

Attendance Team Meeting
Tier II Intervention Plan

Meeting Date:		Time:
Student's Name:		Grade:
Absences to Date:		Tardies to Date:
Team Members in Attendance:		Principal:

Student Performance and Observations:

Academic Concerns:

Behaviorial Concerns:

Plan of Action

I agree to attend Amanda-Clearcreek Schools every day for the entire year
 I agree to arrive to school on time every day
 I understand the attendance policy and consequences at Amanda-Clearcreek

Student Signature:

Principal's Signature:

Team Members' Signatures: