

# MADISON COUNTY TRUANCY REFERRAL FORM

Purpose of referral: (Check One)  Truancy Referral Board (8-17 days unexcused)  
 Truancy Alternative Program  Truancy Court ( $\geq 18$  days unexcused)

School District: \_\_\_\_\_ School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last, First, Middle)

SIS Number (9 digits): \_\_\_\_\_

Address: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Street, City, Zip Code)

Parent's/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
(Street, City, Zip Code)

## ATTENDANCE:

Total absences to date \_\_\_\_\_ Number of unexcused absences \_\_\_\_\_

Unexcused absences within the past 180 days \_\_\_\_\_

Number of Suspensions \_\_\_\_\_

(Reason) \_\_\_\_\_

Action taken by school personnel:

Check if Yes

- 1. Warning letter/Notice of Noncompliance
- 2. Conference with student
- 3. Conference with parent
- 4. Social work referral
- 5. School nurse referral

## ACADEMIC:

Classes student is presently taking:

Subject	Passing
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

Check if Yes

- 1. Request for Special Education Evaluation
- 2. Special Education Multi-Disciplinary Staffing
- 3. Special Education Placement  
 LD  BD  EH  EMH
- 4. Alternative Education Placement

## SOCIAL HISTORY:

Family:

1. Known agencies working with student and/or family  
\_\_\_\_\_
2. Custody of child:  Parent  Guardian  Agency Guardian
3. Parents or Guardian:  Married  Single  Separated  Divorced
4. Parents or Guardian:  Employed  Laid Off  Disability  Public Aid
5. Siblings: Age: \_\_\_\_\_  
Sex: \_\_\_\_\_

Check if YES

- 6. Is there a history of truancy of brothers or sisters?
- 7. Is there a step-parent in the home?
- 8. Was there a recent divorce in the home?
- 9. Was there a recent death in the family?
- 10. Is the family supportive/committed to solving truancy problems?

Additional Comments: \_\_\_\_\_

## STUDENT:

Check if Yes

- 1. Two or more years behind in reading and/or math?
- 2. Failure of one or more school years.
- 3. Performance consistently below potential.
- 4. Frequent change of schools.
- 5. Participation in physical education.
- 6. Participation in extracurricular activities.
- 7. Behavior problems requiring disciplinary measures.
- 8. Feeling of "not belonging."
- 9. Friends not school oriented.
- 10. Has the student any problems such as: (circle)
  - a. Alcohol  e. Hospitalization
  - b. Drug abuse  f. Accidents
  - c. Emotional problems  g. Traumatic incidents
  - d. Serious illnesses

Comments: \_\_\_\_\_

- 11. Is general health/physical condition satisfactory?

Comments: \_\_\_\_\_

- 12. Court or Police involvement:

- a. Probation  c. Supervision
- b. House Arrest/Home Detention

Comments: \_\_\_\_\_

- 13. History of irregular attendance

Number of days absent

Grade 1 \_\_\_\_\_ Grade 5 \_\_\_\_\_ Grade 9 \_\_\_\_\_

Grade 2 \_\_\_\_\_ Grade 6 \_\_\_\_\_ Grade 10 \_\_\_\_\_

Grade 3 \_\_\_\_\_ Grade 7 \_\_\_\_\_ Grade 11 \_\_\_\_\_

Grade 4 \_\_\_\_\_ Grade 8 \_\_\_\_\_ Grade 12 \_\_\_\_\_

FORM COMPLETED BY: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_