

St. Clair County ROE – Truancy Intervention Services
TRUANCY - INDIVIDUALIZED OPTIONAL EDUCATION PLAN
 2022-2023 School Year
 50-000-0000-00-IOEP

Hearing Date and Time:		
Student's Name:		DOB
SIS Number:		
School:		Grade
Parent(s):		
Parent's Phone Number:		Alternate:

OBJECTIVES *(state in measurable terms)*

1.	
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REFERRALS

SERVICE PROVIDER	CONTACT INFORMATION

AGREEMENT

By signing below, I acknowledge that I have reviewed and understand the above education 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 (12 and older):	Date:

By signing below, I acknowledge that I have review and understand the above education 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. In addition, I authorize the St. Clair County Regional Office of Education to share my child's personal information with collaborating agencies that will assist in providing wrap-around services to my child and/or family.

Parent(s)/Guardian Signature:	Date:

SIGNATURES

School Representative:	Date:
Hearing Officer:	Date: