

Frequently Asked Questions and Answers (FAQs)

Purpose

This document is intended to provide answers to frequently asked questions regarding situations involving mental health challenges and truancy.

Legal Note

The information provided in this document does not, and is not intended to, constitute legal advice or a "rule" as defined by Wis. Stat. § 227.01(13); instead, all information, content, and materials available on this site are for general informational purposes only. The guidance contained in this document regarding the law should not be considered an authoritative interpretation. School districts should consult with their own legal counsel.

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- 1. In state statute, is there a limit to the number of absences which may be excused when a student is temporarily not in proper physical or mental condition to attend a school program, but who can be expected to return to a school program upon termination or abatement of the illness or condition?

The law does not provide a limit to the number of absences for this reason. [Wis. Stat. § 118.15(3)(a)]. The school attendance officer may request the parent or guardian of the child to obtain a written statement by one of the providers listed in Wis. Stat. § 118.15(3)(a) as sufficient proof of the physical or mental condition of the child, as determined by local policy. An excused absence in this situation should be in writing and may not exceed 30 days, but the law does not set a limitation regarding renewal of a written excuse for subsequent days of absence.

In cases where school staff are concerned about the number of absences a student has incurred due to a physical or mental condition, they may obtain written authorization from a parent, legal guardian, or adult student to disclose attendance information to a provider for the purpose of consultation on the situation. In situations where written authorization cannot be obtained, state law provides some latitude for students' health care records to be released to school nurses in certain circumstances. [See Wis. Stat. § 146.82(2)(a)2.]. For example, school nurses should be able to consult with providers to seek clarification on the number of absences the provider would expect a student to have due to the student's condition. However, school nurses must be careful not to disclose personally identifiable



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information (PII) from pupil records back to the health care provider without authorization, as the confidentiality of pupil records is governed by both federal law - <u>FERPA</u> and <u>Wis. Stat.§ 118.125</u>; these laws do not include similar exceptions which allow school nurses to disclose PII to health care providers.

2. In state statute, parents have the right to excuse their child from school attendance for any reason in writing before the absence up to ten days per school year [Wis. Stat. § 118.15(3)(c)]. Do absences excused due to a student not being in proper physical or mental condition to attend a school program count as part of those 10 days of parent-excused absences?

No, these are two separate exceptions to compulsory attendance. The law excusing students from attendance when a parent has excused them in writing before the absence does not include language that would give the school board authority to override the parent's authority to excuse these particular absences.

3. What is the purpose of truancy laws?

Since regularly missing school has a significant impact on student achievement and positive youth development, truancy laws aim to deter students from skipping school, encourage students to attend, and encourage caregivers to get kids to school. The hope is to ultimately increase graduation rates, improve the workforce, build community, support wellbeing, reduce the risk of negative outcomes, and increase protective factors and positive outcomes.

The purpose of truancy laws is not to shame and blame, increase the school-to-prison pipeline, reduce connection to the school system, or to impose fines on families as a first step. It is helpful for school staff to keep the purpose of truancy reduction in mind when approaching policy and practice considerations.

4. What steps should a school take when a student has a mental health challenge that is contributing to truancy?

The most effective truancy reduction strategies include activities implemented across a continuum of supports within an equitable Multi-Level System of Support (MLSS) in partnership with other youth-serving agencies. Strategies to improve an individual student's attendance should start with an assessment of the system, and an advancement of adult perspectives and practices, and more effective system-wide policies and procedures. System leaders should build and improve comprehensive school mental health systems to promote inclusive and healthy climates, identify students who need extra support early, and to intervene in a trauma sensitive culturally responsive manner.

School districts are responsible for setting truancy plans pursuant to Wis. Stat. § 118.162 and should be familiar with what the law requires to be identified in those local policies regarding notification to



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students and families. One of the notice requirements identified in law is that the school attendance officer must meet with the student and caregiver(s) to discuss the student's truancy after a student has become habitually truant (five part or whole days of unexcused absences in a semester). [See Wis. Stat. §§ 118.16(1)(a); 118.16(5)(a)]. Schools should develop attendance improvement plans that are led by student and parent perspectives, goals, and needs. School leaders should set dates for follow-up meetings to ensure improvement plans are being implemented effectively and, if not, make adjustments to include additional layers of support.

