# Student Attendance Improvement Plan

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| Student Name: |  | School: |  | Class: |  | DOB: |  | / |  | / |  |

Strategies:

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| Barrier | Family/Student Responsibilities | School Responsibilities | Intended Outcomes |
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Agreement:

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| **Principal** | **Parent/Carer 1** | **Parent/Carer 2** | **Student** |  |

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| **Review Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_** **Parent/Carer has meaningfully engaged with the plan:** [ ] Yes [ ]  No**Plan is to be extended:** [ ]  Yes [ ]  No **Student has meaningfully engaged with the plan:** [ ] Yes [ ]  No**Recommendations:****Principal signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_** |