THIS DOCUMENT IS FOR INFORMATIONAL PURPOSES ONLY

(COMPLETED AT REGIONAL TRUANCY REVIEW BOARD HEARING)

St. Clair County ROE – Truancy Intervention Services

TAOEP – STUDENT INDIVIDUALIZED OPTIONAL EDUCATION PLAN

2026-2027 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)*

REFERRALS

SERVICE PROVIDER	CONTACT INFORMATION

AGREEMENT

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

Student Signature: _____ **Date:** _____

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 child's 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.

Parent Signature: _____ **Date:** _____

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

Hearing Officer: _____ **Date:** _____

REVISED: August 2026