Suwannee County School District
Attendance Meeting Conference Form

Meeting Date: _____ **Parent present:** ☐Yes ☐No **Attempted to call:** _____

Student Name: _____ **Grade:** _____ **DOB**: _____

Unexcused absences_____ **Excused Absences**_____ **Unexcused Tardies**_____ **Unexcused Checkouts** _____
(Every 4 UT or UEC= 1 Absence)

Reason for Absences: _____

_____

EWS Requirements: Meets indicators for ☐ Attendance_____% ☐ Course Failure ☐ Test History (document below)

☐ Florida Statute discussed/provided

☐ Attendance Policy discussed

☐ Grades discussed_____

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Notes: _____

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Interventions: ☐Attendance Contract ☐CDS/Meridian Referral ☐Transportation changes

Other: _____

Team Member Signatures	**Position/Role**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____