

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can think of many ways to get the things in life that are most important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am doing just as well as other kids my age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I have a problem, I can come up with lots of ways to solve it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think the things I have done in the past will help me in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Even when others want to quit, I know that I can find ways to solve the problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:** _____