

## Agency Attendance Analysis and Response

Delegate Agency:		
Program Options: HS <input type="checkbox"/> EHS <input type="checkbox"/> EHCCCP <input type="checkbox"/> PFA <input type="checkbox"/> PI <input type="checkbox"/>		
Program Year	<input type="checkbox"/> Due 1 <sup>st</sup> Monday in December 1Q-September - November	<input type="checkbox"/> Due 1 <sup>st</sup> Monday in March 2Q -December - February
	<input type="checkbox"/> Due 1 <sup>st</sup> Monday in June 3Q-March - May	<input type="checkbox"/> Due 3 <sup>rd</sup> Monday in August 4Q-June - August
Monthly Attendance Percentage:		
1 <sup>st</sup> Month		
2 <sup>nd</sup> Month		
3 <sup>rd</sup> Month		
Number of children absent 3 or more consecutive days:		
Agency Contact (phone calls, home visits, etc):		
Presenting Issues (why were the children absent):		



--

Analysis (what steps can our agency take to improve program participation):

--

Steps taken (services provided, referrals etc):

--

Unmet needs identified:

--

Completed By:		Date:	
---------------	--	-------	--

Signature:	
------------	--

Title:	
--------	--

