

LAKE COUNTY SCHOOL DISTRICT R-1

TRUANCY REFERRAL FORM

Date _____

School _____ Contact Person _____ Phone _____

STUDENT INFORMATION

Name _____ Date of Birth _____

Age _____ Grade _____

Parent/Legal Guardian _____

Address _____ City _____ Zip Code _____

Total # days student has been absent this school year _____ # of days unexcused _____

Are there any patterns to the absences? _____ Yes _____ No
Please describe: (always absent on Mondays, usually fails to return from lunch, etc.)

Is there any other relevant information on student's personal or family history? _____ Yes _____ No
Please describe: (past truancy, runaway, substance issues, academic progress, home environment, etc.)

INTERVENTION HISTORY (RESPOND TO ALL THAT APPLY)

_____ Number of contacts with parents or guardian
Results _____

_____ Number of contacts with student
Results _____

_____ Number of contacts with parents
Results _____

Has there been a contract agreement with the student and/or parents?
_____ No _____ yes (please attach a copy if available)
Results _____

Have there school day modifications been offered or implemented? (change of teachers or schedule, etc.)
_____ No _____ yes (please attach a copy if available)
Description _____
Results _____

Have other agencies been involved in intervention efforts?
_____ No _____ yes (please attach a copy if available)
Agency _____
Results _____

COMMENTS OR SUGGESTIONS _____