

MONTGOMERY COUNTY PUBLIC SCHOOLS  
Attendance Intervention Plan  
Wootton High School

Student ID # \_\_\_\_\_ Student Name: \_\_\_\_\_  
(6 digits) Last Name First Name Grade

**Interventions (Check all that apply)**

Attendance  Academic  Other \_\_\_\_\_

We are developing this intervention plan because \_\_\_\_\_  
\_\_\_\_\_

**Attendance Intervention**

A commitment to school attendance is an essential component of a quality learning experience and regular attendance and engagement are required in order to demonstrate mastery of the material. Work with the teacher, counselor, and administrator to identify steps to improve attendance. Counselor/Administrator list the steps/strategies here.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Academic Intervention**

List class schedule and check all courses that apply to this intervention plan. Complete assignment information on reverse.

Course	Teacher
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Other Intervention**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plan accepted by:**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dates to be reviewed: \_\_\_\_\_

**Final Review**

Plan successfully completed: \_\_\_\_ Yes \_\_\_\_ No Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COURSE CODE				COURSE TITLE				TEACHER			PERIOD	
Assignment #	Assignment Title						Original Due Date	Deadline	Completed	Not Completed		

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