

BARRY COUNTY TRUANCY INTERVENTION PROGRAM

TIP Youth Handout

Date: _____

Dear _____

I am participating in Barry County's Truancy Intervention Program (TIP) because I need to improve my school attendance. As part of my agreement with TIP, I have to be in school on time every day for the next six weeks (30 consecutive schools days). I have been asked to select an adult at my school who I feel could help mentor me during my involvement in TIP. I chose you because you _____ and _____.

I would appreciate you helping me by doing the following:

- Check in with me every day or so as often as possible to see that I am in school and on time. If I'm on time, compliment me for my efforts.
- If I'm not there, check in with me next time you see me as to why I wasn't in attendance or on time. Encourage me to work harder on my attendance.
- Encourage my efforts to improve my attendance.
- Check in with me regularly to see how I am doing with school in general.
- Assist me with problems that come up in school that may interfere with my success at improving my attendance.

My parent/guardian and I are meeting with _____ in his/her office to discuss my plan to improve my attendance. I would appreciate it if you could attend this meeting as well, if possible. The meeting is _____ (date) at _____ (time).

Thank you for your support.

Sincerely,

(name)