When students have mental health concerns that are contributing to absences, school staff should seek to understand from the student and caregiver their perspective on their strengths, challenges, current supports, successes, and set-backs. When the student has support from a clinician, school staff can encourage caregivers to authorize the sharing of information so that they can support the clinical goals in the school environment. Part of this work may include recognizing achievable goals and progress. For example, a student with school avoidance may meet their attendance goal for the day by showing up to the parking lot and walking up to the school doors. It may be a slow process to move from this action, to part-time attendance, to full time attendance. In this case, the student is absent from class, but making progress towards their goals in an appropriate manner. School staff could provide academic work, which could be completed outside of the classroom, until the student has achieved full attendance.

When adequate progress is not being made, interventions and supports need to be added, and more work needs to be done to uncover the root cause of the absences. When a student is suspected of having a mental health challenge (e.g., anxiety, depression, school refusal, or others) which contributes to absences, school staff need to consider when a 504 plan is appropriate, and their Child Find responsibility (under the Individuals with Disabilities Education Act and state law) when the condition impacts eligibility for a special education category. It is generally not appropriate to refer a student with a disability for a truancy citation when the student or caregiver are engaged in the process. Schools that have failed to offer 504 or special education evaluations for students with suspected disabilities in a timely manner have been found to be in violation of Child Find and have been made to pay fees, fines, or provide compensatory services.

Relationships are foundational for positive conditions for learning and facilitate a student's sense of belonging. Attention should be paid to how responses to truancy increase a student's relationships between adults and peers and contribute to a sense of belonging in the school community. School staff should seek to engage caregivers and natural supports.

- 5. What are some specific strategies school staff can use to support improved attendance for a student with mental health challenges?
 - Increase real and perceived safety. Students need to feel safe.
 - Build and improve welcoming and inclusive environments that honor identities and cultures.



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- Establish routines, incorporate regulation activities, and build relationships.
- Build and improve a trauma sensitive and culturally responsive lens and practices.
- Students need appropriate academic support and high interest, engaging programs.
- Engage a mental health team and provider when possible to support clinical goals in the school setting and to consult on effective practices. Ensure a sharing record agreement is in place to authorize the disclosure of pupil records.
- Consider individualized and appropriate expectations around goals and progress rates, and expect set-backs.
- Meaningfully engage the student, family, and natural supports.
- Keep in mind the purpose of attendance improvement planning is to further connect the student to the school community, and not to isolate them, shame, or punish.
- Improve mental health literacy and stigma reduction for all staff and students.
- Build and improve a Comprehensive School Mental Health System with a robust continuum of mental health supports and services.
- Ensure that plans are individualized and include follow up, adding support and services as necessary, and adjusting plans over time.
- Provide evidence-based interventions such as, but not limited to: Check and Connect; Checkin Check Out; and mentoring.
- 6. What triggers Child Find obligations/when is a special education evaluation appropriate for a student with a mental health challenge when truancy is a primary concern? (e.g., anxiety, depression, school refusal)

A local educational agency has a duty to identify, locate, and evaluate all children with disabilities who are in need of special education and related services, including children who are not yet three years of age. [Wis. Stat. § 115.77(1m)(a)]. The LEA's Child Find obligations may be triggered when there are significant absences and there is reason to believe the absences are linked to a disability and a need for special education services under the IDEA. Truancy may be a manifestation of a mental health concern or health condition, and attendance difficulties can trigger Child Find obligations, particularly in cases where there is indication of diagnoses, or the student is currently receiving services under Section 504. School teams should consider conducting a special education evaluation before attributing truancy concerns as willful behavior.

7. Is truancy an exclusionary factor for special education eligibility?

No. When conducting a comprehensive special education evaluation for a student who is frequently absent or truant, the excessive absences become one data point, of many, to consider when determining a disability category and whether the student requires specially designed instruction. The IEP team would document and discuss the impact that the student's absences have on collecting the data, and the impact absences have on the student's ability to access, engage, and make progress in the general education curriculum. For example, in a situation where a student with severe anxiety is



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frequently absent because of the symptoms of that mental health condition, the absences become part of the documented attempted observations. The absences are documented through review of educational records, interviews with teachers, the interview with the family, and any documented attempts to interview the student.

The lack of attendance and engagement in school may be an indicator or symptom of one or more characteristics of emotional behavioral disability such as anxiety, depression, or isolation from peers, or it may be the manifestation of a health problem. The IEP team should be careful to not attribute all attendance issues to the student engaging in willful refusal to attend, without solid evidence.

