

Umatilla Morrow County Head Start
Attendance Plan Plan de Asistencia

Child's Name Nombre del Niño _____	Date concern indicated Fecha indica la preocupacion _____
Parent's Name Nombre del Padre _____	Classroom Salon de Clase _____
Type of contact: Tipo de contacto <input type="checkbox"/>	Phone Telefono <input type="checkbox"/>
	Personal Contact Contacto Personal
Reasons for absence Razones por la ausencia _____	
Solutions agreed upon: Soluciones de acuerdo: _____	
Planned follow up date/time Fecha/tiempo de plan a-seguir _____	
Staff signature Firma del personal _____	Date Fecha _____
Parent signature Firma del padre _____	Date Fecha _____

Attendance Plan Follow Up Plan de Asistencia A-Seguir

Date Fecha _____	Attendance Improved? Asistencia ha mejorado?	<input type="checkbox"/>	Yes Si	<input type="checkbox"/>	No No
Follow up notes Notas del plan a-seguir _____					
Plan of Action Plan de Accion _____					
Staff Signature Firma del personal _____				Date Fecha _____	
Parent's Signature Firma del Padre _____				Date Fecha _____	

Date

Address

Dear _____:

1. State the problem.
2. State evidence that a plan was developed to resolve the problem.
3. State what has happened since plan was developed.
4. We would like to continue (child's name) enrollment in Head Start, but our program option requires the combination of consistent classroom and home visit attendance. You may find this program is not appropriate for your family at this time. Please consider the program attendance requirements carefully.

I will need to hear from you no later than (date). You may contact me at (Phone number) or write to me at (address).

Sincerely,
(staff name)

Reviewed & Revised 7/19/10