

2026

SCHOOL ATTENDANCE IMPROVEMENT PLAYBOOK



Research Basis for Playbook Recommendations

Executive Summary

DC has stabilized post-pandemic attendance at roughly 39.5% chronic absenteeism (CA) in SY24–25, down 8.5 points from SY21–22. However, high school, and especially 9th Grade, remains the epicenter of CA and equity gaps persist. Research indicates a citywide attendance-as-public-health approach embedded in multi-tiered systems of support (MTSS): tighten monthly early-warning routines, strengthen Tier-1 climate, expand mentoring and health access, and pivot outreach toward barrier closure, prioritizing Wards 7–8 and high-risk corridors, while standing up public dashboards¹ and interagency case huddles prior to legal escalation.

Purpose and Context

Summarize four years of OSSE reporting and align District practice with national evidence to reduce CA through MTSS, public-health framing, and non-punitive strategies.

Results in Brief / Key Findings

- Trend: CA fell from 48% (SY21–22) to 39.2% (SY23–24) and held near 39.5% (SY24–25); truancy declined sharply and then stabilized. Attendance remains strongly linked to academic growth (PARCC, DC CAPE).
- High School hot spot: In SY24–25, 57.6% of HS students were chronically absent; 50.1% chronically truant; 9th Grade is consistently highest risk. ATC students showed roughly 7 percentage point (pp) higher in-seat attendance than similar peers.
- Early grades predictive: Chronically absent pre-K students are 41.5pp more likely to be chronically absent in kindergarten, setting a pattern for the educational career.
- Operational dips: Immunization noncompliance produced median 2.8 days to return (SY23–24) vs 4.6 (SY24–25). Early dismissal days are associated with 4.5pp higher absence rate and 1.4 additional absences per student annually. Snow days showed lowest attendance points in the school year.
- Equity: Economically disadvantaged students are three times more likely to be chronically absent; a 10pp higher at-risk share correlates with 1.3pp lower attendance or two more absences per student. Ward patterns show higher CA in Wards 7 and 8.
- MTSS practice signals: In a December 2025 survey (n=31), Engaging Climate ($r \approx -0.34$), Continuous Improvement (-0.17), and Accurate Data (-0.15) correlate with

¹ Congratulations are due to the team at OSSE DAR for <https://osse.dc.gov/attendancedashboard>, published in APR 2026.

CA reduction; Outreach and Community Partners correlations are positive, likely reflecting reactive high-volume activity without barrier closure.

Recommended District Actions (prioritized)

- Publish Monthly Early Warning flags (attendance risk tiers, partial-day / tardy clusters, absence burst patterns); train LEAs on five-day SST plan triggers for Tier 3+ and preventive coaching for Tier 2.
- 9th Grade “Start Strong” cohorts (daily advisory; preventative attendance coaching; mentor matching; flexible scheduling; safe-passage coordination).
- Make outreach quality-focused (personalized, barrier-closure tracking) vs volume; formalize outcome-based MOUs with agency/CBO partners for transportation, health, housing, and tele-mental health; require multi-agency case huddles before CFSA/OAG escalation.
- Strengthen Tier-1 climate routines (daily greetings; recognition for improved attendance; culturally responsive messaging; advisory SEL checks) and align with instructional planning given attendance–achievement links.
- Expand applied pathways (e.g., ATC-style courses) to boost engagement and attendance for disengaged HS students.
- Stand up public dashboards (monthly ISA, risk-tier movement, truancy, partial-day patterns, immunization “days-to-return,” SST activity), disaggregated for equity audits; maintain semiannual public briefs.

Implementation Principles

- Treat attendance as a public-health vital sign and embed supports in MTSS (Tier 1 climate; Tier 2 mentoring and adaptive nudges; Tier 3 integrated health and social supports). Use early-warning systems for rapid, tiered routing.
- Avoid punitive approaches; they backfire and widen inequities. Emphasize relationship-building, skill-building (CBT), and barrier removal.

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Scope, Purpose, and Acknowledgements

Scope and Purpose

This document is intended to support educators, school and LEA leaders, and policymakers in the District of Columbia in their work. It serves as a research basis for recommendations for attendance improvement and an argument for supportive, family-centered, and equity driven practices.

Acknowledgements:

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Understanding and Addressing Chronic Absenteeism

A Brief Introduction

Chronic absenteeism is typically defined as missing 10% or more of school days for any reason, whether excused or unexcused. This equates to roughly 18 days in a 180-day year and about two absences per month (U.S. Department of Education, 2025). Rates surged to about 31% in 2021–2022 and declined only modestly to 28% in 2022–2023, leaving national levels well above pre-pandemic baselines (U.S. Department of Education, 2025). Analyses using district-level data from 44 states show chronic absence fell further to 25.4% in 2023 and 23.5% in 2024, still far above the 15% pre-pandemic benchmark (Malkus, 2025).

Chronic absence is consistently linked to lower achievement, reduced literacy by grade 3, course failure, and increased dropout risk (U.S. Department of Education, 2025; Balfanz and Byrnes, 2013 / 2018). Consequences cascade into social-emotional development and economic mobility, with ripple effects on community health and well-being (U.S. Department of Education, 2025).

The drivers of absenteeism are multifaceted and interlocking: health conditions such as asthma and unmet oral health needs; increasing rates of behavioral health challenges, such as anxiety, depression, and trauma; logistical barriers for families, such as insecure access to transportation that is and is perceived as safe and reliable, housing instability, and food insecurity; disengagement, and; punitive disciplinary responses (Healthy Schools Campaign, 2024; U.S. Department of Education, 2025). Recent school-based health center analyses indicate that anxiety and depression are now leading health-related drivers of absence in many sites (Healthy Schools Campaign, 2024).

Elevated absenteeism affects all groups but disproportionately burdens students in high-poverty schools and urban districts, English learners, students with disabilities, and youth experiencing homelessness (Malkus, 2025; U.S. Department of Education, 2025). In 2024–2025, nearly half of urban districts reported extreme chronic absence ($\geq 30\%$), far higher than rural and suburban districts (Diliberti et al., 2024; Diliberti et al., 2025)

Effective Prevention and Intervention

Family engagement and behavioral “nudges.”

Two-way, culturally responsive communication and low-cost nudges through texts, school-parent electronic communication platforms, letters, and postcards reliably reduce absence, especially for students with prior high absence (Kurki, Heppen, and Brown, 2021; Rogers et al., 2017). The IES-tested adaptive text messaging approach lowered chronic absence by 2.4–3.6 percentage

points overall and 3.5–7.3 points for previously high-absence students (Kurki et al., 2021). A single postcard mailed to guardians reduced absences by ~2.4% in a large Philadelphia RCT (Rogers et al., 2017). Nudges in Washington, DC decreased chronic absenteeism rates by 1.7 percentage points, or 6.3%, among the focus population (EveryDay Labs, 2025).

Positive school environments.

Safe, inclusive climates, including out-of-school-time programs, intentional and positive relationships with caring adults, and integrated care models strengthen connectedness and lower chronic absence. Students who have supportive mentors and who feel they can make meaningful contributions to their community are more likely to attend school (Afterschool Alliance, 2025; AIR, 2024). Relationship-based interventions, including Check & Connect, show positive impacts on staying in school, attendance, and credit accrual, with strong evidence for students with disabilities (Institute of Education Sciences, 2015). Integrated models that co-locate health, mental health, nutrition, and expanded learning improve engagement and attendance, particularly in high-poverty contexts (Germain et al., 2024; U.S. Department of Education, 2024). Evaluations of New York City’s community school initiatives and interagency task force highlight Success Mentors and coordinated outreach as attendance-boosting components (Balfanz and Byrnes, 2013 / 2018). School-based health centers and Medicaid funded telemedicine reduce chronic absence and address barriers to care, stigma, and access (Healthy Schools Campaign, 2024; Kjolhede et al., 2025).

Data-driven early identification

Early Warning Systems (EWS) that flag risk based on attendance, behavior, and coursework and which schools embed within Multi-Tiered Systems of Support (MTSS) are among the most frequently recommended and effective approaches (REL Southwest, 2025; AIR, 2024). Recent work shows districts can predict chronic absence using routinely collected data such as previous year chronic absence, “grade level, free or reduced-price lunch status, the number of absences each student has accumulated to date during the current school year, and the number of absences each student had each month during the previous year,” enabling targeting of scarce resources (Malkus and Hollon, 2025).

Tailoring for Those Most at Risk

For students facing compounding layers of adversity, including poverty, disability, homelessness, and over-age / under-credited status, evidence supports bundled, intensive supports. As important as an EWS may be,

“[I]t is important to recognize that even the most precise thresholds for chronic absenteeism will have limited utility unless schools have the infrastructure to respond effectively. For an indicator to move from diagnosis to treatment, districts must be equipped with resources to address the root causes of absences. This requires asking not only who

is absent, but also why. Without ways to identify the underlying causes and targeted supports that align with those causes, attendance indicators risk either perpetuating structural inequities or stigmatizing students flagged as at risk. Thus, while empirically derived thresholds can sharpen the accuracy of EWSs, their effectiveness depends on being able to translate these early signals into meaningful interventions” (Wu et al., 2026)

Critically, policy and funding must align with equity goals. State and local governments must fund and stand up prompt public dashboards, disaggregated reporting by subgroup, and state-level benchmarks, such as the 50% Challenge to halve 2022 chronic absence by 2027, if they are to sustain broad societal focus (Attendance Works, 2024 / 2025). Further, officials should move from viewing attendance as an education-only issue to a framing of absenteeism as a public health issue, using attendance data as a “vital sign” of student and community well-being and integrate it with health / social service mapping to identify root causes at population and school levels (Johns Hopkins University Center for School Health et al., 2025)

Chronic absenteeism is a public health and education challenge with significant equity implications. The strongest evidence supports data-driven, tiered systems that combine early identification, relationship-centered supports, low-cost behavioral communications, and integrated physical and behavioral health services within community school frameworks. Sustained progress depends on cross-sector collaboration, policy alignment, and robust, disaggregated data to target supports where they are needed most.

Attendance in the District of Columbia

A Summary of Four Years of Post-Pandemic Reporting from OSSE²

DC has made meaningful progress since the spike in absenteeism and truancy that accompanied the return to in-person learning in SY2021-22, then maintained those gains in SY2024-25 despite significant social and operational pressures such as health compliance exclusions, calendar-driven attendance dips, and enduring socioeconomic challenges concentrated in specific schools and student groups.

Overall, chronic absenteeism improved from 48% (SY2021-22) to 39.2% (SY2023-24) and held at 39.5% (SY2024-25), a stability that reflects resilience rather than stagnation in a demanding context. Chronic truancy declined sharply through SY2023-24 and remained unchanged in SY2024-25

School Year	Chronic Absenteeism	Chronic Truancy ³
2021-22	48%	42.2%
2022-23	43%	37%
2023-24	39.2%	36.8%
2024-25	39.5%	36.8%

Attendance continues to be a powerful academic lever: a 10-percentage-point increase in attendance is associated with higher growth on DC's statewide assessments (PARCC and DC CAPE), reinforcing that attendance interventions must be embedded in instructional planning and not treated as mere compliance.

High school in general and 9th Grade in particular remain the epicenter of risk, with a majority of high school students chronically absent and about half chronically truant in SY2024 25, reinforcing the need for concentrated supports at transition points.

² With great thanks to the team at OSSE DAR, please see, from the Office of the District of Columbia State Superintendent of Education:

District of Columbia attendance report, SY2021-22

(<https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2021-22%20Attendance%20Report%20%28Nov%2028%202022%29.pdf>),

District of Columbia attendance report, SY 2022-23

(https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2022-23%20Attendance%20Report_FINAL_0.pdf),

District of Columbia attendance report, SY 2023-24

(https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/2023-24%20Attendance%20Report%20%28Final%29.pdf), and

District of Columbia attendance report, SY 2024-25

(https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/2024-25%20Attendance%20Report.pdf).