When considering the adverse effect on a child's educational performance and the need for special education services, the IEP team must consider all aspects of the child's functioning at school, including academic, cognitive, communication, physical and health, independence and self-determination, and social and emotional learning. Learning and educational performance goes beyond academic performance, and includes all skill areas the student needs in order to access, engage and make progress in age or grade level general education curriculum, instruction, environments, or activities.

IEP teams must also be aware of the IDEA special rule for eligibility determination in which a child must not be determined to be a child with a disability if the determinant factor for that determination is lack of appropriate instruction in reading or math.

8. When is a 504 plan appropriate for a student with a mental health challenge when truancy is a prime concern?

When a student has significant absences and there is reason to believe the absences are linked to a physical or mental impairment that substantially limits one or more major life activities, a 504 plan may be appropriate. The determination of whether a student has a physical or mental impairment that substantially limits a major life activity must be made on the basis of an individual inquiry. The Section 504 regulatory provision defines a physical or mental impairment as any physiological disorder or condition or any mental or psychological disorder, such as emotional or mental illness and specific learning disabilities. [34 C.F.R. § 104.3(j)(i)]. For example, the ability to participate in and benefit from school is a major life activity for a school-aged student and a mental illness may make it difficult or impossible for a student to attend and participate. Additionally, concentrating is a major life activity and a mental illness may make it difficult or impossible for a student to concentrate while in school. The ultimate goal of adding a 504 plan for a student is to provide possible services, accommodations, and modifications that would help get the student back into school, engaging and learning in school.

"A public entity shall make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the public entity can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity." [28 C.F.R. § 35.130(b)(7)(i)].



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9. Is it appropriate to have a shortened school day schedule for a student with school refusal or anxiety concerns?

Yes, it may be appropriate to modify a student's schedule due to mental health concerns. A team should work with the student, caregiver, and clinician when relevant, to create an appropriate individualized support plan that includes the eventual return to a full schedule with a gradual increase in attendance over time. The plan should be monitored and data reviewed to determine when to add or fade supports. A plan may also include work completion in an alternative location to the classroom.

Consider program or curriculum modifications as provided for in Wis. Stat $\S 118.15(1)(d)$ and work with a team to consider when virtual program options may or may not be appropriate.

When a student has an IEP - The only time it is appropriate to shorten the school day for a student with a disability is when the student's IEP team determines a shortened day is required to address the student's unique disability-related needs. For example, if because of the student's medical needs, the student is physically unable to tolerate a full school day, a shortened day may be appropriate. Shortening a student's school day is a decision that must be made through the IEP team process.

When a student's school day is shortened, the student's IEP must include:

- i. an explanation of why the student's disability-related needs require a shortened day (Form 1-4 Section V.A.2. Student Participation);
- ii. documentation that the IEP team considered other options to avoid shortening the student's school day and reasons why they were rejected (Form P-1 or P-2 Notice of Placement Question 2.); and
- iii. a plan for the student's return to school for a full day, including a plan to meet more frequently to review student data and determine whether the student is able to return to school full-time (Form 1-4 Section IV. Program Summary).

Please review the Shortened School Day bulletin for student with IEPs.

10. What additional considerations are needed to address truancy when a student has an IEP?

The IDEA requires a student's IEP address any lack of expected progress toward the annual goals described in the IEP and in the general education curriculum, if appropriate. [34 C.F.R. § 300.320(a)(3)]. When absences are interfering with progress, the IEP team should take steps to address the lack of progress. To do otherwise may result in a denial of a free appropriate public education (FAPE).

If a student with a disability is not attending school regularly or IEP services documented in the IEP are not being implemented as written due to the absences, the IEP team should meet more frequently and make any appropriate changes to the IEP that address the concerns. The IEP team should work with the student and their caregivers to investigate root causes for the lack of attendance. Teams



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could consider conducting a root cause analysis to identify new or different disability-related needs, and should consider additional supports and the implementation of evidence-based interventions designed to improve the student's attendance.

<u>Evidence for ESSA</u> provides evidence-based attendance programs can be found by following the link: <u>Evidence-Based Attendance Programs</u>.

AttendanceWorks.org has additional evidence-based solutions, including Check and Connect.

11. What are some concrete strategies that school teams can use to support a student's attendance through an IEP?

For students with an IEP, the IEP team would investigate the root cause of the absences through the <u>CCR-IEP 5 Step Process</u> or through the <u>comprehensive special education reevaluation</u> process, which could include a Functional Behavioral Assessment. The team would want to investigate the barriers to attendance and provide supports to address those barriers.

