**Student Assistance Team Meeting**

**Truancy Diversion Plan**

This form can be completed by school staff when meeting with a student and their family to address emerging Truancy concerns. It should be used prior to a referral to the Dakota County Truancy Reduction Program

|  |  |  |
| --- | --- | --- |
| **Date**Click here to enter text. | | **School**Click here to enter text. |
| **Student** | | **Parent (S)** Click here to enter text. |
| **Meeting Facilitator** Click here to enter text. | | **Title** Click here to enter text. |
| **Grade** Click here to enter text. | **Current Credits** Click here to enter text. | **Credits Needed** Click here to enter text. |

**Presenting Concerns**

|  |
| --- |
| Click here to enter text. |

**Team Members Present**

|  |  |  |
| --- | --- | --- |
|  | **Team Members Present** | **Signature** |
|  | Student Click here to enter text. |  |
|  | Parent/Guardian Click here to enter text. |  |
|  | Parent/Guardian Click here to enter text. |  |
|  | Teacher Click here to enter text. |  |
|  | Teacher Click here to enter text. |  |
|  | Teacher Click here to enter text. |  |
|  | Student Support Staff Click here to enter text. |  |
|  | Student Support Staff Click here to enter text. |  |
|  | SpeEd Lead Teacher Click here to enter text. |  |
|  | Case Manager Click here to enter text. |  |
|  | School Resource Officer Click here to enter text. |  |
|  | Cultural Liaison Click here to enter text.: |  |
|  | Other Click here to enter text. |  |

*Student Assistance Team Meeting Notes*

|  |
| --- |
| Attendance History/Concerns Click here to enter text. |
| Academic History/Concerns Click here to enter text. |
| Peer Relationships/Social Concerns Click here to enter text. |
| Mental Health/Chemical Health History/Concerns Click here to enter text. |
| Discipline and Behavior History/ConcernsClick here to enter text. |
| Transitional/New Student Concerns Click here to enter text. |
| Additional Concern Areas Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Recommended Interventions and Services | Start Date | Person Responsible |
| Click here to enter text. | Click here to enter a date. |  |
| Click here to enter text. | Click here to enter a date. |  |
| Click here to enter text. | Click here to enter a date. |  |
| Click here to enter text. | Click here to enter a date. |  |
| Click here to enter text. | Click here to enter a date. |  |
| Click here to enter text. |  |  |
| Click here to enter text. | Click here to enter a date. |  |

Follow-Up meeting Dates (Ss):

|  |  |
| --- | --- |
| Date (S) | Time(S) |
| Click here to enter a date. |  |
| Click here to enter a date. |  |