

**Barry County
Truancy Intervention Program
Plan for Success**

Name of Student

School

Grade

Barriers to School Attendance:

Solution to Barriers:

Person(s) Responsible:

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Extenuating Circumstances (If any) _____

Recommendations: _____

All parties entering into this Plan for Success agree to do their part to support and encourage

_____ *to regularly and consistently attend school.*

This plan will be reviewed and/or renegotiated on _____.

(Student)

(Administrator)

(Parent/Guardian)

(Mentor)

(Parent/Guardian)

(Today's Date)