STUDENT ASSESSMENT OF BARRIERS TO ATTENDANCE

2021-22

INSTRUCTIONS FOR USE:

WHY: This is a tool to be used as part of a series of interventions to support a student's academic engagement and success, starting with attendance.

The assessment is intended to provide a starting point for conversation between the student and staff to help identify, understand, and address any barriers to the student's attendance.

WHEN: Students should complete the Assessment of Barriers to Attendance no later than the 7th unexcused cumulative absence in the school year.

PROCESS: Staff should review the assessment with the student to ask follow-up questions and create an attendance plan to address the barriers to attendance.

Complete the "For School Use Only" section at the bottom, including what steps will be taken and when a follow up will occur.

Attach assessment and any follow up documentation to the truancy petition should you need to file one (required for secondary students only)

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Date completed: _____ School: _____

Student Name: _____Grade: _____ IEP/504? ☐ YES ☐ NO

SCHOOL

1. What do you like about school? (check all that apply) ☐spending time with friends ☐ teachers ☐ classes are interesting ☐ getting out of the house ☐ sports/clubs ☐ I want to go to college ☐ other_____
2. Which adult(s) at school do you connect with or feel comfortable asking for help? _____

   _____ Have you connected with them recently? ☐ YES ☐ NO
3. I am feeling stressed or overwhelmed in my academics and/or course load ☐ YES ☐ NO If yes, please let us know what subjects are most challenging: _____
4. How welcome, safe, and supported do you feel at school? (not at all) 1 2 3 4 5 6 7 8 9 10 (extremely welcome, safe, supported) If you chose less than 10, what would make your score higher? _____

   _____
5. Who do you consider your friends at school? _____

   _____
6. How do you get to school in the morning? (circle) BUS WALK BIKE DRIVE/GET DROPPED OFF
   Do you need help with transportation? ☐ YES ☐ NO

OUTSIDE OF SCHOOL

7. Tell me who you currently live with: _____
8. Who is/are the adult(s) in your life you feel most supported by? _____

   Why? _____
9. Are there things outside of school that stress you out? ☐ YES ☐ NO

   If yes, what? _____
10. What do you do in your free time? _____

    _____
11. What happens at home if you miss school?_____

    _____
12. How do you get up for school in the morning? ☐alarm (clock/phone) ☐adult ☐brother/sister ☐other_____

HEALTH

13. Do you currently have any health issues that affect your school attendance? ☐ YES ☐ NO

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If yes, what are they? _____

What help do you need to deal with them? _____

14. Which of the following feelings do you experience most frequently? (check all that apply)

☐ Worry ☐ Frustration ☐ Sadness ☐ Anger ☐ Excitement ☐ Anxious ☐ Happiness ☐ Hopelessness ☐ Calm

15. Do any of these feelings keep you from doing what you want? ☐ YES ☐ NO If yes, which ones?
_____

16. How do you sleep? ☐ Not very well ☐ Fairly well ☐ Great What time do you go to bed? _____

17. What do you do before going to bed? _____

MORE ABOUT YOU

18. One or two things you wish people knew about you: _____
_____

19. What future jobs are you interested in? _____

Score how often these statements describe you:	None of the time	Some of the time	Half of the time	Most of the time	All of the time
I think I am doing pretty well.	☐	☐	☐	☐	☐
I can think of many ways to get the things in life that are most important to me.	☐	☐	☐	☐	☐
I am doing just as well as other kids my age.	☐	☐	☐	☐	☐
When I have a problem, I can come up with lots of ways to solve it.	☐	☐	☐	☐	☐
I think the things I have done in the past will help me in the future.	☐	☐	☐	☐	☐
Even when others want to quit, I know that I can find ways to solve the problem.	☐	☐	☐	☐	☐

FOR SCHOOL USE ONLY:

Student's adult connection(s) at school: _____

Primary barriers to attendance/engagement: _____

_____

Assessment reviewed with student by:_____ Date _____

Immediate steps taken: _____

FOLLOW UP SCHEDULED FOR: _____ **Type of follow up:** _____