

41st Annual InterCourt Conference



Session 4B:
Licking County
Absence Intervention
Team

March 14, 2025
8:15 a.m.—9:45 p.m.

Hilton Columbus at
Easton Town Center
Columbus, OH

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FACULTY BIOGRAPHIES

BRANDI BAUGHMAN BODY grew up in Pataskala, Ohio. Following graduation from Southwest Licking Schools, Brandi worked in banking for several years until she decided to follow her childhood dream of working in education.

In 2010, Brandi graduated from the Ohio State University with a BS in Early and Middle Childhood Education. Brandi began working in special education as a 4-6 self-contained educator while working on her Master's degree in Middle Childhood Education. Brandi spent the next few years working at Perry Multi Juvenile Facility, a community corrections facility, as a social worker. In this role, Brandi was inspired to find a way to help kids remove barriers they were facing and obtain resources prior to committing a felony. That inspiration led Brandi to the Licking County Board of Developmental Disabilities where she was able to learn about the resources and systems available to help at risk youth.

In January of 2023 Brandi joined the Licking Regional Educational Service Center as an Attendance Officer. She serves Heath City, North Fork Local and Licking Valley Local school districts.

Brandi and her family live in Thornville, Ohio. She spends her spare time coaching her 5th grade son's basketball teams and going on fishing adventures around the country.

DALE DICKSON During, and following, his undergraduate and graduate studies at The Ohio State University Mr. Dickson worked in management and sales within the sporting goods industry. He started his career in education as a teacher, athletic director, coach and middle school principal at New Albany Plain Local Schools in 1984, before taking a job as junior high principal at his alma mater, New Lexington City Schools in 1990. He became assistant superintendent in 1992 and in 1996 was named New Lexington City Schools superintendent, where he helped bring in over \$1.2 million in new technology, fostered improved curriculum, renovated the middle school and set the stage for the building of a new high school and elementary in the district.

DEBORAH LANG is the Licking County Juvenile-Probate Court Judge. Judge Lang received her B.A. from The Ohio State University and law degree from Case Western Reserve School of Law. After graduating law school, she practiced family law in Cleveland for five years, and during that time was also an adjunct Professor of Law at Case Western Reserve. Upon relocating back to her hometown of Newark, Ohio, she served as a magistrate for the Licking County Domestic Relations Court from 2011 though 2020. Judge Lang was elected Judge of the Licking County Probate-Juvenile Court in November of 2020, and began her six-year term in February of 2021. Judge Lang is the first woman to ever win a contested judicial election in Licking County. When not presiding over the court, Judge Lang enjoys spending time with her family; trying out new recipes; playing games of strategy; and spoiling her golden retriever George, who has been known to visit the court wearing a tie and shirt collar.

ANTHONY WEDEMEYER graduated from Ohio University in 2005 with a B.A. in History, eventually earning a Master's in Education from Mount Vernon Nazarene in 2017. He has worked as a Probation Officer in Licking and Franklin Counties, and also the Department of Juvenile Justice in Georgia, before leaving the field to teach history for a year. Realizing juvenile justice was his passion, he returned to Licking County Juvenile Court in 2017 where he currently serves as the Director of Court Services.

**Absence Intervention Team:
Licking County Juvenile
Court and Educational
Service Center**

Brandi Body

Attendance Officer

Licking Regional Educational Service Center

Dale Dickson

Director

Licking Regional Educational Service Center

Hon. Deborah G. Lang

Licking County Probate & Juvenile Court

Anthony Wedemeyer

Director of Court Services

Licking County Juvenile Court



ABSENCE INTERVENTION PLAN

Student _____ Age ____ DOB _____ Grade _____

ABSENCE INTERVENTION TEAM

#	TEAM MEMBER NAME	ROLE
1		Parent/Guardian
2		School rep with relationship to child
3		District Representative
4		Teacher
5		Attendance Officer

Make 3 meaningful attempts to secure the student's parent/guardian participation on the absence intervention team and inform them of their right to appear by designee.

