

Attendance

Handbook





Glossary of Terms

Unexcused Absence – When a child is absent from school and the parent has no knowledge of and is not in support of the absence.

C. H. I. N. S. Team – An intervention that provides the parent and child an opportunity to avoid having a formal C.H.I.N.S. Petition filed with the Juvenile and Domestic Relations Court.

Child In Need of Supervision Petition (C. H. I. N. S.) – A child who, while subject to compulsory school attendance, is habitually and without justification absent from school (see page 16 for extended definition).

Attendance Officer – Person assigned to assist with attendance issues such as home visits, calls to parents, submission of court referral packages and attendance at court hearings. *Paperwork is to be completed by persons identified on pages two and three.*

Please Note - Excused absences in excess of eight (8) days should be reported to Youth Risk Prevention on the form found on page sixteen (16) of this document.

Portsmouth Public Schools does not discriminate on the basis of sex, race, color, religion, disabilities, or national origin in employment or its educational programs and activities

Office of Youth Risk Prevention

2801 Turnpike Road • Portsmouth, Virginia 23707-1205

(757) 393-8411 • Fax (757) 393-5140

ATTENDANCE PROCEDURES

PARENT CONTACT SHOULD BE MADE WHEN A CHILD:

- Fails to report to school and the parent has failed to provide written documentation explaining the absence. (**PLEASE NOTE:** Upon return to school following an absence written documentation must be provided whether or not the child is accompanied by a parent/guardian.)

SCHOOL OBLIGATIONS:

- Make reasonable effort to contact parent/guardian to verify awareness of absence whenever a student fails to report to school.
- Make direct contact with the parent/guardian following the 2nd absence by telephone, mail, or home visit **when there has been no parental response to previous contact attempts.**
- The Principal/designee shall participate in an attendance conference with the parent/guardian, student, and teacher following the 4th unexcused absence to identify possible interventions.
- Initiate building level interventions following the 4th unexcused absence and required conference (ex. CHINS Team referral, Child Study, home visits, telephone calls, parent support initiatives).
- Provide a complete court action package to the Attendance Officer/Student Resource Liaison with written documentation to support proper implementation of identified interventions following the 4th unexcused absence.

TEACHER OBLIGATIONS:

- Contact parent/guardian to obtain explanation regarding absences via telephone or mail and maintain contact log information.
- Following the 1st unexcused absence, contact parent to:
 - ✓ give notification of the number of unexcused absences
 - ✓ request explanation/documentation of unexcused absences (**in writing**)
 - ✓ remind parent/guardian of legislative requirements and the need to improve attendance
- Following the 2nd unexcused absence, continue efforts to make direct parent contact to obtain documentation for absences. Make parent/guardian aware of attendance record to date and possible consequences.
- Following the 4th unexcused absence, forward an attendance referral to the Principal/designee (complete the front in its entirety and **pay special attention to parent contact information**).
- Provide Principal/designee with written documentation needed to complete court package.
- **Provide written documentation to the Attendance Officer/Student Resource Liaison if absences continue to accrue after initiation of court package.**

ATTENDANCE OFFICER OBLIGATIONS:

- Make home visits, assist with parent/guardian calls
- **Acknowledge receipt of Court Action Referral package**
- Contact the parent/guardian regarding referral
- Identify Learnfare students
- Assist with CHINS Team process
- File court referral package following an investigation
- Forward court referral information to the appropriate sources
- **Give feedback to referring school regarding disposition of court case**

Attendance Legislation Code Requirements and Procedures



CODE - ATTENDANCE REQUIREMENTS (2.1-258)	PORTSMOUTH PUBLIC SCHOOLS PROCEDURES
1. Any unexcused absence – Parent/guardian contacted to obtain explanation via telephone	1. Same as code. Make a reasonable effort to contact parent/guardian to verify knowledge whenever a student fails to report to school and maintain contact log information.
2. 5th unexcused absence – Direct contact via telephone/in person to obtain explanation of absence and explain consequence of nonattendance.	<p>2. 1st unexcused absence – Teacher continues attempts to make contact with parent/guardian to give notification of the number of unexcused absences and obtain written documentation. This will be considered an informal assessment, and the basis for a plan to improve attendance.</p> <p>2nd unexcused absence – Teacher will send letter to parent/guardian informing them of the student’s attendance record, possible consequences, and the need for a response (see Letter to Parent p.12).</p> <p>3rd unexcused absence – Teacher will initiate attendance referral and forward to Principal/designee. The Principal/designee will schedule conference with parent/guardian regarding unexcused absences and document on the back of the attendance referral: 1.) assessment of the problem -ex. lack of parental involvement and 2.) intervention recommendations - ex. CHINS Team referral, parent workshops, family support plan, etc.</p>
3. 6th unexcused absence – Principal/designee will schedule a conference within 10 days to be held within 15 days.	3. 4th unexcused absence – The principal/designee will ensure follow-up on identified building level interventions (see 5 th absence #2).
4. 7th unexcused absence – Complaint to intake (juvenile) or to Magistrate (parent/guardian)	<p>4. 5th unexcused absence – The principal/designee will begin the court referral process by ensuring completion of the court referral package, including the CHINS Team referral and forward to Attendance Officer/Youth Risk Prevention.</p> <p>5. Court package forwarded to Juvenile & Domestic Relations Court</p>

**PORTSMOUTH CITY PUBLIC SCHOOLS
ATTENDANCE REFERRAL**

PART I: *To be completed by teacher:*

Fill out completely

Student _____	DOB _____	Age _____	Sex _____
			Race _____
School _____	Grade: _____	Student Number: _____	
Teacher _____	Special Ed. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian _____	Street Address _____		
Foster Care <input type="checkbox"/> Yes <input type="checkbox"/> No	Apt. # _____ Zip Code _____		
Case Worker _____			
Home Phone _____	Work Phone _____		
Emergency Contact Person _____	Emergency Number _____		

A. Attendance Information *(This information must be completed prior to submission to Youth Risk Prevention).*

Days in membership _____
 Days absent this year _____
 Number unexcused absences _____ *(do not include suspensions)*
 Number of excused absences _____
 Number days suspended _____

B. Parent Contact *(This information must be completed to show proof of intervention should court action become necessary)*

Date(s) attendance letter mailed

Date(s) home visit(s) SRL/SSW/AT

Date(s) of telephone contact

Results of contact:

Referred by _____ Title _____

Telephone _____ Date _____

Teacher Signature _____

Student's Name _____

PART II: *(To be completed by Principal/Designee)*

Parent Conference Held _____

ASSESSMENT OF PROBLEM *(What factors contributed to truancy?)*

INTERVENTION RECOMMENDATIONS *(include timeframe for achieving compliance)*

COMMENTS *(include performance requirements that constitute compliance)*

Principal/Designee

Date

Parent/Guardian

Date

**** Parents must receive a copy of this page ****

DATA FOR COURT REFERRAL

Student's Name _____

DOB _____

School _____

Date of Enrollment _____

Days in Membership _____

Excused Absences _____

Unexcused Absences w/o suspensions _____

Number of suspensions _____

Attach The Following:

- A. Copy of attendance record (log) kept by the teacher _____
- B. Copy of parent/guardian contacts documenting unexcused absences _____
- C. Report of Youth Risk contacts with student, parent and outside agencies ____
- D. Copy of Principal's Attendance letter to parent ____
- E. Copy of Teacher/School Social Worker letter of attendance _____
- F. Copy of Coordinator's letter to parent _____
- G. Copy of Teacher, School Social Worker, Resource Liaison, and/or School Psychologist referrals for services this school year ____
- H. Copy of any other information that may be used at the court hearing (outside agency data) ____
- I. A list of **interventions and outcomes** documenting compliance/non-compliance ____
- J. Copy of CHINS Team referral _____
- K. Summary of attendance history, if applicable _____

An Equal Opportunity Employer

PRINCIPAL'S REQUEST FOR COURT ACTION

ATTENDANCE LAW VIOLATION (Code of Virginia §22.1-258)

TO: Office of Youth Risk Prevention

FROM: School _____

Address _____

RE: Student Name _____

DOB _____ Age _____ Grade _____

Student Number _____

Parent/Guardian _____

Address _____ Telephone _____

Membership	_____	days
Present	_____	days
Excused Absences	_____	days
Unexcused Absences	_____	days (w/o suspensions)
Number of Suspensions	_____	days

Signature of Principal

Date

SRL/SSW Signature

Date

Notification of request for court action sent to parent:

Date

Coordinator's Approval _____

Coordinator's Signature

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PRINCIPAL'S COURT REFERRAL CHECKLIST

Re: _____ Membership _____ Days
Address: _____ Present _____ Days
Birthday: _____ Age: _____ Excused Absences _____ Days
Unexcused Absences _____ Days
(w/o suspensions)
Number of Suspensions _____ Days

Contacts

Dates

Principal (verbal)	_____
Teacher (verbal)	_____
School Social Worker	_____
Student Resource Liaison	_____
Other	_____
Principal's Letter to Parent	_____
Teacher's Letter (s) to Parent:	_____

Witnesses to be subpoenaed:

1. Name: _____
2. Address: _____

- Phone: _____

3. Name: _____
4. Address: _____

- Phone: _____

_____/_____
Principal's Signature *Date*

**PORTSMOUTH CITY PUBLIC SCHOOLS
ATTENDANCE REFERRAL**

PART I: **To be completed by teacher**

Fill Out Completely

Student _____	DOB _____	Age _____	Sex _____ Race _____
School _____	Grade: _____	Student Number: _____	
Teacher _____	Special Ed. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian _____	Street Address: _____		
Foster Care <input type="checkbox"/> Yes <input type="checkbox"/> No Case Worker _____	Apt. # _____ Zip Code _____		
Home Phone _____	Work Phone _____		
Emergency Contact Person _____	Emergency Number _____		

A. Attendance Information *(This information must be completed prior to submission to Youth Risk Prevention).*

Days in membership _____
 Days absent this year _____
 Number unexcused absences _____ *(do not include suspensions)*
 Number of excused absences _____
 Number days suspended _____

B. Parent Contact *(This information must be completed to show proof of intervention should court action become necessary)*

Date(s) attendance letter mailed

Date(s) home visit(s) SRL/SSW/AT

Date(s) of telephone contact

Results of contact:

Referred by _____

Title _____

Telephone _____

Date _____

Teacher Signature _____

Student's Name _____

PART II: (To be completed by Principal/Designee)

Parent Conference Held _____

ASSESSMENT OF PROBLEM (What factors contributed to truancy?)

INTERVENTION RECOMMENDATIONS (include timeframe for achieving compliance)

COMMENTS (include performance requirements that constitute compliance)

Principal/Designee

Date

Parent/Guardian

Date

**** Parents must receive a copy of this page ****

Student's Name _____

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Office of Youth Risk Prevention

Department of Curriculum and Instruction
3651 Hartford Street * Portsmouth, VA 23707
(757) 393-8411 * Fax (757) 393-5140

**CHILD IN NEED OF SERVICES (CHINS)
Truancy Team
INITIAL REFERRAL PACKET**

Referral packet submitted by: _____ / _____
(Person / Agency submitting referral packet) **Date**

Referent's telephone number: _____

Attendance Officer assigned to the case: _____

The following documents must be submitted with referral packet if applicable:

- _____ Attendance records
- _____ Summaries of school interventions/efforts
- _____ Recent summary of any services
(i.e. hospitalization, home based counseling, psychological evaluations)
- _____ Current IEP/Educational testing
- _____ Recent report cards/Grades

For CHINS Team use only

Date referral packet received by (YRP) Office: _____

Date referral packet reviewed by YRP Program: _____

Date/Time set for initial team staffing: _____

Date Parent/Legal Guardian Notified: _____

These items must be completed prior to submitting referral packet to the Office of Youth Risk Prevention:

Fully completed Referral Packet (incomplete packets will be returned for completion/additional information
Should be completed prior to scheduling)

Complete and Release of Information

Student's Name _____

CHINS REFERRAL CASE INFORMATION

Fill out completely

Client's Name _____ DOB _____ Age _____

SSN _____ Race _____ Please Circle Female or Male

Address _____ / _____
Street Name Zip Code

Insurance Company _____ Policy# _____ (Attach policy)

Does the family receive any Social Services benefits (i.e. food stamps, general relief, TANF)? ___ Yes ___ No

Education

Current school attended _____

Special Education Please Circle ED LD ID OHI Pending None Other _____

Grade Please summarize any recent disciplinary problems in school and academic progress.

Please attach attendance records

Court Services

Is the child on probation? Yes _____ or No _____

Who is the child's probation officer? _____

Reason for child being on probation? _____

Please list all strategies by school personnel to get the child/youth to attend school (i.e. meetings, referrals, Home visits – included summary of all interventions):

What services have already been utilized for this child and give dates of service (i.e. counseling, medication management, home based counseling, etc.)? Have these services been effective?

Student's Name _____

What efforts has the family made to get the child to attend school?

Has the family been available as needed by the school and complied with all the school recommendations?

FAMILY PROFILE

Parents/Guardians

Fill out completely

Biological Mother _____

Date of Birth _____

Address _____

Telephone number _____

Marital Status _____

Legal Guardian _____

Relationship _____

Date of Birth _____

Address _____

Telephone number _____

Income _____

Biological Father _____

Date of Birth _____

Address _____

Telephone number _____

Marital Status _____

Legal Guardian _____

Relationship _____

Date of Birth _____

Address _____

Telephone number _____

income _____

Student's Name _____

Family profile cont. on next page

FAMILY PROFILE CONT.

Fill out completely

Siblings

Name _____

Date of birth _____

Reside with _____

School _____

Grade _____ Sp. Ed _____

Significant issues _____

Name _____

Date of birth _____

Reside with _____

School _____

Grade _____ Sp. Ed _____

Significant issues _____

Name _____

Date of birth _____

Reside with _____

School _____

Grade _____ Sp. Ed _____

Significant issues _____

Siblings

Name _____

Date of Birth _____

Reside with _____

School _____

Grade _____ Sp. Ed _____

Significant Issues _____

Name _____

Date of Birth _____

Reside with _____

School _____

Grade _____ Sp. Ed _____

Significant Issues _____

Name _____

Date of Birth _____

Reside with _____

School _____

Grade _____ Sp. Ed _____

Significant Issues _____

Student's Name _____

CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, _____, am signing this form for
Full printed name of consenting person or persons

Full printed name of Client

_____/_____/_____
Client's Address Client's Birth date Client's SSN - Optional

My relationship to the client is: Self Parent Power of Attorney Guardian
 Other Legally Authorized Representative

I want the following confidential information about the client (except drug or alcohol abuse diagnosis or treatment information) to be exchanged

Yes	No	Yes	No	Yes	No
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

Assessment Information Medical Diagnosis Educational Records
Financial Information Mental Health Psychiatric Records
Benefits/Services Needed Medical Records Criminal Justice Records
Planned, and/or Received Psychological Records Employment Records

Other information (write in)
I want _____

(Name and address of referring agency and staff contact person)

And the following other agencies to be able to exchange this information:

Court Services Unit
Department of Behavioral Healthcare Services
Portsmouth Health Department
Portsmouth Public Schools
Portsmouth Department of Social Services
Portsmouth Public Schools/CHINS Team, Parent Representative and Private Provider Representatives

Other Agencies _____
Are more agencies listed on back? Yes No

I want this information to be exchanged ONLY for services coordination, treatment planning and recommendations.
Yes No

I want information to be shared in writing in the CHINS meeting by phone and by computerized data. Yes No

I want to share additional information received after this consent is signed. Yes No

This Consent is good for **ONE YEAR** from the **DATE** of **SIGNATURE**

Date

Student's Name _____

- I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn.
- I have the right to know what information about me has been shared and why, when, and whom it was shared. If I ask, each agency will show me this information.
- I want all the agencies to accept a copy of this form as a valid consent to share information.
- If I do not sign this form information will not be shared and I will have to contact each agency individually to give them the information about me that is needed.

Signature _____ *Consenting person(s)* Date _____

Person explaining Form _____ / _____
Name Title

Student's Name _____

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Office of Youth Risk Prevention

Department of Curriculum and Instruction
3651 Hartford Street * Portsmouth, VA 23707
(757) 393-8411 * Fax (757) 393-5140

**CHILD IN NEED OF SERVICES (CHINS)
Truancy Team
INITIAL REFERRAL PACKET**

Referral packet submitted by: _____ / _____
(Person / Agency submitting referral packet) *Date*

Referent's telephone number: _____

Attendance Officer assigned to the case: _____

The following documents must be submitted with referral packet if applicable:

- _____ Attendance records
- _____ Summaries of school interventions/efforts
- _____ Recent summary of any services
(i.e. hospitalization, home based counseling, psychological evaluations)
- _____ Current IEP/Educational testing
- _____ Recent report cards/Grades

For CHINS Team use only

Date referral packet received by (YRP) Office: _____

Date referral packet reviewed by YRP Program: _____

Date/Time set for initial team staffing: _____

Date Parent/Legal Guardian Notified: _____

These items must be completed prior to submitting referral packet to the Office of Youth Risk Prevention:

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Should be completed prior to scheduling)

Complete and Release of Information

Student's Name _____

CHINS REFERRAL CASE INFORMATION

Fill out completely

Client's Name _____ DOB _____ Age _____

SSN _____ Race _____ Please Circle Female or Male

Address _____ / _____
Street Name Zip Code

Insurance Company _____ Policy# _____ (Attach policy)

Does the family receive any Social Services benefits (i.e. food stamps, general relief, TANF)? ___ Yes ___ No

Education

Current school attended _____

Special Education Please Circle ED LD ID OHI Pending None Other _____

Grade Please summarize any recent disciplinary problems in school and academic progress.

Please attach attendance records

Court Services

Is the child on probation? Yes _____ or No _____

Who is the child's probation officer? _____

Reason for child being on probation? _____

Please list all strategies by school personnel to get the child/youth to attend school (i.e. meetings, referrals, Home visits – included summary of all interventions):

What services have already been utilized for this child and give dates of service (i.e. counseling, medication management, home based counseling, etc.)? Have these services been effective?

