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Department of Programs and Student Support-District Attendance Office

Student Attendance Intervention Plan Checklist

Referral to the District Attendance Office

All Parts of this Form must be completed and included with your referral.

Student Name: _____ School: _____

Date: _____

_____ All sections of the SAIP have been completed.

_____ Original SAIP included or, a Clear copy.

_____ The Current Number of FULL-Day unlawful absences as of the date of this referral.

Total number unlawful absences _____ Total number of lawful absences _____

_____ A current copy of the Student Attendance Detail/Record is included.

_____ The student has accumulated additional unlawful absences after the SAIP.

_____ All school contacts have been documented in PowerSchool Log Entries.

Signature of Referring School Staff:

Non-compliant to complete or attend a scheduled conference to complete a SAIP, it is required by SC Law to document all attempts to engage the parent/student to complete the SAIP.

The school is to complete the SAIP without the parent/student present. Sign, date, and send a copy to the parent by CERTIFIED mail. Include the Tracking Number on the SAIP.

_____ Date Sent. _____ Tracking Number

Additional Notes or Concerns:

For District Attendance Office Use ONLY:

Date Received from the school: _____

Additional Comments: _____