This may include additional annual IEP goals, supplementary aids and services, and/or specially designed instruction (SDI) and related services. SDI may address IEP goals related to social and emotional learning, such as coping strategies or strategies to manage stress and anxiety. There may be a need for SDI in academic skills, self-advocacy, or other areas, if found to be the barrier to attendance. Supplementary Aids and Services may include various accommodations, scheduling changes or particular adult approaches to support the student's needs. The IEP team may consider if related services are needed to allow the student to benefit from their other services. The student may benefit from counseling services, school psychology consult, school social work services or other supports.

12. When is it appropriate to refer a student for a truancy citation or to the child welfare or youth justice systems if the student is habitually truant and you suspect or know that a mental health challenge exists?

Before any such referral, it is important for a school staff to consider Child Find obligations. (See Question #6 for more information.) It is also important for school staff to understand the goals of each system to which it may refer the student. The goal of Child Protective Services (CPS system) is to support parents/caregivers in making necessary changes so children are safe and protected in their homes. The primary goal of the Youth Justice (YJ) system is ensuring public safety while promoting positive youth development through the provision of accountability and services. These systems should not be used to address a youth's primary needs that would best be met in a different system. Involvement in CPS and YJ has significant consequences and can have a lasting impact on youth and their families. Referrals to these systems are appropriate only when the primary need of the youth aligns with the goals, services, and supports of each system. The most effective truancy reduction



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strategies include activities implemented across a continuum of supports within a school's equitable Multi-Level System of Support (MLSS) in partnership with other youth-serving agencies.

13. If a student with an IEP and suspected or known mental health challenge stops attending school, student and family refuse contact with school, and the IEP team has attempted to meet and add supports, how should the school continue to meet their requirement of offering FAPE?

Students with disabilities who have not yet graduated with a regular high school diploma have a right to FAPE until the age of 21. A school district cannot terminate special education services under the IDEA for a student who fails to respond to notices regarding attendance. The district retains its obligation to provide FAPE for that student. This means a student who dropped out could re-enroll and access special education services until they earn a regular high school diploma or reach the maximum age (21).

A student's lack of attendance generally triggers an obligation to reexamine the student's IEP to determine if changes should be made. If a student with an IEP has stopped attending school, the IEP team needs to continue attempts to contact the student and family to schedule an IEP meeting, using multiple ways of contact (letter, email, phone call, etc.) The IEP meeting that needs to be held to develop or revise the IEP should consider how to remove barriers to attendance and consider if additional services and supports need to be provided. A comprehensive special education reevaluation may be appropriate, to assist the IEP team in determining if any additions or modifications to the special education services are needed to enable the student to meet the measurable annual goals set out in the IEP and participate, as appropriate, in the general education curriculum.

If a family does not respond to the attempted contacts, the district should send a letter to the family saying that they are ready and waiting to serve the child and the family should they send their child to school. All attempts to contact the student and family should be documented. The IEP team should continue to document attempts to reach the family to hold an IEP meeting and document communication attempts and IEP meeting discussions for when a parent is not present.

If a student is over 18 and has not yet graduated, the student is still eligible through age 21 for services. The school district should notify the adult student or guardian of the adult student in writing that FAPE remains available until the student reaches the age of 21 or graduates with a regular high school diploma. If an adult student does not attend scheduled services, the district should conduct an IEP team meeting to address why the student is not attending. If the adult student continues to not attend after the district has made reasonable efforts to secure attendance, the district should notify the student in writing that FAPE remains available until the student reaches the age of 21 or graduates with a regular high school diploma. Adult students have the right to withdraw from school, even though this may not be in their best interests.



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All students who have not yet graduated from high school have a right to attend school through age 20. Students with disabilities who have not graduated with a regular high school diploma have a right to FAPE until the age of 21. IEP teams need to proceed carefully when considering ending eligibility for FAPE.

14. If a family says that a student has a mental health challenge like anxiety, however there has been no formal diagnosis, how would the school handle this differently than if a diagnosis were given?

The school should respond to the concern in either case. An outside diagnosis is not required to evaluate a student for a suspected disability and determine if special education services are needed.

If an outside evaluation and diagnosis was shared by the family, it may provide supporting or new information about the student's academic and functional skills important for determining the nature and extent of the student's disability-related and educational needs. The IEP team would document and consider the diagnoses while conducting assessments to investigate whether the symptoms of the diagnoses are evident at school and adversely affect the student's educational performance. An outside medical diagnosis, alone, is insufficient evidence of special education eligibility.

