



# Manheim Township School District

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www.mtwp.net

## SCHOOL ATTENDANCE IMPROVEMENT PLAN (SAIP)

Date of SAIP: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent/(s)/Guardian(s) Name: \_\_\_\_\_

Student & Parent/(s)/Guardian(s) Demographics: *SEE ATTACHED DEMOGRAPHICS SHEET*

### School Information:

<b>Name of School District:</b>  MANHEIM TOWNSHIP SCHOOL DISTRICT	<b>Address:</b>  PO BOX 5134 LANCASTER, PA 17601	<b>Principal Name:</b> <b>Phone:</b>  <b>Email:</b>
<b>Name of School Building:</b>	<b>Phone Number:</b>  717-560-3111  <b>Website:</b> <a href="http://www.mtwp.net">www.mtwp.net</a>	<b>School Contact for Attendance Issues:</b> <b>Name:</b> <b>Phone:</b> <b>Email:</b>

*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 the 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*

**List of Those Who Attended the SAIP:**

NAME	Role/Relationship to student

**Attendance history: (option to attach an electronic copy of attendance)**

**✓ Copy of Attendance record attached**

Total number of excused tardies _____	Total number of excused absences _____
Total number of unexcused tardies _____	Total number of unexcused absences _____
Total number of tardies _____	Total number of absences _____

**Strengths of student/family**(please check ✓ all that apply):

- Extra curricular activities  
 Family support  
 Strong academic performance  
 Other \_\_\_\_\_

**Assessment/Areas of Need: Reasons for Absences** (please check ✓ all that apply):

- Overslept                       Medical concerns                       Academic difficulty  
 Doesn't like school               Family concerns                       Parent at work  
 Isolated from friends               Pregnancy                               Unmet Mental Health Needs  
 Other \_\_\_\_\_

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

- a.m. responsibility at school               Wake-up call                               Rewards at home  
 Rewards at school                       Set alarm clock                               Assign mentor  
 Contract attendance goals               Go to bed earlier                               Individual counseling  
 Adjust work schedule                       Group counseling                               Refer to social services  
 Other:

**PLAN OF ACTION:**

Description:	Responsible Party:	Projected Completion Date:

\*Plan of action may reference back to solution checklist\*

**Specific Potential Benefits for Compliance with Plan:**

1.
2.
3.
<i>*It should be noted that this should list <b>positive</b> benefits, rather than what will not occur.*</i>

**Specific Potential Consequences for Non-Compliance with Plan:**

1.
2.
3.
4.

This SAIP was created collaboratively to: <ul style="list-style-type: none"><li>•</li></ul>	<b>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, <u>it is my/our responsibility to ensure that the student attends school.</u></b>
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**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.

Should we have difficulty in implementing the plan or are not clear on the roles of each party, we can contact: Mr. Hull 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.

**SIGNATURE PAGE**

**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: \_\_\_\_\_

School Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

School Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

IEP Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Student \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ School Personnel \_\_\_\_\_ Other \_\_\_\_\_ (initial upon receipt)