

# Attendance Assessment with HOPE Scale

Created by Peninsula School District

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ IEP/504? \_\_\_\_\_

## SCHOOL

What do you like about school? (check all that apply)  spending time with friends  teachers  
 classes are interesting  getting out of the house  I want to go to college  
 other \_\_\_\_\_

Do you feel behind in school or in your classes? (circle) YES NO  
If yes, which classes? \_\_\_\_\_

Do you have conflict with people at school? (circle) YES NO If yes, who? \_\_\_\_\_

Which adults would you feel comfortable asking for help? \_\_\_\_\_

On a scale of 1-5, how welcome and supported do you feel at school?  
Not welcome and supported at all 1 2 3 4 5 Extremely welcome and supported

Why? \_\_\_\_\_

How do you get to school in the morning? (circle) BUS WALK BIKE OTHER: \_\_\_\_\_

What keeps you from attending school? \_\_\_\_\_  
\_\_\_\_\_

Who are your closest friends? \_\_\_\_\_

## HOME

Who do you live with: \_\_\_\_\_

Who is the adult in your life you feel most supported by? \_\_\_\_\_

Why? \_\_\_\_\_

Are there things at home that stress you out? (circle) YES NO If yes, what? \_\_\_\_\_  
\_\_\_\_\_

What happens at home when you miss school? \_\_\_\_\_  
\_\_\_\_\_

How do you get up for school in the morning? (check all that apply)  
 alarm (clock/phone)  parent  brother/sister  other \_\_\_\_\_

What do you do for fun when you are not at school? \_\_\_\_\_  
\_\_\_\_\_

FOR ADMIN USE:

## ASSESSMENT OF BARRIERS TO ATTENDANCE

**HEALTH**

FOR ADMIN USE:

Do you have any health issues that affect your school attendance? (circle) YES NO

If yes, what are they? \_\_\_\_\_

What help do you need to do to deal with them? \_\_\_\_\_

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

worry frustration sadness anger excitement hopelessness happiness

Are there any of these feelings that keep you from doing what you want? (circle) YES NO

Which ones? \_\_\_\_\_

What time do you usually go to sleep on a school night? \_\_\_\_\_

Do you think you get enough sleep? (circle) YES NO

Have you ever (check all that apply) smoked/chewed tobacco vaped used alcohol used drugs

Do you have friends or family who use any of the above? (circle) YES NO

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.					

What future jobs are you interested in? \_\_\_\_\_

What is the coolest thing about you? \_\_\_\_\_

**FOR ADMINISTRATOR USE ONLY:**

When the student misses school, they GET: \_\_\_\_\_ or AVOID: \_\_\_\_\_

Primary barriers to attendance:

\_\_\_\_\_

Assessment reviewed with student by: \_\_\_\_\_ Date: \_\_\_\_\_

