

## Agency Attendance Analysis and Response

Delegate Agency:	
Program Models: HS <input type="checkbox"/> EHS <input type="checkbox"/> EHCCCP <input type="checkbox"/> EHSEXP <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):	



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

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Steps taken (services provided, referrals etc):

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Unmet needs identified:

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Completed By:		Date:	
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Signature:	
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Title:	
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