

MADISON COUNTY TRUANCY REFERRAL FORM

Purpose of referral: (Check One) Truancy Referral Board (8-17 days unexcused)
 Truancy Alternative Program Truancy Court (≥ 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) (See a new parental DOB requirement at the bottom of this page.)

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: _____

FORM COMPLETED BY: _____

POSITION: _____

DATE: _____

New addition to this form: It's important that we have the correct DOB for the parent/guardian listed above for our identification purposes. Please provide the DOB for the Parent/Guardian listed above. Name: _____ DOB: _____

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 _____