

EXHIBIT

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GADSDEN INDEPENDENT SCHOOL DISTRICT

High School: _____

ABSENCE REVIEW CONFERENCE & RESULTING AGREEMENT

Student Name: _____ ID#: _____ Grade: _____

Please contact the Attendance Office at (575) _____ to make an appointment to meet with the school Attendance Committee/Administrator for an Absence Review Conference. The student named above has accumulated _____ absences (see attached Attendance Report) which are considered excessive.

Scheduled Appointment

| 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.)

Please bring this paper, the student answers to the questions above, and all other documentation to the scheduled Absence Review Conference with the School Attendance Committee.

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ABSENCE REVIEW CONFERENCE

Date of Conference: _____

Parent/Guardian: _____ Present? Yes No

Student: _____ Present? Yes No

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

| | |
|--------------------------|--|
| <input type="checkbox"/> | An (additional) Parent Conference will be held on: _____ |
| <input type="checkbox"/> | For 9 consecutive school weeks, beginning _____, through _____, the student will not accumulate more than 5 additional absences in any one class. |
| <input type="checkbox"/> | The student will attend after-school tutoring and/or summer school to make up a total of _____ hours. Procedures and the location of make-up hours will be provided at a later date. |
| <input type="checkbox"/> | Other conditions or terms agreed to: |
| Comments or Notes: | |

Each individual signing below agrees to the terms of the Resulting Agreement in order that the student may avoid losing credit in classes due to excessive absences.

 Administrator/Designee (Date) Student Signature (Date) Parent Signature (Date)

Other committee members/administrator(s) in attendance:

| | | | |
|------|----------|------|----------|
| Name | Position | Name | Position |
| Name | Position | Name | Position |
| Name | Position | Name | Position |