

School Truancy Referral Form

Short Version



School _____

Signature _____

School _____

Person - Name _____

SCHOOL TRUANCY REFERRAL FORM

If you have this basic information on your schools data base, make a copy and attach

Student Name: _____ Birthdate: _____
(Legal) (First/Middle/Last) (Month/Day/Year)

Student Address: _____
(House#/Street) (City/State/Zip)

The student lives in school district _____ Gender (circle one): M F

Home Phone: _____ Age: _____ Student Current Grade Level: _____

Ethnicity (circle one): White Native American Black Hispanic Asian

Date of Referral: _____
(Month/Day/Year)

STUDENT'S PARENT/GUARDIAN INFORMATION

Student Lives With:

_____ Mother & Father _____ Mother (and Stepfather) _____ Father (and Stepmother)

_____ Foster Family _____ Relative (please list) _____ Other: _____

Father's Name: _____
(Legal) (First/Middle/Last)

Parent Address: _____
(House#/Street) (City/State/Zip)

Home Phone: _____ Work Phone: _____

Mother's Name: _____
(Legal) (First/Middle/Last)

Parent Address: _____
(House#/Street) (City/State/Zip)

Home Phone: _____ Work Phone: _____

OTHER INFORMATION

(complete only if student lives with someone other than parent/s)

Guardian Name: _____
(Legal) (First/Middle/Last)

Guardian Address: _____
(House# /Street) (City/State/Zip)

Home Phone: _____ Work Phone: _____

Relationship to Student: _____

*****Please Attach a Summary of Attendance for this student to this report*****

1. How long has the student attended the present school? _____
2. Has the child been tested for a learning disability or other handicaps that may contribute to his/her absence from school? Yes _____ No _____
 _____ IEP? _____ 504 _____ Referred to SPED testing
3. Describe the family's response and level of cooperation in the school's effort to intervene?
 _____ Parents response to school interventions is favorable and appreciative
 _____ Parent(s)/guardian(s) may be excusing the student when he/she is actually truant?
 Please describe concerns over this matter...
4. What is the school's evaluation of the cause of this child's truancy?
5. Which of the following interventions have been attempted to improve the student's attendance?
 _____ Regular communication with student's parent(s) (by phone, in school, home visits)
 _____ Explanation of attendance laws
 _____ Individual behavior/academic contract with student
 _____ Student provided with incentives/rewards for good attendance/behavior
 _____ Tutor/mentor services
 _____ Alternatives arranged to out-of-school suspension
 _____ Facilitation of student/family problem solving meetings
 _____ Engaged student in school based social/support groups
 _____ Enhanced student access to existing community programs
 _____ Peer accompanies student to class
 _____ Attendance charts/sign-in/sign-out procedures
 _____ Transportation alternatives
 _____ Unscheduled rewards
 _____ Encourage positive peer involvement
 _____ Alternative learning program (please list) _____
 _____ Special accommodations developed for student. Please list accommodations:

6. The following is a list of observable warning signs that indicate a student is beginning to withdraw from school. Please check those that apply to this student.

- Tardiness (to school and class)
- Skipping classes
- Absenteeism (excused and unexcused)
- Behavior referrals
- Detention
- In-school suspension
- Out-of-school suspension
- Failing classes
- Behind in credits

7. Are you aware of the following factors in the family setting, past, or present?

- Physical abuse
- Sexual abuse
- Emotional abuse
- Drug or alcohol use or abuse by the student
- Drug or alcohol use or abuse by the parent(s)/guardian(s)
- Depression or other mental illness
- Psychiatric hospitalization(s)
- Suicide or attempted suicide
- Individual counseling
- Family counseling
- Placement of children outside of the home

8. Please check the student's strengths:

- | | |
|---|---|
| <input type="checkbox"/> Self motivated | <input type="checkbox"/> Effectively communicates |
| <input type="checkbox"/> Engaged in school | <input type="checkbox"/> Time management skills |
| <input type="checkbox"/> Helps others | <input type="checkbox"/> Shares with others |
| <input type="checkbox"/> Takes responsibility | <input type="checkbox"/> Has high aspirations for him/her self |
| <input type="checkbox"/> Makes good choices | <input type="checkbox"/> Completes homework assignments |
| <input type="checkbox"/> Has empathy towards others | |
| <input type="checkbox"/> Feels in control over his/her life | <u>Traits:</u> |
| <input type="checkbox"/> Optimistic of the future | <input type="checkbox"/> Honest <input type="checkbox"/> Tolerant |
| <input type="checkbox"/> Seeks advice from adults at school | <input type="checkbox"/> Kind <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Involved in the community | <input type="checkbox"/> Confident <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Is a good friend | <input type="checkbox"/> Caring <input type="checkbox"/> Trustworthy |