



### Unexplained Absentee Follow-Up

Submit this form for each child on the 3<sup>rd</sup> consecutive day of absence without contact from the child’s family.

**Child’s Name:**

**Center:**

**Dates Absent:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

User Name:

Password:

**Direct Contact:**

- Face to Face at child’s home-home visit completed
- Face to Face- location other than home-direct contact completed
- attempted direct contact- no contact completed
- direct contact from another source (neighbor, relative, emergency contact, etc.)

**Plan for Attendance Improvement:**

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\_\_\_\_\_  
Parent Signature / Date

- Expected child return date: \_\_\_\_\_
- Place child back on program waiting list effective: \_\_\_\_\_
- Well Child Check requested from local police department: \_\_\_\_\_
- Referral to Home Base program

\_\_\_\_\_  
Family Advocate Signature/Date