³ In SY2024 25, OSSE updated the truancy metric to include partial day unexcused absences and recalibrated earlier years for comparability.

Temporary exclusion for immunization non-compliance in key grades created short, concentrated absence windows (median 2.8 days to return in SY2023-24; 4.6 days in SY2024-25) that schools and agencies worked quickly to close, preventing a slide back in overall attendance rates. Early dismissal days are associated with a 4.5-percentage-point higher absence rate and about 1.4 additional absences per student per year. Attendance dips around snow days were the lowest points in SY2024-25. However, aggregate chronic absence remained stable, reflecting effective school-level and family engagement responses. None of the above necessarily suggests that one LEA calendar is more effective than another's; rather we posit that school-level family engagement about calendars and schedules is paramount.

Schools with higher concentrations of economically disadvantaged students face structurally higher attendance challenges; in SY2021-22, a 10-pp increase in a school's at-risk share correlated with 1.3-pp lower attendance, highlighting systemic conditions DC must continue to address while still maintaining citywide improvements. The consistent link between attendance and ELA / Math growth across PARCC and DC CAPE suggests educators retained a focus on attendance as part of academic strategy, helping preserve progress even amid community stressors.

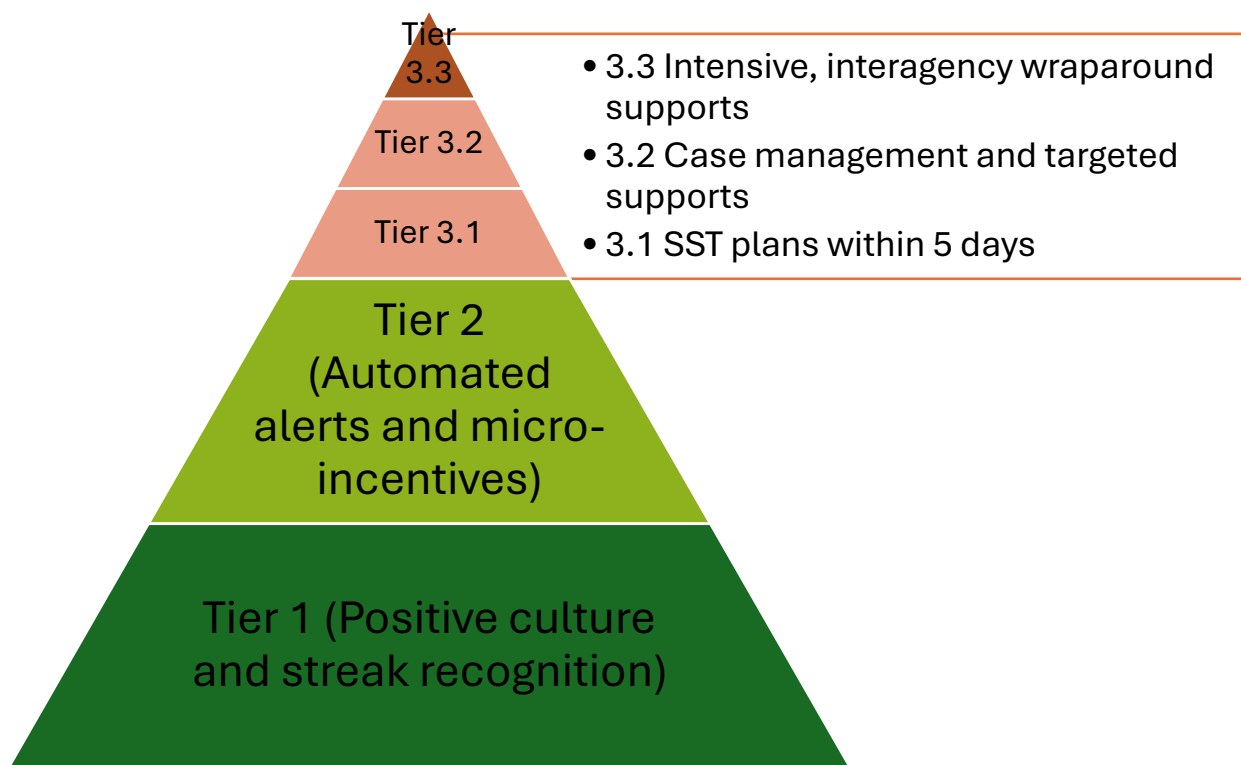
Every day counts, and early patterns matter. Chronic absence in pre-K predicts chronic absence in kindergarten by a 41.5 pp increase in likelihood for chronically absent pre-K students. Possible responses include a PK to K bridge outreach focus, with school site clinics, navigators, and rapid scheduling to hit a ≤ 3 -day median for immunization compliance returns, minimizing avoidable absence spikes.

Similar to the transition point from PK to K, the transition from middle school to high school is fraught. 9th grade remains the highest-risk high-school year within the highest-risk grade band. In SY2024-25, 57.6% of high schoolers were chronically absent and 50.1% chronically truant, calling for tiered interventions, flexible scheduling, and targeted case management. In contrast to the rest of the grade band, students taking courses at the Advanced Technical Center (ATC) had 7pp higher in-seat attendance than similar peers, suggesting applied pathways can be part of an engagement strategy.

To prepare schools to be proactive, the District could encourage monthly early warning flags, including absenteeism risk tier membership, partial absence clusters, and burst patterns to LEAs and partner agencies. In addition, high schools should launch 9th Grade "Start Strong" cohorts with daily advisory, preventative attendance coaching, and supportive family engagement, with safe-passage coordination in high-risk corridors. The District can reduce absences through supportive rapid response. This can be possible through same-day contact and proactive, preventative MTSS planning with documented barrier checks and quarterly reporting on resolution rates. Before escalation to CFSA and OAG at statutory thresholds, the District can

require a multi-agency case huddle to confirm supports offered and avoid punitive action where service gaps persist.

Rather than focusing on a chronically absent – not chronically absent binary, the system can use OSSE’s attendance risk tiers to deploy right-sized supports that prevent slippage and lift students up a tier. At Tier 1 (Satisfactory, absent <5% of the year), schools should reinforce positive culture and streak recognition; advisory lessons show how attendance drives growth. At Tier 2 (At-Risk, 5–9.99%), schools can make use of auto-alerts tied to early warning day patterns and implement non-exclusionary micro-incentives to keep momentum. Tier 3.1 (Moderate Chronic, 10–19.99%) students and families need SST plans within five days with links to District agency and CBO partner supports to close health / transportation gaps. Tier 3.2 (Severe Chronic, 20–29.99%) students and families can benefit from case management, mentor matching, flexible scheduling, credit recovery, and targeted home visits. Students and families in Tier 3.3 (Profound, ≥30%) stand in need of intensive, interagency wraparound supports rather than immediate legal escalation. Schools can also leverage ATC-style applied pathways for students disengaged from traditional pathways as the ATC has been shown to correlate with higher ISA.



Over time, OSSE has increased its cadence of public reporting and now publishes monthly dashboards showing chronic absenteeism, risk-tier percentages, and truancy rates. This continues the recent turn towards two public briefs per year and reporting through quarterly Every Day Counts! Taskforce briefings. In addition, OSSE continues to publish attendance results annually

with clear definition notes and parallel tables showing as-originally-reported and re-baselined figures to protect interpretability of maintained gains.

Grade-band patterns (K–2, 3–5, 6–8, 9–12)

High school is the epicenter with 9th Grade as the inflection point.

In SY2024-25, 57.6% of high school students were chronically absent and 50.1% chronically truant, with 9th Grade consistently the most at-risk across years. This pattern persisted even as overall absenteeism held steady citywide, evidence that high school remains the pressure point to target for durable impact. In SY2023-24, every grade band improved year-over-year, but high school still had the highest chronic absenteeism. OSSE also documented the 9th Grade peak and a relatively flatter truancy distribution across grade bands, reinforcing that the chronic absence challenge is a HS transition problem first.

Early grades show protective effects, but habits form early.

Chronic absence in pre-K strongly predicts chronic absence in kindergarten; a student chronically absent in PK is 41.5 percentage points more likely to be chronically absent in kindergarten. This validates investments in attendance habits before compulsory ages and in sustained outreach at the Pre-K to kindergarten bridge. Pre-K and kindergarten gains help maintain overall progress when social pressures arise later, because strong early routines make it less likely students will slip into higher risk tiers during the year.

Middle school is a pivotal ramp.

OSSE's SY2023-24 analysis found improvements across grade bands, but external analyses show chronic absenteeism rises at the end of middle school and then spikes in 9th Grade (DC Policy Center, 2025). A funded, highly focused 8th Grade to 9th Grade “hand-off” with proactive supports is critical to sustaining the gains DC has maintained under pressure.

Community patterns

Publicly available ward views of OSSE's DC School Report Card (<https://schoolreportcard.dc.gov/home>) data show higher average chronic absenteeism in Wards 7 and 8 than in the west-of-the-park wards consistent with long-standing patterns and the concentration of economically disadvantaged students. This ward skew persists in most years, even when citywide metrics improve, which is why maintained gains at the state level mask within-city variation. The Every Day Counts! initiative has historically shown the lowest truancy in Wards 2 and 3, the highest in Ward 8, and more severe chronic absence in Wards 7 and 8, all patterns aligned with community need for coordinated, cross-agency supports (Office of the District of Columbia Deputy Mayor for Education, 2018). When we celebrate citywide stability in

SY2024-25, we should target reinforcements where social pressures are strongest, Wards 7 and 8 and specific pockets of Wards 1, 4, and 5. Supports for attendance teams with health access, transportation reliability, safe-passage coverage, and family engagement can increase capacity to prevent slippage in risk tiers (EmpowerK12, 2019).

Economic disadvantage is the strongest predictor of chronic absenteeism. OSSE's cross-year analyses consistently find economically disadvantaged students far more likely to be chronically absent. The SY2023-24 report quantifies the gap; students designated economically disadvantaged were 3 times more likely to be chronically absent than peers. This is a structural factor, not a student choice issue, so partnership supports must meet families where barriers are highest. In SY2021-22, OSSE quantified the role of school-level composition. A 10-percentage-point increase in a school's at-risk share was associated with 1.3 percentage points lower attendance, translating to roughly 2 fewer days at school each year. This underscores why ward-level concentrations of economic disadvantage correlate with higher chronic absence.

It is perhaps notable that safety and mobility matter for perception even when commute time was not significant. SY2023-24 found no statistically significant link between public transit travel time and absenteeism; however, perceived safety still influences daily decisions (and shows ward-level variation). Safe-passage, WMATA alerts, and trusted adult presence remain community guardrails for resilience. Transportation barriers mean that co-located clinics, safe-passage coverage, and childcare on early dismissals would have an outsized positive impact in targeted communities. Several of these exist in the District, but access is disjointed and administrative burden adds to economic disadvantage. For this reason, the system should invest in interagency case huddles for high-risk tiers before CFSA / OAG escalation to reduce barriers around medical, behavioral, dental and vision health care, and transportation, and continue to invest in tutoring during the school day to pull students in.

Non-Adherence, the Transtheoretical Model, and Absenteeism

Non-adherence is used to describe situations in which patients do not initiate, do not follow, or discontinue recommended treatments. Non-adherence is pervasive and costly, undermining individual outcomes and population health even when effective therapies exist and are available (Osterberg and Blaschke, 2005; World Health Organization [WHO], 2003). The Transtheoretical Model (TTM) conceptualizes behavior change as movement through precontemplation, contemplation, preparation, action, maintenance, with common relapse or recycling (Prochaska and DiClemente, 1983; Prochaska and Velicer, 1997). When combined, these lenses clarify why adherence problems persist and how stage-matched interventions can improve engagement. Framing absenteeism as an adherence problem to daily attendance expectations enables DC agencies to respond with evidence-based, non-punitive strategies that address motivation, skills, and structural barriers in tandem (DiMatteo, 2004; Kini and Ho, 2018; WHO, 2003).

Non-Adherence

Across chronic conditions, 30–50% of adults do not take medications as prescribed, and adherence often declines after the first several months, producing avoidable morbidity, hospitalizations, and cost (Osterberg and Blaschke, 2005). In behavioral health, adherence is further challenged by symptoms like amotivation and cognitive load, as well as by side effects, stigma, and coordination barriers, with comorbid depression significantly increasing the odds of non-adherence to medical treatment (DiMatteo, Lepper, and Croghan, 2000). These patterns underscore that non-adherence is not a moral failing; it is a multidimensional phenomenon influenced by ambivalence, skills, supports, and system constraints (WHO, 2003; Kini and Ho, 2018).

From a systems perspective relevant to DC's integrated health-education ecosystem, the WHO framework positions adherence as a shared responsibility among patients, providers, health systems, families, and communities. WHO highlights multicomponent strategies including education, regimen simplification, monitoring, reminders, and barrier reduction that can be recombined locally (WHO, 2003). Evidence syntheses affirm that multicomponent, patient-centered approaches outperform single tactics. This is especially true when they include shared decision-making, care coordination, and practical supports (Kini and Ho, 2018; DiMatteo, 2004).

The Transtheoretical Model (TTM): Core Concepts

TTM describes health behavior change as progress through stages, precontemplation, contemplation, preparation, action, maintenance, with relapse considered normal rather than

failure (Prochaska and DiClemente, 1983; Prochaska and Velicer, 1997). Each stage is associated with different processes of change, such as consciousness-raising in contemplation, self-liberation and helping relationships in action, and counter-conditioning and stimulus control in the action and maintenance stages (Prochaska, DiClemente, and colleagues, 1988). TTM has been validated across multiple risk and protective behaviors, including smoking cessation, diet, and exercise. Stage-matched interventions that tailor strategies to readiness improve recruitment, retention, and progress (Prochaska and Velicer, 1997). Commonly used measurement tools such as the Processes of Change Questionnaire, decisional balance, and self-efficacy and temptation scales support brief assessments and real-time tailoring (Prochaska et al., 1988; Prochaska et al., 1994).

Ground Level Intervention with Continuous Readiness Indices

With continuous readiness indices, nuance and human centeredness are built into the process. Instead of placing a person into a single discrete stage (e.g., *precontemplation* vs. *contemplation*), a continuous readiness index expresses readiness on a sliding scale that can move up or down with small changes in motivation, confidence, or perceived pros and cons. In the TTM measurement tradition, this often comes from sum- or factor-scores on decisional balance, the relative weight of pros vs. cons of change, confidence to act under challenging conditions or in the face of temptation, or global readiness to change questionnaires (RTCQ) that capture gradations rather than categorical assignments. Continuous indices are useful because they detect incremental change between stages, say, a small increase in the “pros” of attendance, and support fine-grained tailoring without needing to reclassify the person into a different stage each time a small shift occurs (Prochaska and Velicer, 1997; Prochaska et al., 1988; RTCQ studies).

Critiques of the TTM emphasize that stage measures sometimes underperform relative to robust continuous predictors like decisional balance, self-efficacy, or composite readiness when the goal is to predict behavior (quit attempts, adherence to prescribed behavior, or regular school attendance) or to model change over time (Sutton, 2001; RTCQ psychometric studies). There are several practical reasons for this. Continuous scores capture micro-changes that might not move someone into a new stage yet still matter for engagement. Stage categories might not feel sufficiently finely grained, potentially missing meaningful progress. (Prochaska and Velicer, 1997; Prochaska et al., 1988). People live in real life rather than in classifications and can often straddle stages. A student may be ambivalent but trying some actions; a single category can misclassify this nuance, whereas a continuous index preserves the blend of readiness and action tendencies (Sutton, 2001; RTCQ studies). Continuous variables work well in parametric models, improving statistical power and enabling dose-response insights that would help agencies predict how much change in readiness relates to how much change in attendance, and which categorical stages may obscure (Prochaska and Velicer, 1997; RTCQ studies).

Because of these advantages, many reviews recommend complementing stage classification with objective indicators. Which indicators depend on the behaviors under consideration; one could as easily track pharmacy refills in health care as attendance records in schools. Within the

broader stage classifications, school staff, clinicians and support teams could make use of continuous readiness measures to strengthen prediction and tailoring (Sutton, 2001; Prochaska and Velicer, 1997).

The takeaway is not to discard TTM stages, but to use them as a practical scaffold for organizing conversations and interventions, while tracking readiness continuously and monitoring objective data. Start by locating the student and family roughly in a TTM stage to help align tone and tactics and collect a brief continuous readiness snapshot (Prochaska and Velicer, 1997; Prochaska et al., 1988). Use the stage to decide the requisite type of support, be it empathy and awareness in precontemplation or planning and barrier removal in preparation, then adjust intensity based on the readiness score. This prevents “one-size-fits-all” and tailors supports to needs (Prochaska and Velicer, 1997). Anchor decisions in objective indicators, in our case a combination of weekly school attendance and adherence to the specific health and safety plan crafted to respond to attendance barriers, so that the plan responds to actual behavior, not just expressed motivation (Sutton, 2001; Prochaska and Velicer, 1997). Normalize relapses and setbacks. Use the scaffold to restage, but not reprimand, recheck readiness scores, and rematch supports (Prochaska and Velicer, 1997).

How Non-Adherence and TTM Interrelate

Non-adherence represents difficulty executing and sustaining health behaviors amid fluctuating readiness and context. TTM provides the map of this readiness and the tasks to progress. When individuals are precontemplative, information alone may not produce adherence and, depending on tone, may be counterproductive; empathy-driven engagement, personalized feedback, and values exploration are more relevant. In preparation, concrete planning, self-efficacy building, and barrier removal are decisive. In maintenance, relapse prevention and environmental supports sustain gains (Prochaska and DiClemente, 1983; Prochaska and Velicer, 1997). This interplay among readiness, barrier reduction, and reinforcement explains why multicomponent, stage-matched strategies outperform single “education only” campaigns (WHO, 2003; Kini and Ho, 2018).

Absenteeism as an Adherence Problem

In public education, absenteeism parallels health non-adherence: the “behavior,” consistent attendance, is expected, yet ambivalence, avoidance, skills gaps, and structural barriers produce cycles of absence that are often reinforced because non-attendance temporarily reduces stress or demand. This is not unlike the short-term relief derived from stopping a difficult regimen or from partaking in a substance of choice. Treating absenteeism as non-adherence to an attendance plan reframes responses from punitive to behaviorally informed, emphasizing readiness, barriers, and supports (WHO, 2003; DiMatteo, 2004). For DC practitioners, this lens aligns with the city’s emphasis on whole-child, cross-sector collaboration, encouraging joint problem-solving among families, schools, health providers, and community organizations.

Stage-Matched Attendance Supports (TTM Applied)

Consider the “stages of change” as described below. Part of our goal should be to identify what District agencies and programs are best situated to take the actions to meet the aims of each stage.

Precontemplation (Not yet seeing attendance as a priority)

Aim: Gentle awareness and trust-building.

Actions: Share personalized feedback such as the number of days missed compared to legal requirements and actual norms as well as the perceived and expected impacts. However, do so without judgment; explore family values and stressors, and use brief motivational interviewing to elicit the family’s perspective (Prochaska and Velicer, 1997; Prochaska and DiClemente, 1983).

Contemplation (Ambivalent about change)

Aim: Resolve ambivalence.

Actions: Discuss pros and cons of regular attendance and correct misconceptions. Attendance Works has found that there are several common misconceptions about attendance, such as “occasional absence doesn’t matter. Peer norming without shame at this point, combined with small, feasible steps in a cooperative and supportive manner and the introduction of other peer- and family-helping relationships can support decisional balance shifts (Prochaska et al., 1988; Prochaska and Velicer, 1997).

Preparation (Ready to act)

Aim: Build a concrete plan and self-efficacy.

Actions: Co-create with students and families attendance action plans related to specific barriers. Use techniques such as a motivational interviewing to develop morning routines, transport routes, and contingency steps, simplify the “attendance regimen” by creating and listing the steps for executing consistent wake times and pre-packed materials, and remove barriers via reminders, connection to transportation support, and care coordination (Kini and Ho, 2018; WHO, 2003).

Action (Behavior improving)

Aim: Reinforce and stabilize gains.

Actions: Provide positive reinforcement, regular check-ins, and helping relationships. Predict and address emerging barriers such as symptom flares and logistics difficulties through assertive outreach and coordination with behavioral health supports. Most importantly, normalize relapse planning with the family and the support team (Prochaska et al., 1988; Prochaska and DiClemente, 1983).

Maintenance (Stable attendance with risk of relapse)

Aim: Prevent relapse and manage triggers.

Actions: Use consistent routines for stimulus control, taught coping skills through counter-conditioning, and family and community reinforcement as strengthening mechanisms. Monitor for early warning signs and activate supports proactively (Prochaska et al., 1988; DiMatteo, 2004). Remember that relapse is expected; the stressors that led to initial absenteeism are largely systemic and cannot be completely resolved individually or in the family alone. The response to relapse is to re-stage and re-match supports, not punish (Prochaska and Velicer, 1997).

Intentional vs. Unintentional Non-Adherence and Planning for Equity

TTM helps clarify whether non-adherence, and in this case absence, is mainly intentional or unintentional. Causes of intentional non-adherence include a person's beliefs, feelings of ambivalence, a perception of low benefits or a complex of fears and anxieties, while unintentional causes include forgetfulness, complexity of societal and personal factors, logistics and individual calculation of cost. Interventions should be tailored accordingly (WHO, 2003; Kini and Ho, 2018). For intentional, or belief-driven absenteeism, teams should emphasize education, motivational interviewing, expectation setting, and skills practice, such as coping with social or academic anxiety, and leverage helping relationships and family strengths (Prochaska and DiClemente, 1983; DiMatteo, 2004). Unintentional, or barrier-driven absenteeism can be addressed through simplification of routines, planned transportation assistance, schedule-friendly appointments, and the coordination of health services. Attendance support teams composed of school, LEA, and CBO or agency partner staff can build reminder systems and case management analogous to refill support and appointment navigation in healthcare (WHO, 2003; Kini and Ho, 2018). Working from within this distinction enables teams to triage supports efficiently, and to plan counseling and engagement for intentional drivers and logistics and navigation for unintentional drivers in individualized dosing for students and families.

Brief measurement can guide individualization. Single-item stage probes, decisional balance prompts and other readiness screens informed by TTM, combined with objective indicators like student attendance data and family service utilization, can align supports to stage and severity (Prochaska and Velicer, 1997; Prochaska et al., 1988). Embedding measures of social support is critical, as meta-analytic evidence shows that supportive ties significantly improve adherence, whereas conflict undermines it (DiMatteo, 2004). For school attendance work, this argues for family engagement and community partner activation, planned partnership with faith groups, neighborhood organizations and respected youth programs within a culturally responsive, trauma-informed frame (WHO, 2003).

Equity considerations are paramount. The identified structural barriers, transportation, scheduling, work demands, housing instability, and chronic disease burden, disproportionately

affect historically marginalized communities. This is undeniably true in the District as demonstrated by the 2018 Health Equity Report (Office of Health Equity, 2018). The WHO's multicomponent guidance encourages barrier reduction through cost sharing and benefit navigation and care coordination adapted to the school context via attendance navigation, flexible scheduling, and co-located medical and behavioral health supports. Normalization of relapse and emphasizing small steps like movement among attendance tiers helps avoid punitive cycles that exacerbate disengagement (WHO, 2003; Prochaska and Velicer, 1997).

Implementation Recommendations for Absenteeism Response in a TTM Informed Non-adherence Frame

1. Establish a shared, brief readiness and barrier screen for students and families with rising absence. Include a TTM stage prompt, perceived pros and cons of attendance, self-efficacy, and key barriers identification. Use results to route families to stage-matched supports (Prochaska and Velicer, 1997; DiMatteo, 2004).
2. Develop a practical library of attendance interventions, pre-seeded to common barriers and mapped to stages and both intentional and unintentional patterns:
 - o Early stages: empathy, awareness, motivational interviewing, and orientation to expectations;
 - o Preparation: plan templates, logistics support (KRF cards, health scheduling support), and routine coaching;
 - o Action and Maintenance: reinforcement, scheduled check-ins, relapse-prevention plans, crisis protocols (Prochaska and DiClemente, 1983; WHO, 2003).
3. Mirror health-system adherence strategies. Stand up a cadre of attendance navigators, leverage care coordinators, and use relentlessly assertive outreach for Tier 3 cases. Align school-based teams with behavioral health providers to address symptoms that drive avoidance (Kini and Ho, 2018; WHO, 2003).
4. Reduce friction with reminders, morning routine coaching, and stimulus control. Provide skills to manage anxiety or social stress and establish helping relationships via peer mentors and family champions (Prochaska et al., 1988; DiMatteo, 2004).
5. Use attendance dashboards to track progress and re-stage when setbacks occur. Integrate feedback loops across agencies and evaluate intervention bundles with rapid-cycle tests, mirroring adherence quality improvement in healthcare (WHO, 2003; Kini and Ho, 2018).
6. Adopt a non-punitive, supportive messaging culture citywide by normalizing relapse, celebrating small gains, and emphasizing shared responsibility. Provide scripts and professional learning to sustain empathic, stage-aware conversations (Prochaska and Velicer, 1997; WHO, 2003).

Punitive Behavioral Change Models

Across family, school, and juvenile justice settings, “get-tough” strategies such as spanking, zero-tolerance policies, suspensions and expulsions, boot camps, benefit reductions and fear-based programs promise rapid compliance. Yet, five decades of peer-reviewed evidence show that punitive approaches rarely achieve durable behavior change and often produce collateral harm. In fact, these approaches reliably increase measures of aggression, disengagement, mental health problems, and justice involvement (Gershoff and Grogan-Kaylor, 2016). In families, meta-analytic syntheses demonstrate that corporal punishment is linked to increased aggression and poorer mental health without improving long-term compliance (Gershoff, 2002). Similarly, schools that rely on exclusionary discipline see higher delinquency and lower achievement, even among students who are never suspended (Gerlinger et al., 2021; Perry and Morris, 2014).

Classical deterrence posits that harsher punishment discourages misbehavior. Contemporary evidence refines this: the certainty of being caught matters far more than the severity of the penalty. For youth, increasing punitive severity through longer suspensions, harsher sanctions seldom deters and may actually worsen outcomes. In contrast, consistent, predictable, and developmentally sensitive responses combined with relationship-rich environments alter behavior more effectively. This is not merely theoretical. authoritative reviews conclude that policies built on severity like mandatory minimums and exclusionary discipline cannot be justified on deterrence grounds (Nagin, 2013).

Large-scale analyses and meta-analyses converge to emphasize that exclusionary discipline increases delinquency and suppresses achievement. In Texas, nearly 60% of students experienced at least one suspension or expulsion. Those students were more likely to be retained, drop out, and later enter juvenile justice (Fabelo et al., 2011). Nationally and locally, suspension-heavy schools report reduced academic progress not only for suspended youth but for their peers, indicating climate-level harms. Conversely, real-world reforms like eliminating suspensions for nonviolent misbehavior can raise test scores by improving teacher–student relationships and perceived safety (Perry and Morris, 2014).

Fear-based and militaristic models such as “Scared Straight” programs and boot camps have been tested with rigor. It is unambiguous that they are ineffective or harmful, with randomized trials showing increased offending among participants. Indeed “Given the strong suggestion here that these programs have a harmful effect, they raise a dilemma for policy makers. Criminological interventions, when they cause harm, are not just toxic to the participants. They result in increased misery to ordinary citizens that come from the “extra” criminal victimization they create when compared to just doing nothing at all” (Petrosino et al., 2003; van der Put et al., 2020). In contrast, therapeutic, skill-building interventions, especially cognitive-behavioral therapy (CBT)

targeting anger regulation, problem solving, and moral reasoning, consistently reduce recidivism when implemented with quality and matched to risk and need (Landenberger and Lipsey, 2005). Meta-analytic work across hundreds of studies identifies three pillars of effective youth intervention: a therapeutic orientation; focus on higher-risk youth; and high implementation fidelity (Lipsey et al., 2010).

Punitive practices are unevenly applied. Black students, students with disabilities, and other marginalized groups face disproportionate exclusion, contributing to achievement gaps and long-term inequities (Morris and Perry, 2016). Frameworks that systematically measure these patterns show both prevalence and differential processing of discipline, reinforcing the need for alternatives that are culturally responsive and bias-aware (Rodriguez and Welsh, 2022). Beyond schools, threats to public benefits like TANF sanctions for noncompliance and housing instability are increasingly used to coerce behavior, particularly work compliance, program engagement, and attendance. The quantitative evidence indicates these punitive levers often backfire. TANF sanctions correlate with increased material hardship as measured in reported hunger and utility shutoffs, in poorer caregiver health, depression, and higher parental aggravation (Reichman et al., 2005; Joo Lee et al., 2004; Walker et al., 2023). These are all conditions linked to child behavioral problems and maltreatment risk. Longitudinal pediatric studies show that housing insecurity from infancy through adolescence predicts worse mental health, higher rates of depression and anxiety, and lower odds of excellent health in adolescence (Pierce et al., 2024). For high school students, unstable housing is associated with increased substance use, violence exposure, and suicidality (McKinnon, 2023). These are not simply economic outcomes; they are behavioral health determinants that undermine the very compliance and prosocial behavior systems aim to elicit.

For families, youth, and young adults, punitive approaches are poor behavior modifiers. They may deliver short-term compliance but often increase aggression, disengagement, and risk while widening inequities and harming health. A cross-sector strategy that pairs relational, skill-building interventions with economic and housing stability is more likely to improve behavior, wellbeing, and community safety than reliance on punishment. Addressing attendance effectively requires systematically meeting basic needs and reducing punitive conditionality. Teams can apply stabilization as a behavioral health intervention and improve outcomes by coordinating across health, housing, and education to stabilize families through cash assistance without punitive sanctions and through rapid-rehousing, legal aid for evictions, and utility relief. Stabilizing housing and income is a behavioral health intervention that improves engagement and reduces crisis-driven behaviors in youth (McKinnon, 2023; Pierce et al., 2024; Reichman et al., 2005).

Multi-Tiered Systems of Support

What It Is and Why It Matters

A Multi-Tiered System of Supports (MTSS) is a proactive, prevention-oriented framework that integrates data, intervention, and teaming to improve academic and social-emotional-behavioral (SEB) outcomes for all students. MTSS organizes supports by increasing intensity across tiers: universal (Tier 1), targeted (Tier 2), and intensive (Tier 3). It relies on ongoing screening and progress monitoring to ensure the right support, at the right time, at the right dosage. In practice, MTSS is an umbrella that operationalizes evidence-based practices from Response to Intervention (RTI) systems for academics intervention and Positive Behavior Interventions and Supports (PBIS) for behavior intervention in a coherent, integrated system that mirrors the public health prevention model of universal promotion, early identification, and individualized treatment (American Institutes for Research, 2022; Simonsen et al., 2024).

From a public health perspective, MTSS improves population-level outcomes by emphasizing Tier 1 prevention through high-quality, culturally responsive instruction and classroom management, and school climate and belonging, while systematically providing targeted and intensive supports for students with elevated risk or persistent need. Evidence from large-scale implementations such as through school-wide PBIS demonstrates improvements in disciplinary incidents, attendance, and SEB competence when core features are implemented with fidelity and supported by data-based decision-making and coaching (Horner and Sugai, 2015).

At the system level, adoption and sustainment of MTSS hinges on implementation science: fidelity, coaching, leadership, resource alignment, and the organizational routines that help adults consistently deliver what the evidence prescribes. Empirical work in school settings shows that clear vision, communication, availability, and a supportive climate predicts uptake and consistent use of practices across classrooms and schools, which is critical for scaling MTSS beyond pilot sites (Lyon et al., 2022).

Core components and processes

Although states, districts, and LEAs vary in nomenclature, the essential components of MTSS include:

- **High-quality Tier 1 instruction and environments** for academics and SEB, anchored in Universal Design for Learning (UDL) and culturally responsive practices, with explicit teaching of expectations and routines.
- **Universal screening** thrice annually in priority domains, often literacy, math, attendance, behavior and SEB, plus opportunistic checks using items like mid-term data and credit

accrual. Effective screening requires the selection of technically adequate tools and predetermined decision rules.

- **Tiered interventions** matched to need, with validated dosage, grouping, and instructional features and an emphasis on early access.
- **Progress monitoring** with graphed trajectories, validated goal-setting, and data-based decision rules to intensify, continue, fade, or change interventions, each stage of which is accompanied by fidelity checks for adherence and student engagement.
- **Teaming and leadership** structures that ensure routine problem-solving, action planning, and integration of academic and behavioral supports, often coordinated through building MTSS or I-MTSS teams.
- **Fidelity measurement** at practice and system levels, such as TFI 3.0 for PBIS and the Integrated MTSS Fidelity Rubric (IMFR), with action planning for continuous improvement (American Institutes for Research, 2022 / 2025; Bailey, 2020; Center on Positive Behavioral Interventions and Supports, 2026; Morse, 2025; Pierce et al., 2025; Simonsen et al., 2024).

Evidentiary basis for MTSS

Over a decade of peer-reviewed research highlights several consistent findings. Behavior and attendance outcomes improve when MTSS is implemented with fidelity (Horner and Sugai, 2015). Quasi-experimental and evaluation studies report reductions in office discipline referrals and absences (Gage et al., 2024). Leadership, coaching, professional development, and a climate conducive to implementation are predictors of sustained use of evidence-based practices and of the quality with which interventions are delivered (Lyon et al., 2022). The integration of academic and behavioral systems, known as Integrated Multi-Tiered Systems of Support (I-MTSS) is both feasible and desirable and is increasingly common at the state level. However, while measurement tools such as the IMFR are maturing (I-MTSS Research Network, 2024; Pierce et al., 2025), it is important to note that screening validity is moderate overall, varies across tools, and is strongest in early literacy. This heterogeneity in tool reliability underscores the need for careful tool selection and local validation (Keles et al., 2025). Collectively, these findings reinforce that student outcomes depend on adult implementation; students cannot benefit from interventions they do not receive with consistency. Measurable fidelity, dosage, and reach are causal precursors to student outcomes (Blase et al., 2015).

Implementing with fidelity in systems marked by geographic and income inequality

Needs in communities distribute along historically, geographically and culturally relevant lines. Some disparities are based in geography, such as rural isolation or transportation deserts in urban

centers. Others relate to wealth and income inequities, such as resource scarcity, housing instability, and trauma exposure. Systems facing deep disparities require equity-centered MTSS with adaptations that protect core features while addressing context. It bears noting that a student may stand in need of universal supports for reading, Tier 1 interventions for attendance, and Tier 3 intervention for some other measured goal. Another student may need universal supports for them all, while a third needs Tier 3 interventions for behavioral health, but none for attendance. MTSS will meet children and families where they are.

The proper foundation of universal strategies will necessarily integrate school mental health into MTSS. In high poverty and rural contexts, practitioners should integrate a comprehensive school mental health system with MTSS: universal promotion (Tier 1), early intervention groups (Tier 2), and coordinated individualized services (Tier 3), ideally via interconnected systems frameworks with community partners. Provide PD for trauma informed, culturally sustaining practices and leverage tele mental health when local providers are scarce (Hoover et al., 2019; Macheca et al., 2024). That foundation must also rely upon robust data systems and decision routines. Select valid screeners across academics and SEB and set clear cut scores and decision rules. Train teams to interpret data, checking translation quality and bias, and to use frequent progress monitoring for adjustment. Document fidelity with simple tools like self checklists and observations, and graph fidelity alongside student progress to avoid switching interventions prematurely (Keles et al., 2025; American Institutes for Research, 2025).

