

Tier III- Intervention Plan

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

Meeting Notes:

I, _____ (parent name), parent/guardian of _____ agree to cooperate with Amanda-Clearcreek Schools in order to improve my child's attendance and performance in school. I also agree to comply with the following, effectively immediately. (Check only those that apply.)

I have been informed of the school/district attendance policy

I understand that absences will only be excused according to the Amanda-Clearcreek Schools attendance Policy

I understand that a medical excuse is required to excuse any future absences

I will take all measures to ensure that my child attends school daily and on time

I acknowledge that my child's academic progress was discussed

I will review Progress Book

I acknowledge that I received a list of outside agencies that may be able to assist me

I acknowledge that if this written contract is broken, Amanda-Clearcreek Schools may begin procedures for court action

Student Signature:
Date:

Parent Signature:
Date:

Principal's Signature
Date

Team Members' Signatures:
Date:

