DENTON INDEPENDENT SCHOOL DISTRICT

CERTIFICATION OF TRUANCY INTERVENTIONS

| | Date: | Campus: |
|------------|--|---|
| | Student Name: | ID#: |
| | This student (circle one) does / do | pes not receive special education services. |
| | *The following steps must be documented be | fore a student can be charged with Failure to Attend. |
| | INTERVEN | TION MEASURES |
| | nird unexcused absence, the AP must review with th Court" and the district attendance policy in the Den | ne student "It's the Law" flyer, "Ten Tips on How to Stay out of Iton ISD Student Handbook. |
| not poss | | District Attendance Warning Letter at that time. If a conference is II be mailed to them. (Copy put in student's file and copy sent to |
| l, | | , made contact with parent/guardian on, |
| Date: | Time: | Method: |
| If initial | contact is not made with parent/guardian, you mu | st: |
| Repeat a | ttempts/alternative contacts: | |
| Attempt | alternative forms of contact: | |
| Optiona | | |
| | aturday School/mandatory tutoring to be completed | d by: |
| - | | |
| • | | cumenting that the above steps took place to the District |
| I certify | hat the preceding preventative measures were follo | owed and that the |
| (1) (2) | | oted under subsection (a) of Sec. 25.0915 to the student; and Ily address the student's conduct related to truancy. TEC 25.0915 |
| | Signature of Campus Administrator | Date |

Student Signature

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Date

Parent/Guardian Signature

Date