For MTSS to work, Tier 1 interventions must be truly universal in availability. Thus, true MTSS begins with the adoption of culturally and linguistically responsive curricula. It ensures belonging and positive climate and implements safe, planned opportunities to respond, explicit instruction, feedback and other classroom practices that increase engagement. In order to know that Tier 1 strategies actually meet all children, practitioners must disaggregate screening and outcome data by race and ethnicity, language, disability, mobility, and socioeconomic status to identify opportunity gaps and adjust supports accordingly. In communities that are highly multicultural and multilingual, systems perforce use high-quality translations of screeners and engagement surveys, and audit decision rules for implicit bias (Jackson, 2021; Islands and Northeast Laboratory Educational Regional, 2024).

Relatively under-resourced schools can benefit from the School Implementation Strategies, Translating ERIC Resources (SISTER) implementation blueprint. ERIC refers to the Expert Recommendations for Implementing Change project, a framework to promote strategies that improve the uptake and the quality implementation of effective health services, previously adapted for behavioral health care. SISTER further translated that framework to school settings as a “de facto mental health system.” Under SISTER, schools should first establish linchpin strategies, then phase Tier 1–3 supports with attention to feasibility. Phasing and an emphasis on

efficient and effective Tier 2 interventions like skill-focused small groups can protect Tier 3 capacity. This is critically important as Tier 2 interventions are necessarily more intense and expensive than universal practices or Tier 1 interventions, and Tier 3 interventions are more intense and expensive still (Kearney et al., 2025; Offstein et al., 2023).

Once MTSS has been phased in, the same conceptual approach that supports the students can be used to support staff and schools more broadly. Use available fidelity instruments such as TFI 3.0 for PBIS and IMFR for integrated MTSS to measure and improve fidelity systematically. Complete fidelity reviews at least annually, pair results with action plans, and align PD to the lowest-performing constructs in the system, be they classroom practices or data routines. Use ESSA's evidence tiers to select interventions with strong or moderate evidence and to support PD and data systems (National Association of School Psychologists, 2016). Treat fidelity data as formative, not punitive and, as with the students, focus on supports, not blame (Center on Positive Behavioral Interventions and Supports, 2026; Pierce et al., 2025). Invest in leadership and tiered professional learning for staff as implementation leadership, with clear vision and communication, and tiered PD and coaching for educators are crucial. Provide universal PD on core practices; then use data to identify staff who require targeted coaching (Tier 2) or intensive support (Tier 3), mirroring the student support logic (Lyon et al., 2022; Bloomfield et al., 2024).

MTSS is not a program but a way of work: a disciplined, equity-centered approach that coordinates academic, behavioral, and mental health supports using data and teamwork. When implemented with fidelity, MTSS reliably improves behavior and attendance and supports academic growth; when adapted to local context with attention to leadership, data, and equity, it can reduce disparities rooted in geography and poverty by ensuring timely, targeted supports for the students and staff who need them most.

Linking MTSS School Practice Domains to Reductions in Chronic Absenteeism in the District of Columbia

Executive Summary

District Trends: CA decreased by 8.5 percentage points since SY21–22, with the most significant reductions among students previously classified as profoundly chronically absent. However, disparities remain, and some schools experienced increases in CA despite strong process infrastructure. NOTE: response rate is relatively small and conclusions should be considered with appropriate caution.

Survey Scope: Responses covered ten MTSS domains: Accurate Data, Team Processes, Engaging Climate, Culture of Attendance, Outreach, Community Partnerships, Staff Capacity, Continuous Improvement, Improvement Plans, and Policy Alignment.

Key Findings:

- **Domains most associated with CA reduction:** Engaging Climate (Pearson $r \approx -0.34$), Continuous Improvement (-0.17), and Accurate Data (-0.15). Schools scoring high on climate and data practices were more likely to achieve sustained reductions.
- **Reactive signals:** Outreach and Community Partnerships correlated positively with CA increases, suggesting that high-volume outreach without targeted barrier resolution may reflect reactive compliance rather than proactive engagement.
- **Group Patterns:**
 - *Group A:* Three schools achieved $\geq 50\%$ CA reduction through strong data systems, clear policy alignment, and disciplined weekly team reviews.
 - *Group B:* Schools with exceptionally high climate scores paired with strong data practices saw meaningful reductions but need deeper partner accountability.
 - *Group C:* Balanced strengths in outreach and climate but require tighter measurement validity and barrier-focused interventions.
 - *Group D:* Low-burden schools with CA increases need precision targeting and climate recalibration to prevent drift.

Actionable Levers:

- Formalize weekly attendance review cadences.
- Embed culturally responsive Tier 1 climate routines.
- Audit outreach for barrier closure, not volume.
- Validate intervention measures for reliability and sunset low-impact strategies.

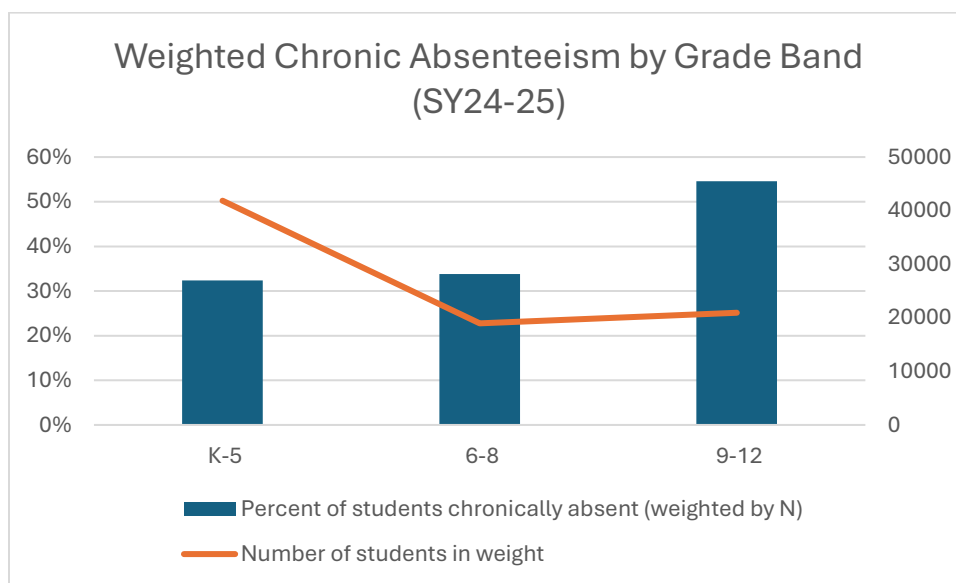
Introduction

Chronic absenteeism (CA) remains one of the most persistent barriers to student success across the District. While overall CA rates have declined 17.7% from 48% in SY21–22 to 39.5% in SY24–25, the

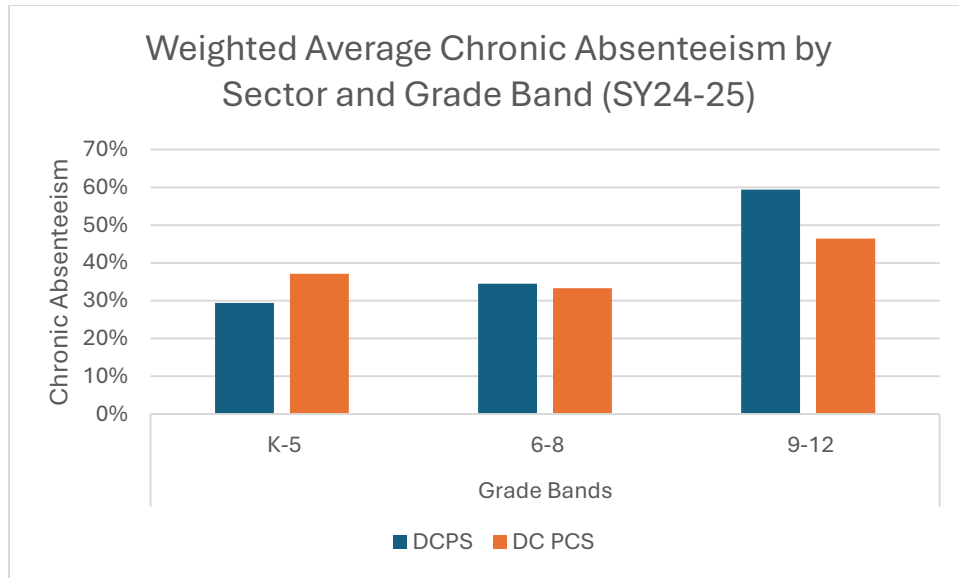
progress has been uneven across schools and student groups. To better understand the practices driving these changes, the Office of the Deputy Mayor for Education (DME) conducted a survey of 250 school leaders in December 2025, focusing on how Multi-Tiered Systems of Support (MTSS) are implemented to improve attendance. Thirty-one responses were received, representing both individual schools and LEAs. This analysis examines survey results alongside school-level CA trends to identify patterns of effective practice, highlight areas for improvement, and provide actionable recommendations for reducing absenteeism through MTSS frameworks. This is the first survey effort in recent memory to help understand the factors that may contribute to reduced chronic absenteeism rates. Approximately 13% of schools responded to the first round. Given the modest response rate, we consider the conclusions exploratory and the first step in understanding what works in the District. We also consider the findings in the broader national and international research on response to chronic absenteeism.

District CA Context

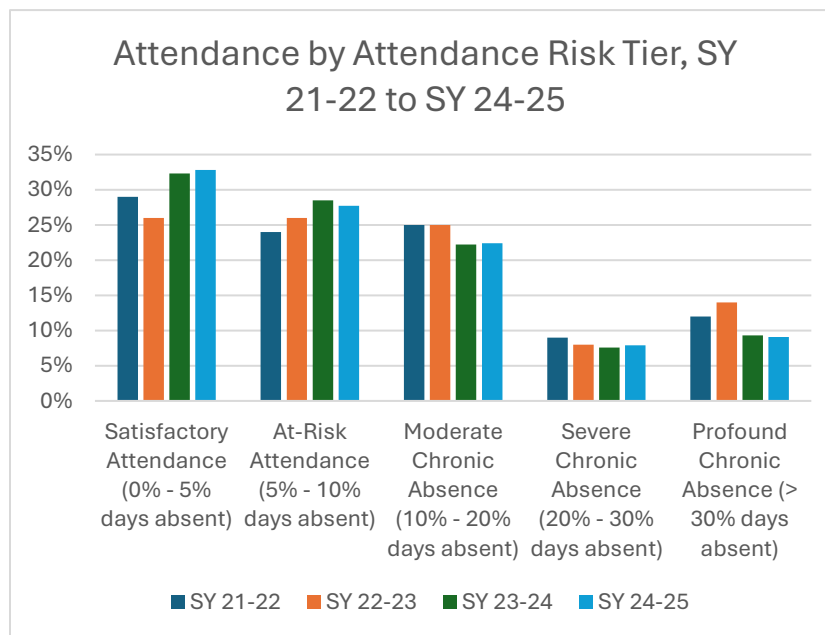
Across the District, most campuses cluster in rates of CA between 30–60% CA, although outliers exist at both ends. Broadly, grade band patterns are apparent; CA rises with grade level (K–5 < 6–8 < 9–12).



Though there are slight differences in CA at each of the grade bands between the two sectors, the overall pattern is generally the same, CA goes up with grade band and age. It is also worth noting that sector utilization shifts with grade band. PK-5 enrollment is 44% charter and 56% DCPS. 6-8 enrollment is 53% charter and 47% DCPS. 9-12 enrollment is 45% charter and 55% DCPS ([Trends in Enrollment by Sector](#)).



The rate of CA in the District at the end of SY 24-25 was 39.5%, a decrease of 8.5pp or 17.7% from its height of 48% in SY 21-22. This progress has not been uniform; in fact the District has reduced its rate of profoundly chronically absent students at a higher rate than other CA risk tiers and has maintained decreases in other categories. The District is working to convey that it wants its students in school and our children facing the most difficult circumstances are beginning to respond to that message.



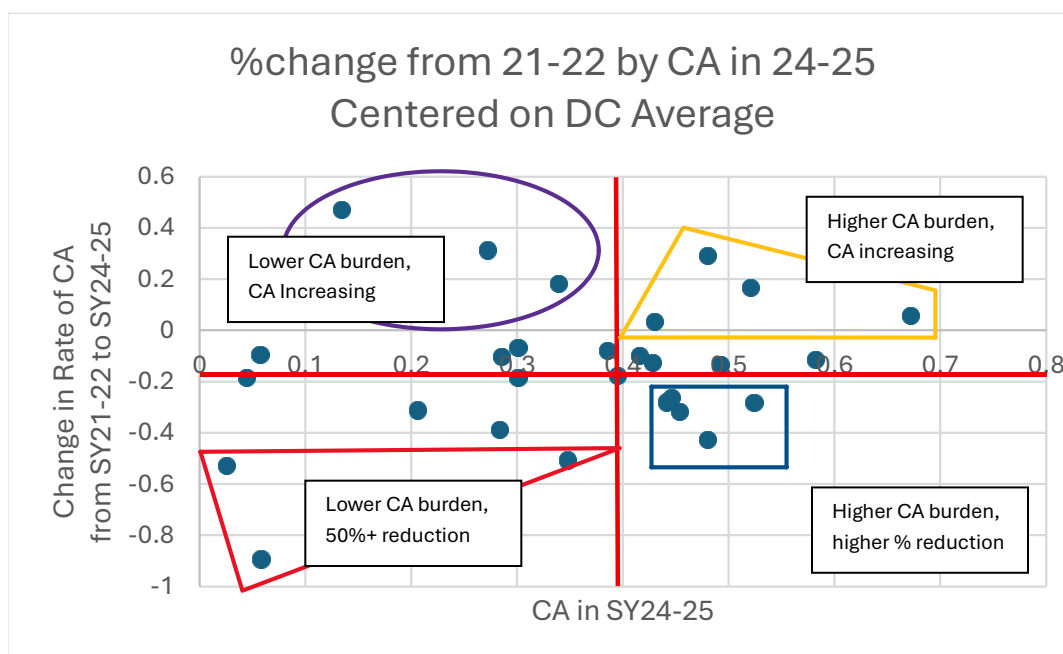
Survey Description

In late December, DME staff sent a survey out by email to 250 principals at each public and public charter school. Staff designed the survey to assess how schools implement Multi-Tiered System of Supports (MTSS) for improving student attendance. It includes Likert-scale and open-text questions across ten

domains; data systems, team processes, school climate, culture of attendance, family outreach, community partnerships, staff capacity, continuous improvement, documented improvement plans, and policy alignment. The goal is to gather detailed information on practices, protocols, and strategies that support attendance and identify areas for improvement. Indicators include: regular attendance data reviews in student information systems, named teams meeting on a set cadence with documentation, arrival routines, goal-tied recognition, standardized family messaging frames, partner referral pathways, PD and coaching, and documented escalation processes. DME staff received 31 responses, 27 from individual schools and 4 from LEAs on behalf of multiple schools. A full list of the questions is available in an appendix.

Survey Results Analysis

DME staff compared the SY 24-25 CA burden of responding schools to the rate of decrease from SY 21-22 CA at those schools. Staff noted one group of three schools (Group A in the **red triangle**) with a greater than 50% decrease in CA, another group of five schools (Group B in the **blue rectangle**) with higher than average CA burden, but also a higher than average decrease in CA, a third group of four schools (Group C in the **orange quadrangle**) with higher than average burden and a higher than average increase in CA, and a fourth group of three schools (Group D in the **purple oval**) with a lower than average CA burden and a higher than average increase in CA.



Group A

Across the three schools in Group A, the common backbone is strong Accurate Data and District and LEA Policy domains; each reports high scores on having clearly defined systems, explicit thresholds, and universal screening identified and documented, paired with clear escalation steps that keep legal action as a last resort. These schools also show a consistent team cadence with weekly data reviews and solid meeting discipline with consistent notes and action tracking. These practices together create a reliable

early-warning and follow-through structure. Other schools can emulate this by formalizing a weekly, time-boxed attendance review, documenting thresholds and absence patterns well ahead of CA and using a standard escalation path that prioritizes supportive interventions before any legal steps.

Where these three differ, and where Group A's lower climate signal emerges, is in the Engaging Climate domain average: one school's climate mean is notably low despite many 5s on item-level climate practices, a second's climate sits mid-range, and the third's is high. The open-response entries reinforce that the cadence exists ("weekly"), but narrative details about partners or training are often "N/A," suggesting an opportunity to deepen Tier-1 climate work such as belonging routines, culturally responsive messaging, visible recognition, and to strengthen targeted partner engagements that directly remove barriers. In practice, schools could add daily greeting routines, advisory or homeroom circles, and a simple recognition protocol for improved attendance and then track whether these Tier-1 moves shift monthly climate mini-survey scores and reduce CA in subsequent weeks.

The lesson from Group A is for schools to emulate their data precision, policy clarity, and weekly teaming as the backbone of strong practice, and layer on the beating heart of everyday climate habits: greet and notice, celebrate improvement, use culturally responsive family messaging, and close the loop on barriers via partners. That combination of tight data and policy structures, consistent team execution, and daily climate practices is the pattern most likely to unlock gains for schools seeking to move from procedural strength to sustained reductions in chronic absenteeism.

Group B

Group B schools share a distinctive pattern; exceptionally high Engaging Climate scores (≈ 4.95) combined with strong Accurate Data and solid District and LEA Policy alignment. These schools consistently rate highly on items such as *"A positive school climate is explicitly articulated as supporting attendance goals,"* *"Students report feeling a sense of belonging and engagement,"* and *"School-wide strategies exist to promote regular attendance."* Open-response codes reinforce this with mentions of weekly team meetings, structured routines, and family communication protocols, signaling that climate is not just aspirational but operationalized through daily practices. Other schools can emulate this by embedding climate language into attendance messaging, conducting regular climate surveys, and linking attendance goals to SEL and engagement initiatives.

Another common strength is data precision paired with proactive teaming. These schools document universal screening, disaggregate attendance data, and maintain consistent SST / SAC meeting cadence. Leaders use data to design interventions rather than relying on generic outreach, and new staff orientation includes attendance protocols, thus ensuring continuity. Open responses often highlight systematic use of SIS platforms and clear escalation steps, which prevent gaps in intervention. Schools seeking improvement should replicate these habits by auditing attendance data monthly, training staff on early-warning thresholds, and integrating attendance metrics into school improvement plans with actionable timelines.

Finally, while these schools excel in climate and data, the next frontier is targeted outreach quality and partner alignment. Open responses show outreach volume but less evidence of personalized follow-up or

barrier resolution. To build on Group B's foundation, schools should pivot from high-volume outreach to personalized, tracked interventions and formalize partnerships with outcome-based MOUs with District agency and CBO partners to ensure that community organizations address concrete barriers like transportation or mental health. By combining Group B's climate and data strengths with sharper outreach and partner accountability, other schools can create a holistic system that sustains attendance gains and accelerates reductions in chronic absenteeism.

Group C

Group C schools share a profile of balanced strengths: strong Accurate Data practices (≈ 4.63), high Outreach scores (≈ 4.8), and improved Engaging Climate relative to the overall baseline ($+0.42$). They also show above-average performance in Continuous Improvement, signaling that these schools actively review and refine interventions. Common items include *"Attendance data reviewed for universal screening are identified and documented," "Outreach efforts are personalized and track family responses and outcomes,"* and *"Staff actively monitor and respond to students' social-emotional barriers."* Open-response codes reinforce this pattern with mentions of weekly team meetings, personalized outreach stories, and adjustments after intervention reviews, which indicate a culture of responsiveness rather than static compliance.

These strengths overlap with Group B schools in two critical ways: climate emphasis and data-driven teaming. Like Group B, Group C schools articulate attendance goals within a positive climate framework and maintain a regular SST / SAC meeting cadence. However, Group C's outreach scores suggest heavier reliance on family engagement protocols and success-story documentation, which can be powerful if paired with barrier resolution. To emulate Group B's success, Group C schools should sustain their climate gains while tightening measurement validity by auditing attendance data monthly and taking the time to verify the reliability of intervention metrics. They should also identify and reduce documentation-heavy practices that do not directly impact student attendance. Instead, they can pivot toward real-time SEL monitoring and targeted supports, ensuring that outreach translates into concrete solutions for transportation, health, or housing barriers.

While the initial set-up for these improvements will feel time consuming, the lower burden of maintenance when compared to documentation based regulatory moves and the expected reductions in CA are well worth it. Schools should embed SEL checks into daily routines through advisory circles or quick emotional check-ins to catch attendance-related stress and family and community located barriers early. They can audit outreach and partner quality by tracking whether family contacts lead to resolved barriers, not just logged interactions. They should reduce compliance focused work through strong Continuous Improvement by using intervention effectiveness data to sunset low-impact strategies and scale those tied to measurable attendance gains. By combining their strong outreach and climate foundation with sharper data validity and barrier-focused practices, Group C schools can move from procedural strength to sustained reductions in chronic absenteeism.

Group D

The three Group D schools each with low baseline CA burden in SY2021 (≤ 0.30) and positive CA change through SY2024–25, one school $\approx +0.18$; a second $\approx +0.31$; the third $\approx +0.47$. At the domain level, all three report strong teaming and outreach structures with weekly SST / SAC cadence and high Outreach scores. However, the schools also shared solid but uneven measurement and data practices and variable climate strengths; one school's climate rates highly, but the other two are moderate at best. All three list weekly review cadence in open responses and have pockets of "N/A" in their policy and training notes, hinting that while process discipline is strong, data validity routines and staff capacity may not be uniformly embedded.

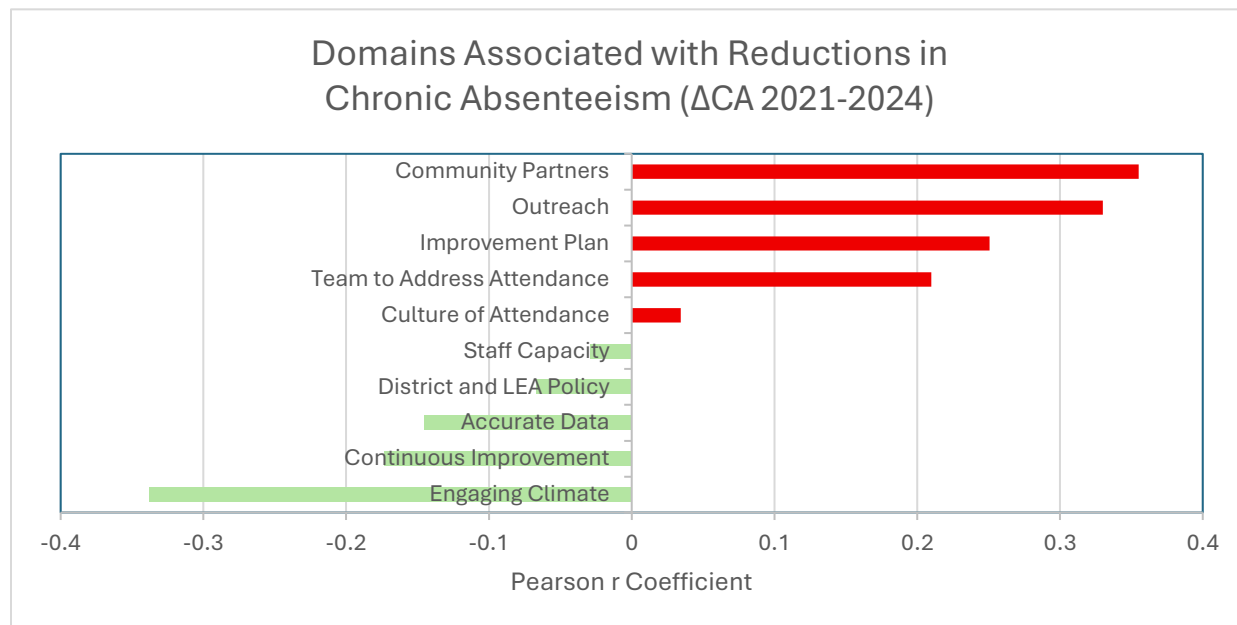
Across the trio, Outreach is consistently high, and meeting cadence is strong; yet measurement validity and targeting emerge as likely pressure points. Item-level patterns show high marks for documentation and monitoring but comparatively fewer signals of tested measurement reliability and validity and of SEL barrier closure at scale. In practice, that combination can lead to reactive volume, similar to practices in Group C, without tight early-warning accuracy through partial-day coding, late arrival handling, and disaggregation by grade and subgroup. It also indicates a missing closed-loop resolution practice for common barriers like transportation, health, and housing. The net effect: more activity that shows that staff are 'doing something,' but not always precision targeting, which helps explain how low-burden schools can nonetheless experience above-average increases in CA over time.