15. What steps can caregivers take to support their student with mental health challenges and attendance concerns?

There are many actions caregivers can take to support a student with mental health challenges and attendance concerns. A few of those actions are listed below:

- Become educated about mental health literacy, including knowledge about mental health and disorders, brain structure and development, the impact of trauma, and an understanding of stigma.
- Listen to your child without judgment.
- <u>Talk with children and youth about mental health.</u>
- Communicate with school staff early and often, including asking questions and sharing struggles.
- Communicate the hopes and dreams you have for your child and help school staff get a picture of your student's strengths, interests, and goals.
- Get things in writing and document agreements and plans.
- Advocate for the use of best practices.
- Reach out to parent supports (for example, WISPEI, the Disability Resource Center, and others) and DPI (For organizations and links see the DPI <u>Agencies and Organizations for</u> <u>Parents webpage</u>).
- Discuss any concerns you have about mental health with your child's physician.
- Discuss concerns and support ideas with school staff, including pupil service staff like school counselors, school social workers, school psychologists, and school nurses.
- Attend attendance improvement meetings with school.



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• Demand action to address systemic barriers that may be causing large numbers of students to miss too much school.

16. Is it allowable to have an assessment period prior to a student attending school after being released from a mental health treatment or Alcohol and Other Drug Abuse (AODA) treatment center?

- i. Yes, the law provides that boards may establish policies that include periods of assessment after a student's out-of-school placement [Wis. Stat. § 118.16(4)(cm)]. The goals of an assessment period are to: develop an educational plan for the pupil; implement an appropriate transitional plan and facilitate the pupil's placement in an education program in which the pupil will be able to succeed. [Wis. Stat. § 118.16(4)(cm)3.]
- ii. If a student has an IEP, the IEP team needs to ensure the continued provision of FAPE during any assessment period.

17. Can virtual instruction be provided in place of in-person instruction and count towards attendance?

Yes. See DPI's web page on Virtual Learning Time for Public Schools.

18. Is it appropriate to enroll a student with mental health challenges into a virtual charter school program to solve attendance issues?

No. In fact, for some students, including for some with certain mental health challenges, a virtual program could make the situation worse. It is possible that a virtual program could serve to isolate a student, reduce important social connections, or worsen school avoidance issues. Online schooling is not the easy way out of a complex situation. Virtual instruction is best suited to students who take initiative, are self-disciplined, and have the ability to work independently.

19. What should a school do if a caregiver's mental health challenges are contributing to the student's truancy?

A caregiver's wellbeing can greatly impact a student in numerous ways, including the student's capacity for attending and being present at school. Caregivers should be approached with empathy and compassion, and proactively engaged as partners in problem solving.

School staff may consider the following approaches to discussing concerns with caregivers.

i. "It seems like things are really challenging right now, not just for (student) but for other family members/you/adults too." Listen carefully to the stress identified by the caregiver and identify with them what is of primary importance and whether they might be willing to consider additional parent support. Offer mental health resources when the caregiver is receptive and be prepared to repeat this process as caregivers feel more comfortable. You might say, "Would you be open to hearing about mental health supports in our community for you, your child



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- and/or your family?" Avoid offering mental health supports too soon before a caregiver's story is heard and trust is built over time.
- ii. This is also a great time to lean on community partnerships and connections. For example, school staff may work with a Family Resource Center, community social worker, or other family support programs. These programs may have resources for caregivers, and some may even have staff who could conduct home visits, offer coaching to parents, and overall provide support in partnership with school staff. Depending on the county program and a family's needs, a referral to an agency such as this can provide parents/caregivers with another layer of support.
- iii. Keep in mind that it is important to maintain the perspective that the caregiver is likely doing the best they can with what they have and to show empathy. When school staff are able to build a trusting relationship with caregivers, collaborative problem solving is improved.

Additional Questions on Coding and Reporting?

Submit a Help Ticket.

Additional Questions on Best Practices?

Contact the Student Services Prevention and Wellness Team, dpisspw@dpi.wi.gov (608) 266-8960

Additional Resources

- Answers to Frequently Asked Compulsory School Attendance Questions DPI
- Homebound Instruction: Questions & Answers for Families DPI
- Best Practices Approaches to Truancy Enforcement: Information for School Attendance Officers DPI
- Bringing Attendance Home: Engaging Parents in Preventing Chronic Absence Toolkit -Attendance Works
- Research related to evidence-based solutions to attendance concerns Attendance Works