

Tri-County Head Start/Early Head Start Attendance Action Plan

Child's Name _____ Date _____

Parent/Guardian Name _____

Site _____ Classroom _____

Action Plan Initiation

Reason for Action Plan: Why is the action plan being initiated?

Late Arrival Late Pick-Up Inconsistent Attendance

Other: _____

Explain concern(s), (providing all relevant information or data): _____

Two-week Action Plan: (to be prepared by Family Service Advocate with parent involvement):

Follow-Up

Date of follow-up meeting: _____

Participants: _____

Results/effects observed: _____

Tri-County Head Start/Early Head Start
Attendance Action Plan

Next Steps: Continue Action Plan New proposed ending date: _____

Action Plan Completed on: _____ Other Option

Parent/Guardian Signature

Date

Family Service Advocate Signature

Date

Center Coordinator Signature

Date

Family Service Coordinator Signature

Date

HS/EHS Director's Signature

Date