	Date	Person Contacted	Method and Contact Information
1			
2			
3			

Response: _____

Triggering Absence Date: _____ Excused Hours Missed: _____ Unexcused Hours Missed: _____

Dates of Parent Notification: _____

Parent/Guardian Contact Information

Parent/Guardian: _____

Relationship: _____

Address: _____

Preferred Phone #: _____

Parent/Guardian: _____

Relationship: _____

Address: _____

Preferred Phone #: _____

ABSENCE INTERVENTION PLAN

Student _____ Age ____ DOB _____ Grade _____

STUDENT ENGAGEMENT INFORMATION

Current academic progress:

Favorite subject:

Least favorite subject:

Extracurricular activities:

Student strengths:

Family strengths:

Student's demeanor toward attendance:

ATTENDANCE HISTORY

Has student had attendance issues in previous years? If yes, give summary.

Parent/guardian call the school on day of absence Y N Student provide written excuse upon return Y N

Does student provide written excuse upon return to school?

Does student complete missed assignments?

Additional relevant information?

What patterns regarding absences have been observed?

STUDENT BARRIERS TO ATTENDING SCHOOL

- Academics Basic Needs Behavioral Chronic Medical Family
 Housing Mental Health Emotional Peer issues Transportation

Please Describe:

Identified Support Needs:

- 1: _____
2: _____
3: _____

RESOURCES AND REFERRALS

Identified Resource Needs:

- Alarm Clock
 School counselor
 Food pantry/meals
 Mentor
 Other academic resources
 Tutoring
 Extracurricular Activities
 Parent Education
 Community Action
 Employment
 Student Counseling
 Family Counseling
 Parent Counseling
 Attendance Policy Information
 Other _____

Referrals:

	Identified Need	Referral Made To	Date	Parent/Guardian & Student Response
1				
2				
3				

SUMMARY OF INTERVENTION PLAN

The STUDENT has agreed to do the following:

The PARENT/GUARDIAN has agreed to do the following:

The SCHOOL has agreed to do the following:

What SUCCESS looks like:

If the student fails to improve their attendance per this plan or has refused to participate in this plan, the attendance officer, obligated by Ohio law, shall file a complaint not later than 61 days after the plan was implemented. The attendance officer may file a complaint prior to the 61st day if the student is absent without legitimate excuse 30 consecutive hours or 42 hours in one school month during the implementation of the plan.

RECORD OF ABSENCE INTERVENTION TEAM MEETING

I/we understand this plan has been created as a SUPPORT for the student to improve their attendance at school. In the event the student is absent for any reason, the school will be notified as instructed by the school attendance policy and a note will be submitted upon the student's return.

I/we understand that it is the parents/guardians and student's responsibilities to follow through with the Resources and Referrals made by the Absence Intervention Team in order to successfully support the student. I/we understand that without our participation, the student barriers to attending school may not improve.

I/we understand if the student fails to improve their attendance per this plan or refuses to participate in this plan, the attendance officer, obligated by Ohio law, shall file a complaint no later than 61 days after the plan was implemented. The attendance officer may file a complaint prior to the 61st day if the student is absent without legitimate excuse 30 consecutive hours or 42 hours in one school month during the implementation period of the plan. I/we understand that the attendance officer, obligated by Ohio law, shall file a complaint jointly against the child and the parent/guardian alleging that the child is an unruly child for being a habitual truant and that the parent/guardian has violated Ohio law by failing to send the child to school. I/we understand that a second adjudication of this nature involving the same child may result in a criminal charge against the parent/guardian.

