

MANHEIM TOWNSHIP SCHOOL DISTRICT

DISTRICT OFFICE

450A CANDLEWYCK ROAD LANCASTER PA 17601 (PH) 717.569.8231 (FAX) 717.569.3729 www.mtwp.net

SCHOOL ATTENDANCE IMPROVEMENT CONFERENCE (SAIC)

Date:

Student Information: (See Attached Demographics Sheet)

Parent/Guardian Information: (See Attached Demographics Sheet)

School Information: (See Below)

Name of School District: MANHEIM TOWNSHIP SCHOOL DISTRICT	Address:	School Contact for Attendance Plan Concerns:
	Phone Number:	Building LEA:
Name of School Building:		G
		Phone:
Building Principal:	Fax Number:	Email:
Phone:	Website:	Attendance Secretary:
	www.mtwp.net	
Email:		Phone:
	Link to Attendance MTSD:	
	<u>Attendance</u>	Email:

In accordance with the 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 School Attendance Improvement Conference (SAIC) for students who accrue three days or more of unexcused or unlawful absences during the calendar school year. The purpose of the SAIC meeting is to discuss the cause of the student's truancy and to develop a mutually agreed-upon process to resolve truant behavior. The SAIC Team will consider the following factors when developing 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 SAIC and Role/Relationship to Student

Stude	ent						
Paren	t(s)/Guardian(s)						
Build	ing LEA						
Schoo	ol Counselor						
IEP/C	GIEP Case Manager						
Teach	ner(s)						
Other	•						
	L						
Atten	dance History:		-				
			Quantity				Quantity
Total	Total number of excused tardies			Total number	of exc	sused absences*	
Total number of unexcused tardies**			Total number	otal number of unexcused absences			
Total	Total number of tardies			Total number of absences			
2022-20 **As a	023 school year. reminder, students are exp	ected to b	oe in their assi	gned location a	t their b	uilding's designated start ti	
***As a	ions on how to set up you	es can be	uploaded thro	ugh the MTSD	Sapphir	e Community Portal. If yo y Portal account, please clic	
	sment: s for Absences (identify al	l that app	lv):				
	Overslept		Medical Concerns			Academic Difficulties	
	No Transportation		Doesn't like school			Family Concerns	
	Parent at Work		Isolated from	n friends Other: (see below)			
	If other, explain:						
Potential Solutions: Family/School/Community (identify all that apply):							
	Set alarm clock	<u> </u>	Set multipl	e alarms		☐ Electronic device "pause" at home	
	Adjust work schedule		Go to bed	earlier		☐ Support Services (SAP Referral)	
	School-Based Counseling	3 [Individual	Counseling		Other:	

Revised: July 2022

Plan of Action:

which may result in a prosecution.

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

Studen	ıt:
	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 on the MTSD Website: <u>Attendance</u>
	Student will ask parent for excuse notes when they are absent from school.
	Student will turn in any parent/guardian excuse notes or doctor's notes within three (3) days of the absence.
Parent	s/Guardians:
	Parent/Guardian will supply appropriate documentation following any/all absences in accordance with Pennsylvania Attendance Laws. Information related to student attendance can be found on the MTSD Website: <u>Attendance</u> .
	Parent/Guardian will write out excuse notes when student is absent from school.
	Parent/Guardian will have their student return excuse notes within 3 days of their absence from school.
	Parent/Guardian will have the doctor's office fax/email medical notes for any medical related absence from school and/or print out for student to return to the school.*
	The parent/guardian will inform school staff of any physical, behavioral and/or health changes or concerns immediately.
	unlawful absences are from doctor's appointment or under doctor's care, please submit these notes within three (3) s they will still be accepted and the unlawful absences can be reversed.
School	District responsibility:
	Submit a Student Assistance Program (SAP) Referral
	Enforce potential consequences for non-compliance with the School Attendance Improvement Conference Plan.
1. If the	fic Potential Consequences for Non-Compliance with Plan: e student accumulates 6 or more UNLAWFUL Absences, a notification letter will be mailed home and the /guardian/student will be referred to a school or community based attendance improvement program.

2. If the student accumulates additional UNLAWFUL Absences, the SAIC will be referred to the Attendance Officer,

3. Accumulation of additional unlawful absences may result in a referral to Children & Youth Services.

SIGNATURE PAGE

This School Attendance Improvement Contract (SAIC) was created collaboratively to:

- Assist the student in improving attendance;
- Enlist my/our support as the parent(s)/guardian(s); and
- To document the school's 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.

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. Should we have difficulty in implementing the plan or are not clear on the roles of each party, we can contact the school directly with questions or concerns. For any other concerns or questions please contact Manheim Township School District Truancy Coordinator at 717-735-1020.

Parties in agreement with this plan will sign below:

Student:		Date:
Parent or Guardian:		Date:
Parent or Guardian:		Date:
Building LEA:		Date:
School Counselor:		Date:
IEP/GIEP Case Manager:		Date:
Teacher:		Date:
Other:		Date:
Office Only: (initial and date)		
Upload into Sapphire:	Paper copy placed in student Cum File:	