

St. Clair County ROE – Truancy Intervention Services  
**TRUANCY - INDIVIDUALIZED OPTIONAL EDUCATION PLAN**  
 2024-2025 School Year  
 50-000-0000-00-IOEP

<b>Hearing Date and Time:</b>		
<b>Student's Name:</b>		<b>DOB</b>
<b>SIS Number:</b>		
<b>School:</b>		<b>Grade</b>
<b>Career Pathway:</b>		
<b>Parent(s):</b>		
<b>Parent's Phone Number:</b>		<i>Alternative</i>

**OBJECTIVES** *(state in measurable terms)*

•
---

**REFERRALS**

SERVICE PROVIDER	CONTACT INFORMATION

**AGREEMENT**

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

<b>Student Signature (12 and older):</b>	<b>Date:</b>

*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 improve 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 information about my child's personal information as well as our family situation with collaborating agencies that will assist in providing wrap-around services to my child and/or family.*

<b>Parent(s)/Guardian Signature:</b>	<b>Date:</b>

**SIGNATURES**

<b>School Representative:</b>	<b>Date:</b>
<b>Hearing Officer:</b>	<b>Date:</b>