Like schools in Group C, Group D schools can build on the process infrastructure strengths they already have in place. First, tighten measurement validity: conduct monthly mini-audits by comparing homeroom logs against SIS entries, verify partial-day and tardy coding, and spot-check excused versus unexcused consistency. Schools should document the universal screening list, and re-train new staff on attendance protocols to reduce drift. Second, schools must disaggregate and target. Run subgroup and grade-band CA change to identify weaknesses at transitions or with specific cohorts and feed that into weekly SST / SAC agendas. As with Group C, these schools should convert outreach logs into barrier-closure trackers so that outreach volume is replaced by measurable outcomes. Third, recalibrate climate where needed. For schools with moderate climate scores, add daily greeting routines and advisory check-ins, recognition for improved in addition to perfect attendance, and culturally responsive family messaging, and then watch for short-cycle shifts in climate mini-surveys and corresponding CA deltas. Together, these steps move Group D schools from process strength to precision and barrier resolution, addressing the hidden drivers behind CA increases while preserving the teaming and outreach assets they already do well.

Survey Domains and Items

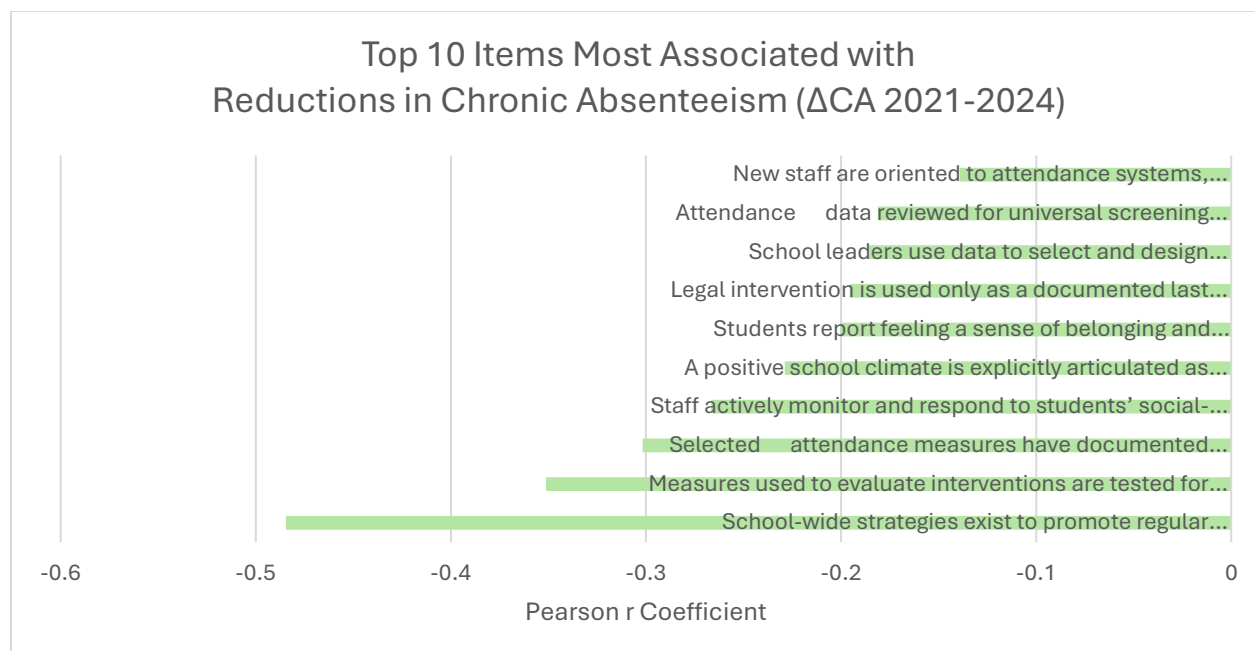
Staff also noted that there were both domains of responses and individual item responses that were more highly or less highly correlated to reductions in CA. Pearson correlation coefficients measure the strength and direction of the relationship between two variables, with values ranging from -1 to $+1$. A negative Pearson r indicates that as one variable increases, the other tends to decrease. In this context, a more negative coefficient means that higher scores on a given MTSS domain or item are associated with larger reductions in chronic absenteeism. Conversely, positive coefficients suggest that higher scores coincide

with increases in absenteeism, possibly reflecting reactive practices used more frequently in high-burden schools.



Among the ten domains, Engaging Climate shows the strongest association with decreases (Pearson $r \approx -0.34$; Spearman $r \approx -0.33$). Schools scoring higher on climate factors, such as belonging, supportive instruction, and SEL monitoring, tend to see larger declines in CA. In fact, in cleaned merges, among high-burden schools ($CA_{2021} \geq 45\%$), 86% of schools with Engaging Climate ≥ 4.5 had CA decreases over 2021–22 to 2024–25 (6 of 7). Low-burden schools ($n=3$) also showed 100% decreases at ≥ 4.5 . Continuous Improvement ($r \approx -0.17$) and Accurate Data ($r \approx -0.15$) also align with reductions. School reports of use of reliable measures, regular review cycles, and evidence-based iteration correlate with improvements. On the other hand, Community Partners ($r \approx +0.36$) and Outreach ($r \approx +0.33$) correlate with rising CA. This pattern is likely reactive signal bias. Schools with higher burden intensify outreach and partner activity in an effort to connect with families and identify community supports for them, but quality and targeting vary; volume alone does not translate to reductions.

In the high-burden subset, targeted outreach characterized by personalization of messages and a practice of tracking family responses and outcomes of referrals, correlated ~ 0 (Pearson ≈ -0.002), while high-volume outreach, practices like frequent invitations and the use of only standard protocols, correlated positively with CA increases (Pearson $\approx +0.34$; Spearman $\approx +0.44$). A small-N ordinary least squares regression controlling for baseline burden found non-significant estimates ($\beta_{\text{targeted}} \approx -0.05$; $\beta_{\text{high-volume}} \approx +0.19$), suggesting that not only does quality beats quantity, but that high quantity outreach without targeting may backfire as the messages from the school may either turn into noise or nuisance.



As a reminder, a full list of the questions is available in an appendix.

The ten negatively correlated items identified in the chart above reinforce one another by creating a school environment where clear expectations, strong relationships, reliable data systems, and responsive supports all work together to keep students connected to school. Some of them are structural indicators about the way the school functions as an institution: school-wide attendance strategies, valid and reliable measurement practices, well-documented universal screening, and leaders' use of data. These ensure that schools can accurately identify emerging patterns of absenteeism and intervene early. At the same time, climate and human-centered indicators, such as staff attention to social-emotional barriers and students' sense of belonging, ensure that the response to absenteeism prioritizes support over punishment and builds trust with students and families. When new staff are properly oriented to attendance expectations and protocols, these practices become consistent across classrooms and over time, strengthening the system's overall coherence.

Together, these indicators support effective MTSS frameworks for attendance. Reliable and valid measures give educators confidence that the students flagged for risk truly need attention. School-wide strategies and positive climate messages set universal norms so that attendance is understood as everyone's responsibility. When leaders use data to design interventions and legal approaches are reserved strictly as a last resort, students and families experience the system as supportive rather than punitive which encourages ongoing engagement. Staff awareness of social-emotional barriers ensures that interventions focus on the real reasons students miss school, whether transportation challenges, family transitions, or anxiety. When students feel they belong and are engaged, they are more motivated to attend and participate, further reinforcing the school-wide norms the system is designed to uphold.

Top 10 Items Least Associated with Reductions in Chronic Absenteeism (Δ CA 2021-2024)



The ten indicators most associated with CA increases can also help us understand MTSS processes to decrease absenteeism. These ten indicators often correlate with CA increases because they tend to represent reactive compliance measures rather than proactive engagement strategies. Schools facing high absenteeism frequently implement detailed protocols, formalize improvement plans, and involve partners extensively, but these actions can become procedural rather than transformative if they do not address the underlying causes of absenteeism. For example, inviting families to meetings may check a compliance box, but if outreach lacks personalization or cultural responsiveness, families may feel overwhelmed or disengaged. Similarly, tracking meeting notes and specifying timelines in plans signals strong process management, yet without targeted interventions, these steps rarely change student attendance behavior.

Another reason these indicators align with CA increases is timing: they are often activated after absenteeism has escalated, making them markers of high-burden schools rather than drivers of improvement. Schools under outside regulatory pressure to reduce CA may overemphasize documentation as an indicator of felt accountability. However, procedures such as recording success stories or monitoring progress in reports without ensuring that interventions are barrier-focused and student-centered may lead to burnout and cynicism. Partnerships can also fall into this trap: involving external organizations in design and implementation sounds positive, but if roles are unclear or effectiveness is measured only by activity counts rather than student outcomes, the impact remains limited.

However, since school staff are already able to demonstrate their dedication to the work through their recording of the work, we can build productively from that point. To use these practices as a foundation for reducing CA, schools should shift from compliance to quality and personalization. For instance, a clear family engagement protocol can evolve into a tiered outreach system where staff use real-time

attendance data to trigger personalized calls or home visits, focusing on problem-solving rather than generic reminders. Resources and timelines in improvement plans should include specific supports tied to barriers, such as transportation assistance, medical and behavioral health referrals, or flexible scheduling, rather than generic milestones. Meeting notes and action tracking can become dynamic accountability tools by linking each action item to a measurable student outcome.

And this is how built partnerships can become transformative. District agency and CBO partnerships should be leveraged for direct barrier removal. Instead of simply involving partners in planning, schools can formalize agreements where community organizations provide concrete services, like before and after-school care, housing assistance, or telehealth, and report on attendance gains for referred students. Success stories should highlight strategies that worked for specific barriers, not just celebrate improved numbers. By reframing these indicators from procedural compliance to outcome-driven practice, schools can transform them into powerful levers for reducing chronic absenteeism and improving student engagement.

Conclusion

The analysis underscores that reducing chronic absenteeism requires more than procedural compliance; it demands a coherent system where accurate data, strong teaming, and a positive, engaging climate converge. Schools that pair disciplined data practices and clear policy frameworks with daily climate habits and targeted outreach achieve the most significant gains. Conversely, schools relying on high-volume outreach or documentation-heavy protocols without addressing root causes risk stagnation or regression. Moving forward, District and LEA leaders should prioritize capacity-building in climate and continuous improvement, strengthen measurement validity, and ensure partnerships deliver tangible barrier removal. By reframing MTSS practices from reactive to proactive and student-centered, schools can accelerate progress toward equitable attendance outcomes and sustained engagement for all learners

A District Framework for a Public Health Approach to Chronic Absenteeism

In summary, Chronic absenteeism (CA), defined as missing $\geq 10\%$ of school days in a given period, surged nationally to 31% in 2021–22 and only declined to 23.5% in 2024, still far above pre-pandemic baselines (15%). In the District, CA rose to 48% in 2021-22 and declined to 39.5% in 2024-25. Elevated absenteeism affects all groups but is disproportionately concentrated among students in high-poverty contexts, highly mobile youth, youth experiencing homeless, and students with disabilities, patterns documented not just in the District, but across multiple states and national analyses.

