



# FSS Attendance Analysis and Response

Delegate Agency: \_\_\_\_\_

Year: \_\_\_\_\_

Quarter:	<input type="checkbox"/> Apr.	<input type="checkbox"/> Oct.
	<input type="checkbox"/> July	<input type="checkbox"/> Jan.

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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\_\_\_\_\_

\_\_\_\_\_

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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:	_____
<i>Signature:</i>	_____		
Title:	_____		