Absence Intervention Team Meeting Date: _____

Plan Start Date: _____ **Plan End Date:** _____ **Review Date:** _____

Student Signature	Date	School Official Signature	Date
Parent/Guardian Signature	Date	Counselor Signature	Date
Parent/Guardian Signature	Date	Teacher Signature	Date
Attendance Officer Signature	Date	Other Signature	Date

Should we have difficulty in implementing the plan or are not clear in our roles in the plan we can contact the following with concerns or questions:

Administrator: _____ Phone: _____

Attendance Officer: _____ Phone: _____

REVIEW AND DETERMINATION

Date of 60-Day Review: _____

Team Members Present:

	Name	Role
1		
2		
3		
4		

Did the student successfully implement the absence intervention plan? _____

Did the student participate in the absence intervention plan? _____

Did the student improve their school attendance as agreed upon in the plan? _____

Did the student/family utilize the resources and referrals in the plan? _____

Team narrative detailing the student's success or lack of success improving attendance and what impacted the success or lack thereof:

Will the Attendance Officer file a complaint against the student and/or parents in juvenile court? _____

Team Member Signatures:

Printed Name	Signature	Date

JUVENILE COURT TRUANCY COMPLAINT CHECKLIST

Student's Name: _____ **DOB:** _____ **School:** _____

When filing an Unruly complaint for Habitual Truancy and/or an Adult complaint for Failure to Send a Child to School, the following information including all five attachments are needed for the Juvenile Division of Licking County Prosecutor's Office to begin the truancy Complaint review process under O.R.C. 2151.011(B)(18), 3321.16, 3321.19, and HB 410. Failing to provide complete information may result in the case being rejected.

- Absence Intervention Team (AIT) Members**, including an Attendance Officer, assigned within 7 calendar days of the triggering absence: *ORC 3321.19(C)(2)(e)*

NAME	TITLE/POSITION HELD	ADDRESS	PHONE NUMBER

- Attendance officer and any other individual(s) to be notified and present for all **court appearances**:

NAME	TITLE/POSITION HELD	ADDRESS	PHONE NUMBER

- The team member(s) who made **three or more meaningful, good faith attempts** to secure the participation of the Parent / Guardian / Custodian or Designee within seven school days of the triggering absence:
ORC 3321.191(C)(2)(e) (Optional attachment to list additional attempts)

	NAME	TITLE/POSITION HELD	PHONE NUMBER	ATTEMPT (circle)	DATE	RESPONSE
1				Phone call Mail Text Email Personal Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
2				Phone call Mail Text Email Personal Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No
3				Phone call Mail Text Email Personal Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No

- One of the following:

30 or more consecutive hours of absences without legitimate excuse: _____

42 or more hours in one calendar month of absences without legitimate excuse: _____

72 or more hours in one school year of absences without legitimate excuse: _____

TRIGGER DATE: _____

A copy of the **excessive absence warning letter** issued to the Parent / Guardian / Custodian (ATTACHMENT 1)

Date Delivered: _____ Method of Delivery: _____

(i.e.: email, regular/certified mail, personal service)

An accurate and legible copy of the juvenile's **PRESENT year-to-date attendance record**, showing the date and number of hours of each absence without legitimate excuse (ATTACHMENT 2)

A complete, dated copy of the **Absence Intervention Plan** within 14 days after Team Assignment and any updates (ATTACHMENT 3)

By whom and when the written Absence Intervention Plan was **delivered** to Parent / Guardian / Custodian / Designee within seven calendar days of plan development; or if not, when reasonable effort to deliver within 7 calendar days was made: DATE: _____ Method: Personal Email Mail Other: _____

NAME: _____ TITLE/POSITION: _____

ADDRESS: _____ PHONE: _____

Proof that a Custodian / Parent was advised of **Attendance Policy**, including **Signature of Acknowledgement** (may be included in the AIP) (ATTACHMENT 4)

Narrative detailing (on a separate sheet) of participation and/or **progress** made, if any, by the student in the 60 days following implementation of the Absence Intervention Plan (ATTACHMENT 5)

Whether or not **Licking County Children Services (LCCS)** was contacted upon failure of the Parent / Guardian / Custodian / Designee to respond to the meaningful, good faith attempts: NO YES: Date _____

If yes, Outcome: _____

Any additional information:

Signature of Submitting Officer

Date

District

Phone Number