We treat attendance as a population health vital sign. It is a signal of unmet health, housing, safety and engagement needs requiring prevention and cross-sector response. In the All In For Attendance (<https://schoolhealth.jhu.edu/all-in-for-attendance/>) framework, Johns Hopkins, Attendance Works, and Kaiser Permanente articulate three guiding principles: (1) use attendance data as a vital sign; (2) build strategic partnerships, and; (3) develop strengths-based policies and programs to prevent CA. This framing justifies shared accountability beyond schools, engages public health agencies, health systems, and social services, and explains why purely school-internal or punitive responses underperform.

A Multi-Tiered System of Supports (MTSS) integrates universal prevention (Tier 1), targeted supports (Tier 2), and intensive individualized interventions (Tier 3), with Early Warning Systems (EWS) and progress monitoring to match supports to need. Fidelity instruments strengthen adult implementation consistency. Within this framework:

- Tier 1 cultivates positive climate and belonging, sets routines, and reduces aversive experiences linked to CA.
- Tier 2 deploys mentoring (Check & Connect) and adaptive family messaging; EWS flags attendance streaks and triggers timely outreach.
- Tier 3 provides wraparound case management via school-community partnerships, a whole of society approach, school-based medical and behavioral health, and social determinants supports for the most common barriers, such as transportation and housing.

When engaging with these supports, families' and students' readiness to change attendance behaviors varies. Schools and their partners should identify at which stage they are meeting students and families: precontemplation, contemplation, preparation, action, or maintenance. Effective strategies match the offered supports to the student's and family's stage of engagement:

empathic engagement and feedback for precontemplation; planning and self-efficacy in preparation and action stages, and; relapse prevention in maintenance. Messaging and mentoring leverage processes of change by building helping relationships and scaffolding reinforcement management. This model underpins the very successful adaptive nudges and personalized outreach we have seen in the District.

Student outcomes depend on adult implementation. Leadership behaviors, coaching, and fidelity measurement precede and enable impacts. Annual TFI 3.0 and integrated fidelity rubrics guide improvement cycles and EWS routines operationalize data-informed action.

Theory of Change

Mechanism 1: Prevention via Tier 1 Climate and Communication.

A safe, engaging climate reduces aversion to school. Low-cost nudges such as the EveryDay Labs program correct misconceptions and activate family problem-solving. The success of EDL can be broadened: RCTs and national toolkits show small but reliable attendance effects at scale, including indications that postcards result in 2.4% fewer absences and that adaptive texts reduce chronic absence 2.4–3.6pp overall, with larger reductions for high-absence students. In DC, schools whose MTSS practices scored high for Engaging Climate had notably higher reductions in CA than District average.

Mechanism 2: Relationship-Centered Targeting via Mentoring.

Research-based practices, such as Check & Connect, improve students' staying in school, with case management keyed to attendance, behavior, and coursework. In DC, schools whose MTSS practice indicators included reliance on measures tested for validity and targeted through both universal screening and close attention by staff to students' social-emotional barriers and sense of belonging had notably higher reductions in CA than District average.

Mechanism 3: Barrier Removal via Agency and Community Partnerships.

National research shows that onsite or tightly linked school health services, including both medical and behavioral health, and community schools models organize supports and reduce health-related absences, particularly for chronic conditions such as anxiety and asthma, while increasing engagement. USDOE resources and LPI case studies document attendance gains under community school models. In the District, MTSS indicators related to government agency and community-based partners seem to be related to increased rates of CA. However, when considered as lagging indicators of high concentrations of the conditions that lead to CA, it becomes clear that preventative partnerships with strengthened, monitored pathways for lane-

defined support escalation can improve school – family trust and engagement, and remove barriers to attendance.

Mechanism 4: Data-Driven Adaptation via Early Warning Systems.

EWS enable early identification of students, families and communities likely to fall into CA through the recognition of patterns at the student level, such as streaks of two or more missed days, at the family level, such as a sharp increase in requests for assistance through Family Service Centers, and at the community level, such as concentrations of eviction filings. Pattern recognition and public-facing dashboards can assist rapid routing to Tier 2 and 3 and identify barrier removal lanes in need of either greater investment or more detailed differentiation. As mentioned above, the schools in the District with the highest rates of CA are also those schools working most diligently to build connections between families and service providers, but are often responding to existing crises with insufficient resources rather than assisting families in building resilient, preventative plans in partnership with District Agencies and CBO partners.

Policy Commitments

Punitive approaches for both students (suspensions or expulsions for attendance, zero tolerance, fear-based programs), and families (coercive benefit sanctions) are ineffective and harmful. They increase delinquency, depress achievement, including among non-suspended peers, and widen existing disparities. Deterrence literature stresses certainty over severity, supporting clear statements of expectation and reliable supports, and undermining reliance on harsh sanctions. Attendance is better improved by supportive, skill-building, and barrier-removal strategies aligned to MTSS and public health. This justifies ruling out exclusionary discipline for absenteeism, to which the District has already committed, and prohibiting threats to essential supports such as housing and other social benefits as attendance levers, as these increase family hardship, undermine engagement, and decrease pro-social behaviors and health plan adherence.

An equitable framework would require clear, public-facing, multi-sector dashboards disaggregated by race and ethnicity, by disability, by language, and by experience with homelessness. This information would allow agencies in support of schools to effectively and equitably target resource allocation where risk clusters, historically in neighborhoods experiencing high rates of poverty. USDOE guidance and public health frameworks emphasize prevention and partnerships. National research and District experience show elevated post-pandemic CA persists most in disadvantaged contexts, warranting bundled supports and scaling community response.

Hypotheses

1. Universal dedication to a warm and engaging climate and to the use of targeted nudges with two-way engagement capability will lower CA district-wide by 2–4 percentage points in Year 1, with larger effects among previously high-absence students.
2. Mentoring programs that make use of the research behind Check & Connect will reduce disengagement among Tier 2 and 3 students, especially those with disabilities and high absence histories.
3. Clearly delineated and publicly monitored District agency and CBO partnership lanes for barrier removal, especially around medical and behavioral health, and around transportation will reduce health-related absences and overall CA in high-poverty schools relative to matched controls.
4. Early warning systems at the student, family, and neighborhood level, coupled with progress monitoring will shorten absence streaks and increase time-to-intervention fidelity, mediating CA reductions.

Measurements

Outcome metrics:	Process and fidelity measures:	Public reporting with equity audits:
• CA rate (% missing $\geq 10\%$ days) • Attendance streaks • Partial-day absences and tardies • Subgroup CA gaps • School climate indices	• TFI 3.0 scores • Early warning system decision timeliness • Dosage measures (mentor contacts, messages sent, etc) • Student and family service utilization	• Quarterly dashboards ◦ disaggregated patterns ◦ differential access to supports ◦ referral bias checks • Annual equity and effectiveness briefs • Publicly identified adjustment thresholds

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Appendix: 2025 MTSS Survey Questions

Identification	
School Name	

Accurate Data

Likert

Indicator	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
We use a clearly defined student data system to monitor daily attendance and flag concerns.					
Attendance data reviewed for universal screening are identified and documented.					
The team reviews universal screening attendance data at regular, scheduled intervals.					
We have explicit numeric thresholds that trigger observation or follow-up for students.					
Selected attendance measures have documented evidence of reliability and validity.					
Data are disaggregated (e.g., by grade, subgroup, program) to identify patterns of absenteeism.					

Open Text

Describe the main data systems and a typical review cadence.

Team to Address Attendance

Likert

Indicator	Never	Rarely	Sometimes	Often	Always
A named person or role is responsible for overseeing attendance interventions.					
SST/SAC meetings are scheduled and facilitated consistently by assigned staff.					
Required or invited attendees for attendance meetings are clearly defined.					
The team meets at a regular frequency to review attendance data.					
Meeting notes and action items are recorded and tracked to completion.					

Open Text

List who routinely attends and who leads SST/SAC meetings.

Cadence

How frequently does the team meet to review attendance data?

Daily	
Weekly	
Quarterly	
As needed / No set cadence	
We do not have a team that meets regularly	

Engaging Climate

Likert

Indicator	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
A positive school climate is explicitly articulated as supporting attendance goals.					
School-wide strategies exist to promote regular attendance (e.g., routines, recognition, extracurriculars).					
Students report feeling a sense of belonging and engagement at school.					
Instructional practices and classroom environment support on-time daily attendance.					
Staff actively monitor and respond to students' social-emotional barriers to attendance.					

Open Text

Share one school-wide strategy that has helped student engagement and attendance.

Culture of Attendance

Likert

Indicator	Never	Rarely	Sometimes	Often	Always
Attendance expectations are communicated to families on a regular schedule.					
Communication frames (tone, content, channels) for attendance messaging are standardized.					
The school uses positive recognition to celebrate good or improved attendance.					
Messaging to families is culturally responsive and accessible (language, format).					
Staff review and update attendance messaging based on family feedback.					

Open Text

Describe how you recognize students with improved attendance.

How does your school introduce to staff and ensure the use of standard messaging frames?

Outreach

Likert

Indicator	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is a clear protocol for engaging families when a student shows signs of chronic absenteeism.					
Families and students are regularly invited to and participate in SST/SAC meetings about attendance.					
Outreach efforts are personalized and track family responses and outcomes.					
The school documents and shares success stories of improved attendance resulting from outreach.					
Barriers identified during outreach lead to concrete referrals or supports.					

Open Text

Share a brief success story or example of effective outreach.

Community Partners

Likert

Indicator	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Community-based organizations or government partners actively support attendance interventions.					
Partnership roles and responsibilities are documented and integrated into attendance plans.					
The school evaluates partnership effectiveness on attendance outcomes.					
There are potential partners that could be engaged but currently are not.					
Partners are involved in design and implementation of attendance interventions.					

Open Text

List current partners that support attendance work.

Is there an organization or agency you believe should be engaged, but is not currently?

Staff Capacity

Likert

Indicator	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Staff receive regular training on chronic absence and its causes.					
Professional development includes MTSS principles as they apply to attendance.					
Staff understand how to use attendance data to inform interventions.					
New staff are oriented to attendance systems, protocols, and expectations.					
Coaching or follow-up supports are available to help staff implement attendance strategies.					

Open Text

Describe the most recent training related to attendance or MTSS.

Continuous Improvement

Likert

Indicator	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
School leaders use data to select and design attendance interventions.					
There is documented evidence (data) that supports the use of specific interventions.					
Measures used to evaluate interventions are tested for reliability and validity.					
Intervention effectiveness is regularly assessed using defined metrics.					
Successful practices are scaled up and ineffective practices are revised or discontinued.					

Open Text

Describe one adjustment the school made after reviewing attendance intervention results.

Improvement Plan

Likert

Indicator	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Attendance supports are explicitly reflected in the school improvement plan.					
Attendance goals are aligned with other school-wide academic and social-emotional goals.					
Resources and timelines for attendance improvement are clearly specified in plans.					
Progress on attendance goals is monitored as part of school improvement reporting.					

Open Text

Note where attendance appears in your improvement plan and how progress is tracked.

District and LEA Policy

Likert

Indicator	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
LEA policy provides clear guidance for school-level attendance interventions.					
There is a clearly defined escalation process when chronic absenteeism persists.					
Legal intervention is used only as a documented last resort after other strategies are exhausted.					
District supports (training, technical assistance, funding) are available to implement attendance strategies.					

Open Text

Describe any District or LEA policy or escalation step that strongly shapes your attendance work.

Closing

Open Text

Please include any thoughts or observations that you think will improve systematic supports for students, families, or schools related to attendance.

What else would you like us to know?