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| F:\SHARE\Forms Transfers\Forms-latest PDFs and logos\CCS logos\CCS Sig stacked blk 1.5 PC.eps | | | | Spokane County Head Start/ECEAP/EHS  Attendance Action Plan | | | | | | |
|  | | | | | | | | | | |
| Spokane Head Start/EHS believes it is very important for children to attend class on a regular basis to receive the most benefit offered by the program. Teachers prepare lesson plans and activities daily which means your child is missing out on valuable learning experiences. Head Start/EHS has an expectation that your child will be at school at least 85% of the time. | | | | | | | | | | |
| Your child’s attendance for the month of       has been       %  For the month of       your child’s attendance was       % | | | | | | | | | | |
| The Attendance Action Plan is an agreement developed between you, the parent, and the Head Start/EHS program to improve attendance. If at any time you experience difficulties or barriers that I may able to assist with, please let me know. | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Child’s Name |  | | | | | | Parent Name | |  | |
| Site and classroom | | |  | | | | | | | |
|  | | | | | | | | | |  |
| Attendance goals: | | | | | | | | | |  |
| My child will maintain 85% attendance and not miss more than 3 days per month. | | | | | | | | | | |
| I will call the teacher/FSC every day my child is absent. | | | | | | | | | | |
| My family attendance goal | | | | |  | | | | | |
|  | | | | | | | | | |  |
| What I can do to meet the attendance goal | | | | | | | | | |  |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| Completion date | |  | | | | | | | | |
| I understand that my child could be dropped from the program if the goals stated above are not accomplished within the next 30 days. | | | | | | | | | | |
|  | | | | | |  | |  | | |
| Parent Signature | | | | | |  | | Date | | |
|  | | | | | |  | |  | | |
| Staff Signature | | | | | |  | | Date | | |