



Manheim Township School District

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www.mtwp.net

SCHOOL ATTENDANCE IMPROVEMENT PLAN (SAIP)

Date:

Goal: Increase STUDENT NAME school attendance.

Basic Student Information: *SEE ATTACHED DEMOGRAPHICS SHEET*

School Information:

Name of School District: MANHEIM TOWNSHIP SCHOOL DISTRICT	Address: PO BOX 5134 LANCASTER, PA 17601	Principal Name: Phone: Email:
Name of School Building:	Phone Number: Website: www.mtwp.net	School Contact for Attendance Issues: Name: Phone: Email:

Parent/(s)/Guardian(s) Information: *SEE ATTACHED DEMOGRAPHICS SHEET*

List of Those Who Attended the SAIP and Role/Relationship to Student:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

In accordance with Pennsylvania Department of Education (PDE) guidelines, and in an attempt to reduce incidents of truancy, the Manheim Township School District will be developing, in partnership with parents/guardians and student, a Student Attendance Improvement Plan (SAIP) for students who accrue three days or more of unexcused or illegal absences during the calendar school year. The purpose of the SAIP meeting is to discuss the cause of the student's truancy and to develop a mutually agreed-upon process to resolve truant behavior. The SAIP Team will consider the following factors in development of the plan:

1. The appropriateness of the student's educational environment
2. Current academic difficulties
3. Physical or behavioral health issues
4. Family/environment concerns

Attendance history:

	Quantity	Action Taken
Total number of excused tardies		
Total number of unexcused tardies		
Total number of tardies		
Total number of excused absences		
Total number of unexcused absences		
Total number of absences		

Assessment: Reasons for Absences (please check ✓ all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Overslept | <input type="checkbox"/> Medical concerns | <input type="checkbox"/> Academic difficulty |
| <input type="checkbox"/> No Transportation | <input type="checkbox"/> Doesn't like school | <input type="checkbox"/> Family concerns |
| <input type="checkbox"/> Parent at work | <input type="checkbox"/> Isolated from friends | <input type="checkbox"/> Other |

Identify Causes for excessive absence:

Home:

School:

Solutions: Family/School/Community (please check ✓ all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> a.m. responsibility at school | <input type="checkbox"/> Wake-up call | <input type="checkbox"/> Rewards at home |
| <input type="checkbox"/> Rewards at school | <input type="checkbox"/> Set alarm clock | <input type="checkbox"/> Assign mentor |
| <input type="checkbox"/> Contract attendance goals | <input type="checkbox"/> Go to bed earlier | <input type="checkbox"/> Individual counseling |
| <input type="checkbox"/> Adjust work schedule | <input type="checkbox"/> Group counseling | <input type="checkbox"/> Refer to social services |
| <input type="checkbox"/> Other: | | |

Plan of Action:

What is the plan of action to resolve the truancy issues listed above?

Student responsibility:

Parent/guardian responsibility:

Specific Potential Consequences for Non-Compliance with Plan:

1. <i>When the student has accumulated 6 UNLAWFUL Absences, the parents and students 10 years of age or older may be referred to the Lancaster County Truancy Diversion Program.</i>
2. Any additional unlawful absences may result in a prosecution by the Attendance Officer.
3.
4.

Permission to Release SAIP To Other Individual(s)/Agencies:

In order for agencies and/or other individuals outside of the school district to assist with this plan, I/We give permission to release *my child's academic information (including the SAIP, current grades, and attendance information)* to the following:

1. Magisterial District Judge
- 2.
- 3.
- 4.

Student: _____

Date: _____

Parent or Guardian: _____

Date: _____

Parent or Guardian: _____

Date: _____

The following SAIP will be utilized for the remainder of the school year. The student and parent/guardian must adhere to any/all items checked below.

Student:

The student will attend school and supply appropriate documentation following all absences in accordance with Pennsylvania Attendance Laws. Information related to student attendance can be found in the student handbook.

Parents:

The parent/guardian will inform school staff of any physical, behavioral and/ or health changes or concerns immediately.

The parent/guardian will inform the school nurse of any health changes or concerns immediately.

The parent/guardian will contact the attendance secretary by 8:00 a.m. on any/ all days that the student will be late or absent from school.

The parent will supply appropriate documentation following any/all absences in accordance with Pennsylvania Attendance Laws. Information related to student attendance can be found in the student handbook.

This SAIP was created collaboratively to

- Assist the student in improving attendance;
- Enlist my/our support as the parent(s)/guardian(s); and
- To document the schools attempts to provide resources to promote the educational success of the student.

As the parent(s)/guardian(s), I/we understand that while the school has demonstrated its support and assistance to this student through this process, by law, it is my/our responsibility to ensure that the student attends school.

Should we have difficulty in implementing the plan or are not clear on the roles of each party, we can contact: _____ with questions or concerns prior to the scheduled progress meeting. For any other concerns or questions please contact Douglas Sing, Manheim Township School District Attendance Officer at 717-735-1020.

We agree with this Plan, including all requirements and consequences set forth herein, and we agree to comply with the terms set forth in the Plan. Parties in agreement with this plan will sign below:

Student: _____ Date: _____

Parent or Guardian: _____ Date: _____

Parent or Guardian: _____ Date: _____

Signature of School Administrator: _____ Date: _____

Signature of School Counselor: _____ Date: _____

cc: Student _____ (initial upon receipt)

Parent/Guardian _____ (initial upon receipt)

School Personnel _____ (initial upon receipt)

Other _____ (initial upon receipt)