I-7340 IKEC-EC

GADSDEN INDEPENDENT SCHOOL DISTRICT

High School Campus:_	
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ABSENCE REVIEW CONFERENCE & RESULTING AGREEMENT									
Student Name:		ID#:	Grade:						
the school Attendance Commit	tee/Administrator for an A	bsence Review Confe	nake an appointment to meet with erence. The student named above t) which are considered excessive.						
Date	Time		Location						
PRIOR to the scheduled meeting, the student is required to address the following questions. (Please use separate paper for the answers.) A. What were the circumstances that caused you to have excessive absences in your classes? B. Gadsden Independent School District students are expected to be in attendance 90% of the time. Therefore, any high school student missing more than 17 days of a course is in danger of losing credit in that course. In order to avoid loss of credit due to excessive absences, a student must meet certain criteria to be considered for credit recovery. Do you feel you should be given the opportunity to participate in credit recovery? If yes, why? C. What actions or consequences do you believe would be appropriate to make sure excessive absences do not happen again in the future? D. Please prepare any documentation regarding the absences you would like to present to the committee. (Documentation will not be returned, so please make copies as needed.)									
scheduled Absence Review Cor	ABSENCE REVIEW C	ttendance Committe							
Date of Conference:			Present? Yes No						

Student:______Present? Yes No

RESULTING AGREEMENT (check all that were agreed to at the Conference)

			_					
	An (additional) Parent	Conference v	will be held on: _			_		
	For 9 consecutive scho the student will not acc				, through n any one class.			
	The student will attend after-school tutoring and/or summer school to make up a total ofhours. Procedures and the location of make-up hours will be provided at a later date.							
	Other conditions or ter	ms agreed to	o:					
Co	mments or Notes:							
	ch individual signing bel oid losing credit in classe	_			reement in order that the student may	,		
Administrator/Designee (Date)		Student Signature	(Date)	Parent Signature (Date)				
Otl	her committee member	s/administra	ator(s) in attenda	ance:				
Nan	ne	Position		Name	Position			
 Nan	ne	Position		Name	Position			
——Nan		Position		Name	Position			