Student's Name _____

What efforts has the family made to get the child to attend school?

Has the family been available as needed by the school and complied with all the school recommendations?

FAMILY PROFILE

Parents/Guardians

Fill out completely

Biological Mother _____

Date of Birth _____

Address _____

Telephone number _____

Marital Status _____

Legal Guardian _____

Relationship _____

Date of Birth _____

Address _____

Telephone number _____

Income _____

Biological Father _____

Date of Birth _____

Address _____

Telephone number _____

Marital Status _____

Legal Guardian _____

Relationship _____

Date of Birth _____

Address _____

Telephone number _____

income _____

Student's Name _____

Family profile cont. on next page

FAMILY PROFILE CONT.

Fill out completely

Siblings

Name _____

Date of birth _____

Reside with _____

School _____

Grade _____ Sp. Ed _____

Significant issues _____

Name _____

Date of birth _____

Reside with _____

School _____

Grade _____ Sp. Ed _____

Significant issues _____

Name _____

Date of birth _____

Reside with _____

School _____

Grade _____ Sp. Ed _____

Significant issues _____

Siblings

Name _____

Date of Birth _____

Reside with _____

School _____

Grade _____ Sp. Ed _____

Significant Issues _____

Name _____

Date of Birth _____

Reside with _____

School _____

Grade _____ Sp. Ed _____

Significant Issues _____

Name _____

Date of Birth _____

Reside with _____

School _____

Grade _____ Sp. Ed _____

Significant Issues _____

Student's Name _____

CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, _____, am signing this form for
Full printed name of consenting person or persons

Full printed name of Client

_____/_____/_____
Client's Address Client's Birth date Client's SSN - Optional

My relationship to the client is: Self Parent Power of Attorney Guardian
 Other Legally Authorized Representative

I want the following confidential information about the client (except drug or alcohol abuse diagnosis or treatment information) to be exchanged

- | | | | | | | | | |
|------------------------------|-----------------------------|--|------------------------------|-----------------------------|-----------------------|------------------------------|-----------------------------|--------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Assessment Information | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Medical Diagnosis | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Educational Records |
| <input type="checkbox"/> | <input type="checkbox"/> | Financial Information | <input type="checkbox"/> | <input type="checkbox"/> | Mental Health | <input type="checkbox"/> | <input type="checkbox"/> | Psychiatric Records |
| <input type="checkbox"/> | <input type="checkbox"/> | Benefits/Services Needed
Planned, and/or Received | <input type="checkbox"/> | <input type="checkbox"/> | Medical Records | <input type="checkbox"/> | <input type="checkbox"/> | Criminal Justice Records |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Psychological Records | <input type="checkbox"/> | <input type="checkbox"/> | Employment Records |

Other information (write in)
I want _____

(Name and address of referring agency and staff contact person)

And the following other agencies to be able to exchange this information:

- Court Services Unit
 - Department of Behavioral Healthcare Services
 - Portsmouth Health Department
 - Portsmouth Public Schools
 - Portsmouth Department of Social Services
 - Portsmouth Public Schools/CHINS Team, Parent Representative and Private Provider Representatives
- Other Agencies _____
Are more agencies listed on back? Yes No

I want this information to be exchanged ONLY for services coordination, treatment planning and recommendations.
Yes No

I want information to be shared in writing in the CHINS meeting by phone and by computerized data. Yes No

I want to share additional information received after this consent is signed. Yes No

This Consent is good for **ONE YEAR** from the **DATE** of **SIGNATURE**

Date

Student's Name _____

- I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn.
- I have the right to know what information about me has been shared and why, when, and whom it was shared. If I ask, each agency will show me this information.
- I want all the agencies to accept a copy of this form as a valid consent to share information.
- If I do not sign this form information will not be shared and I will have to contact each agency individually to give them the information about me that is needed.

Signature _____ *Consenting person(s)* Date _____

Person explaining Form _____ / _____ Date _____
Name Title

Portsmouth Public Schools

Office of the Principal Everyone's
Elementary School
1502 World Place • Happy Haven 67890
(377) 999-0000 • Fax (377) 999-0078

SAMPLE

Counselor's Report on:

Student Number: 0000000

Date: February 20, 2018

_____ is a seven year old First Grade student who has **currently missed 51** days of school. Of her 51 days absent, 26 have been excused (all 26 days due to head lice) and 25 days have been unexcused (12 days due to head lice). She has been out with head lice six times this year.

_____ is currently in her third year of First Grade. She has repeated the past two years because the number of days absent prevented her from mastering all of the First Grade objectives.

During the 14-15 school year **she missed 60 days of First Grade.**

During the 15-16 school year **she missed 44 days of First Grade.**

During the 16-17 school year **she missed 56 days of Kindergarten.**

The school nurse has spoken to the parent/guardian on several occasions regarding the treatment of head lice. Parents did not attend a seminar offered on head lice treatment. Attempts have also been made to contact the family by the Assistant Principal.

Three Attendance referrals were turned in to the Attendance Officer/ Resource Liaison last year on the following dates: _____, _____, and _____.

Counselor
Everyone's Elementary School

An Equal Opportunity Employer

Dear Sir or Madam:

On March 27, 2018, the General Assembly of Virginia passed into law new legislation governing school attendance. This communication serves to inform you of that legislation and corresponding procedures developed by Portsmouth City Public Schools.

In summary, the legislation states the following: Whenever a student fails to report to school on a regularly scheduled school day and there is no indication that the parent is aware of the absence, reasonable effort will be made to contact the parent and obtain an explanation for the absence. When a student is absent from school for a total of **five scheduled school days** for the school year and there is no indication that the parent is aware of the absences and a reasonable effort to notify the parent has failed, an attempt to make direct contact by telephone or in person will be made to obtain an explanation for the absence and to explain to the parent the consequences of continued non-attendance. At this time the parent, the student and the attendance officer will develop a plan to resolve the non-attendance.

If the student is absent an additional day (**day six**) after direct contact with the parent and there is no indication that the parent is aware of the absence a conference will be held within fifteen days to resolve issues related to the non-attendance. If there is another absence (**day seven**) and there is no indication that the parent is aware of or supports the absence the school principal will proceed with one or both of the following actions: 1) **filing a complaint** with the juvenile and domestic relations court alleging the student is a child in need of supervision (petition against the child) or 2) **instituting proceedings** against the parent. If both parents have been awarded joint physical custody and the school has received notice of such, both parents will be notified. **Portsmouth City Public Schools** will begin the parent notification process leading to filing of a legal petition after the **fourth unexcused absence** by sending a letter to the parent/guardian or making a home visit to obtain a written explanation of the absence. If there is a **fifth unexcused absence** an attendance referral will be completed by the teacher and sent to the Principal. A **conference** with the student, parent, and appropriate school staff will be held within fifteen days to make recommendations for assessment/resolution of the problem. If there is a **sixth unexcused absence** the school principal will review the recommendations from the conference to ensure implementation. If there is a **seventh unexcused absence**, the school principal will initiate a petition with the Juvenile and Domestic Relations Court against either/or both the child and the parent.

If you need further information call Youth Risk Prevention at (757)-393-8411.

*To be placed on school letterhead



2018-2019 Teacher's Attendance Procedures

Number of Absences	Procedure
1 Absence	Teachers will receive a signed note with the parent's contact number. The teacher will call home on the day of absence and document the phone call and results in Powerschool
2 Absences	Teachers call home on the day of absence and document the phone call and results in Powerschool
3 Absences	Teachers call home on the day of absence and also send an Attendance Letter. Document both contacts in Powerschool
4 Absences	Teacher call home and document phone call in Powerschool
5 Absences	Send an Attendance Letter and place a phone call. A MANDATORY Attendance Referral shall be completed and submitted to the Truancy Officer w/ all documents contacts attached. This must take place before a home visit is conducted! *Home visit will be conducted. *Mandatory Parent Conference – CHINS Completed
6 Absences	Teacher call home and document phone call in Powerschool
7 Absences	Teachers call home on the day of absence and also send an Attendance Letter. Document both contacts in Powerschool *CHINS Submitted
8 Absences	Teacher phone call home and document call in Powerschool
9 Absences	Teacher phone call home and document call in Powerschool
10 Absences	Send Final Attempt letter before court action and phone call to parent. *Court Action

A CHINS and Court Action cannot take place unless all attendance procedures are followed!

If you believe a child is out of zone please report it to the Principal or Attendance/Designee ASAP!

SAMPLE LETTER #1

Date: _____

Student Name: _____

Student Number: _____

Days in membership _____

Days absent this year _____

Number of excused absences _____

Number unexcused absences _____

Number of suspensions _____

Dear Parent/Guardian:

Please contact _____ at _____ upon receipt of this letter to address your child's school attendance. As shown above your child has accumulated _____ unexcused absences; state law requires your child to attend school regularly. Please provide your school with written documentation verifying knowledge of each day your child was absent. Failure to comply with this request **may** result in court action as required by the Code of Virginia § 22.1-258.

Thank you for your cooperation.

Sincerely,

Teacher

*To be placed on letterhead

An Equal Opportunity Employer

Portsmouth Public Schools

Office of Youth Risk Prevention
2801 Turnpike Road • Portsmouth, Virginia 23707
(757) 393-8411 • Fax (757) 393-5140

Date: _____

Student Name: _____

Student Number: _____

Days in membership _____
Days absent this year _____
Number of excused absences _____
Number unexcused absences _____
Number of suspensions _____

Dear Parent/Guardian:

Your child has been referred to Youth Risk Prevention due to the number of unexcused absences from school he/she has accumulated. Attendance laws for the Commonwealth of Virginia require that your child attend school regularly. After numerous attempts we have been unable to obtain a response from you regarding this matter.

Please contact _____ at _____ upon receipt of this letter to address this very important issue. **Failure to comply with this request will result in court action as required by the Code of Virginia § 22.1-279 and a fine up to \$500.00.**

Thank you for your cooperation.

Sincerely,

Attendance Officer/Student Resource Liaison

Youth Risk Prevention Coordinator

**MANDATORY PARENT ATTENDANCE MEETING
REQUEST
SCHOOL NAME**

DATE: _____

TO THE PARENT/GUARDIAN OF: _____
Student Name

Dear Mr./Ms. _____,

Our records show your child has accumulated _____ Unexcused Absences. If your child has violated the Attendance Policy and you claim extenuating and/or special circumstances for the number of absences, you may appeal to the Principal. To appeal, you must write a letter of explanation to the Principal stating the reason(s) why you are appealing the provisions of the Attendance Policy. The Attendance Policy (Section JED Policy Manual) for Portsmouth Public School is as follows:

Compulsory Attendance Procedures

A. Upon Fifth Absence without Parental Awareness and Support

If (1) a student fails to report to school for a total of five scheduled school days for the school year, and (2) there is no indication that the student's parent is aware of and supports the absence; and (3) reasonable efforts to notify the parent of the absences have failed, then the Principal or his designee or the attendance officer shall make a reasonable effort to ensure that direct contact is made with the parent, either in person or through telephone conversation, to obtain an explanation for the pupil's absence and to explain to the parent the consequences of continued nonattendance. The school principal or his designee or the attendance officer, the pupil, and the pupil's parent shall jointly develop a plan to resolve the pupil's nonattendance. Such plan shall include documentation of the reasons for the pupil's nonattendance.

B. Upon Sixth Absence without Parental Awareness and Support

If the pupil is absent an additional day after direct contact with the pupil's parent and the attendance officer has received no indication that the pupil's parent is aware of and supports the pupil's absence, either the school principal or his designee or the attendance officer shall schedule a conference within ten school days, which must take place no later than the fifteenth school day after the sixth absence. At the conference, the pupil, his parent, and school personnel, shall meet to resolve issues related to the pupil's nonattendance. Other community service providers may also be included in the conference.

A copy of your child's attendance profile is enclosed. **You are scheduled for an Attendance Meeting at SCHOOL NAME on _____ at _____ AM/PM. Please report to the Main Office. Failure to attend this mandatory meeting may result in COURT ACTION as required by the Portsmouth Public Schools Student Codes of Conduct (22.1-258).**

Sincerely,

Attendance Clerk/Designee

Cc: **Principal**

Enclosure(s)

Student _____

Parent _____

Compulsory Attendance Procedures

§ 22.1-279.3. Parental responsibility and involvement requirements.

A. Each parent of a student enrolled in a public school has a duty to assist the school in enforcing the standards of student conduct and compulsory school attendance in order that education may be conducted in an atmosphere free of disruption and threat to persons or property, and supportive of individual rights.

B. A school board shall provide opportunities for parental and community involvement in every school in the school division.

C. Within one calendar month of the opening of school, each school board shall, simultaneously with any other materials customarily distributed at that time, send to the parents of each enrolled student (i) a notice of the requirements of this section; (ii) a copy of the school board's standards of student conduct; and (iii) a copy of the compulsory school attendance law. These materials shall include a notice to the parents that by signing the statement of receipt, parents shall not be deemed to waive, but to expressly reserve, their rights protected by the constitutions or laws of the United States or the Commonwealth and that a parent shall have the right to express disagreement with a school's or school division's policies or decisions.

Each parent of a student shall sign and return to the school in which the student is enrolled a statement acknowledging the receipt of the school board's standards of student conduct, the notice of the requirements of this section, and the compulsory school attendance law. Each school shall maintain records of such signed statements.

A. Upon First Absence without Parental Awareness and Support

If (1) a student fails to report to school for a total of five scheduled school days for the school year, and (2) there is no indication that the student's parent is aware of and supports the absence; and (3) reasonable efforts to notify the parent of the absences have failed, then the Principal or his designee or the attendance officer shall make a reasonable effort to ensure that direct contact is made with the parent, either in person or through telephone conversation, to obtain an explanation for the pupil's absence and to explain to the parent the consequences of continued nonattendance. The school principal or his designee or the attendance officer, the pupil, and the pupil's parent shall jointly develop a plan to resolve the pupil's nonattendance. Such plan shall include documentation of the reasons for the pupil's nonattendance.

B. Upon fifth Absence without Parental Awareness and Support

If the pupil is absent an additional day after direct contact with the pupil's parent and the attendance officer has received no indication that the pupil's parent is aware of and supports the pupil's absence, either the school principal or his designee or the attendance officer shall schedule a conference within ten school days, which must take place no later than the **tenth school day after the sixth absence**. *At the conference, the pupil, his parent, and school personnel, shall meet to resolve issues related to the pupil's nonattendance. Other community service providers may also be included in the conference*

(Student's Signature)

Date

Parent/Guardian's Signature

Date

**PORTSMOUTH CITY PUBLIC SCHOOLS
ATTENDANCE REFERRAL**

PART I: To be completed by teacher-PLEASE COMPLETE EACH FIELD in RED

EXAMPLE

Student <u>John Doe</u>	DOB <u>6/2/2000</u>	Age <u>14</u>	Sex <u>M</u>
			Race <u>B</u>
School <u>Cradock</u>	Grade: <u>8</u>	Student Number: <u>123456789</u>	
Teacher <u>Ms. Susie Que</u>	Special Ed. [] Yes [X] No		
Parent/Guardian <u>Missy Doe</u>	Street Address: <u>1234 Smith St.</u>		
Foster Care [] Yes [X] No			
Case Worker _____	Apt. # <u>H</u>	Zip Code <u>23704</u>	
Home Phone <u>757-123-4567</u>	Work Phone <u>757-300-5678</u>		
Emergency Contact Person <u>757-123-7654</u>	Emergency Number <u>757-400-7890</u>		

A. Attendance Information (This information must be completed prior to submission to Youth Risk Prevention).

Days in membership 76
 Days absent this year 10
 Number unexcused absences 0 (do not include suspensions)
 Number of excused absences 0
 Number days suspended 0

B. Parent Contact (This information must be completed to show proof of intervention should court action become necessary)

Date(s) attendance letter mailed	10/1/14	10/5/14	10/10/14			
Date(s) home visit(s) SRL/SSW/AT						
Date(s) of telephone contact	9/15/14	9/15/14	10/1/14			
Results of contact:						

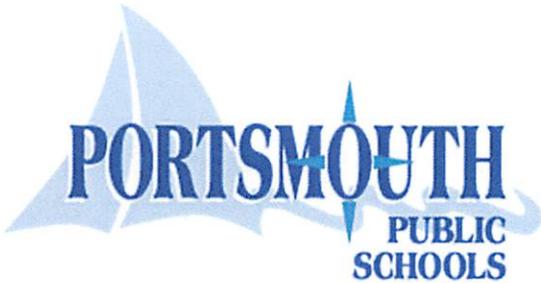
WHEN FILLING THIS SECTION OUT YOU MUST GIVE DETAIL INFORMATION REGARDING CONTACT RESULTS.

Example: timeline with dates and times

Referred by Susie Que Title Teacher

Telephone 757-393-5442 Date 12/10/14

Teacher Signature Susie Que



Office of Youth Risk Prevention
2801 Turnpike Road • Portsmouth, Virginia 23707
(757) 393-8411 • Fax (757) 393-5140

Dr. Rosalynn Sanderlin
Coordinator, Youth Risk Prevention

Frenchy Copeland
Attendance Liaison
I C Norcom High Cradock Middle
Brighton Elementary Douglass Park Elementary
James Hurst Elementary Victory Elementary

Tanishia Hinton
Attendance Liaison
Churchland High Churchland Middle
Churchland Elementary Churchland Academy
Churchland Primary Park View Elementary

Terence Green
Attendance Liaison
Woodrow Wilson High W E Waters Middle
Westhaven Elementary Simonsdale Elementary
Hodges Manor Elementary Lakeview Elementary

Derek Montgomery
Attendance Liaison
John Tyler Elementary Olive Branch PreSchool
New Directions Simonsdale Elementary
TRAEF Mt. Hermon Preschool

Angela Greene
Homeless Liaison