PACT for West Central Illinois
Absentee Report

TEACHER BEGINS FORM every 2nd consecutive day of absence **only** when reason for child's absence is **unknown** or **unexplained.**

Site:	**Teacher**	**Date:**
Child's Name		**Class:**
Date of Two Consecutive Days missed:		

TEACHER DOCUMENTS AT LEAST 3 ATTEMPTS TO CONTACT FAMILY: (Try all phone #'s, including home, both parent's cell #'s, emergency contacts, contacts on release of children form; etc.)

Date	**Action Taken/Person Called**	**Results (left message on voice mail or w/contact person, no answer, phone D/C, etc.) What was said?**
1.		
2.		
3.		

Forward to Family Advocate for follow-up to be completed immediately. Advocate keeps Site Supervisor and Teacher informed of progress.

Family Advocate:_____
Date Family Advocate rec'd form from CBT:_____

Date of Support	**Type of Support**