mgr/504 Coord.	Date
_____		_____	
SART Chairperson	Date	Time Spent Conferencing	