



Ottawa Area ISDSM

Truancy Meeting Form

Regarding (name of Juvenile): _____

Parent/Guardian Name: _____

Name of School Personnel Present: _____

On today's date _____, a meeting was held between the juvenile, juvenile's parent, guardian or other custodian and school officials or learning program personnel to discuss the juvenile's educational problems and educational counseling and alternative agency help has been sought.

Juvenile Signature: _____ Date: _____

School Personnel Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent Email Address: _____

Parent Address: _____ Phone #: _____

Identify barriers to school attendance:

Plan of action:
