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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: \_\_\_\_\_  
 \_\_\_\_\_