

(COMPLETED AT REGIONAL TRUANCY REVIEW BOARD HEARING)

St. Clair County ROE
TRUANCY – STUDENT SERVICE ACTION PLAN

Truancy Hearing Date:

Student Name:

SIS #:

Parents/Guardians:

OBJECTIVES *(state in measurable terms)*

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REFERRALS

SERVICE	CONTACT PERSON

AGREEMENT

By signing below, I acknowledge that I have reviewed and understand the above action plan and therefore agree to adhere to this plan as a corrective measure to improving my school attendance. I understand that violation of this agreement could warrant measures that include the forwarding of my case to the St. Clair County Courts for review and other actions.

Student Signature: _____ **Date:** _____

By signing below, I acknowledge that I have review and understand the above action plan and therefore agree to adhere to this plan as a corrective measure to improving my child's attendance. I understand that violation of this agreement could warrant measures that include the forwarding of my case to the St. Clair County Courts for review and other actions.

Parent Signature: _____ **Date:** _____

School Representative Signature: _____ **Date:** _____

Hearing Officer: _____ **Date:** _____