|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** |  | **STUDENT** |  | **DOB** |  |
| **DATE** |  | **STUDENT** |  | **DOB** |  |
| **PARENT** |  | **DOB** |  |
| **PARENT** |  | **DOB** |  |
| **ADDRESS** |  |
| **SCHOOL** |  | **DISTRICT** |  |
| **School Representative** |  |
| **Family Representative**  |  |
| **First SARB or Return** |  |

SARB reviewed the evidence, interviewed those present and suggested conditions for student’s attendance and behavior. This student has been verified as an Habitual or Chronic Truant (per Ca Ed Codes 48262 and 48263.6) and the District is in compliance with Ca Ed Codes 48260, 48260.5, 48261-48263, and 48291.The following points were agreed to by the Board and if present, by the student and parent.

1. **Per** **Education Code § 48260** REGULAR ATTENDANCE AT:
2.
3.
4.

This is a binding agreement. Signatures below indicate agreement with the points above. We will review this action plan in our next SARB meeting. The parent and the student (if present) understand that failure to improve attendance can result in additional SARB meetings, possible involvement of the (Name) County District Attorney’s Office, and/or assignment to an alternative school/program.

BY SIGNING, THE FOLLOWING PERSONS AGREE TO THIS ACTION PLAN:

STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT(S)/GUARDIAN(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SARB CHAIRPERSON: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL REPRESENTATIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BOARD WITNESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cc: Parent/Guardian, SARB file, School