WILL COUNTY REGIONAL OFFICE OF EDUCATION

116 N. CHICAGO STREET, SUITE 400 · JOLIET, ILLINOIS 60432
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Dr. Lisa Caparelli – Ruff, ***Regional Superintendent*** **Dr. Shawn Olson,** ***Assistant Regional Superintendent***

CONTACT CONFIRMATION FORM

Student Name: _____ **Date:** _____

School: _____ **District #** _____

Reason for Contact: The above-named student has accrued _____ UNEXCUSED absences.

As a result, the following attendance interventions have been completed, offered, or are currently in progress:

_____

_____

_____

The school is making this contact as part of its ongoing attendance intervention process.

☐ School Conference ☐ Home Visit Location: _____

☐ Other In-person Interaction: _____

Attendance Expectations: School Admin expect consistent attendance each and everyday beginning on _____

Notification Summary: School administration provided the parent/guardian with notification and information regarding the student's attendance concerns and the actions taken or anticipated by the school. Topics discussed included:

_____

_____

_____

Parent/guardian must **sign here** to acknowledge receipt of the information provided: _____

School Administrator Signature: _____ Printed Name: _____

Title: _____

Additional Signature: _____ Printed Name: _____

Title: _____

Working with Our Communities to Support Student Learning