**School’s Letterhead**

Date:

Parent(s)/Guardian(s) of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Number: \_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian,

An Attendance Child Study Meeting was held for you and your child on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I am sorry that you were unable to attend this meeting.

Our educational experiences prove that excessive absences prevent children from learning and being successful in school; therefore, we urge you to assist us in getting your child to school every day, on time. Each child deserves the best possible change for success. Being at school on time and attending school daily, contributes to higher grades and better performance.

Attached are two copies of the Attendance Child Study Accommodation Plan which was completed at the meeting.

Please sign one copy and return it to the school office, Attention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We want your child to be successful in school! Let us know if we can assist in any way.

Sincerely,

Certified School Counselor

**Attendance Toolkit: Child Study Meeting Follow-up 6/2015**