



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
Student Attendance
Study Team Meeting Report

This report is completed during the Attendance Study Team meeting to document reasons for absences, interventions and potential remedies. The completed form becomes part of the Truancy Packet.

STUDENT NAME <i>(last, first, middle initial)</i>		
STUDENT ID NUMBER	GRADE	CURRENT DATE
SCHOOL		
DATE OF BIRTH	CURRENT AGE	

State student's/parent/guardian's reason(s) for absences

State parent/guardian's attempt to remediate the attendance problem

Is the student under the care of a licensed physician? Yes No If yes, explain care provided:

Has the parent provided the school with medical documentation? Yes No

Florida school law requires that a student who is continually sick and repeatedly absent from school be under the supervision of a licensed practicing physician, attested to by a written statement from the physician. [F.S. 1003.24(4)]

Is the completed and signed *Release or Transfer of Student Information (PBSD 0313)* included? Yes No NA

Is the student involved with any community agencies (i.e., DCF, DJJ, counseling, etc.)? Yes No

If "Yes" specify agencies

Description of school's interventions or proposed interventions

Parent/guardian's plan of action

_____ SIGNATURE OF PERSON COMPLETING FORM	_____ DATE	_____ PRINT NAME/TITLE
_____ SIGNATURE OF MEETING ATTENDEE	_____ DATE	_____ PRINT NAME / TITLE
_____ SIGNATURE OF MEETING ATTENDEE	_____ DATE	_____ PRINT NAME / TITLE
_____ SIGNATURE OF MEETING ATTENDEE	_____ DATE	_____ PRINT NAME / TITLE
_____ SIGNATURE OF PARENT/GUARDIAN	_____ DATE	_____ PRINT NAME

Student Attendance Study Team Meeting Report

STUDENT NUMBER	CURRENT DATE
----------------	--------------

Other pertinent information:

Conclusion: