**Attendance Monitoring Form**

1. Print AdHoc Health Conditions with 6 or more absences report
2. Print Individual Student Profile Attendance Report of those students with less than 93% attendance
3. Pull actual excuses of students with less than 93% attendance
4. Determine reasons for absent events

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Doctor Note

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Note with illness noted

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent note without illness noted

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No Excuse

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dental Apt

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Therapy/Counseling

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lice

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vacation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Funeral

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Personal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Principal Excused

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Court

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Hospital

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other

1. If greater than 3 absences with Asthma noted for reason

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Has Asthma Care Plan

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Has Inhaler Paperwork

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Frequent Inhaler Use at School

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Phone Call

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Physician

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Referral: \_\_\_\_\_\_\_\_\_\_\_\_ Administrators

\_\_\_\_\_\_\_\_\_\_\_\_ DPP

\_\_\_\_\_\_\_\_\_\_\_\_ FRYSC

\_\_\_\_\_\_\_\_\_\_\_\_ 504 Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Meeting

\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_