

# ROE #53 INITIAL TRUANCY REFERRAL FORM

**FIRST, PLEASE SAVE THIS AS A NEW PDF FILE. PLEASE COMPLETE ENTIRE FORM AND ATTACH CURRENT & LAST YEAR'S ATTENDANCE. FINALLY EMAIL FILE TO CASE MANAGER.**

Person Referring: Title: Referral Date:

Phone: Email: School:

## **Student & Family Information:**

First Name MI Last Name SIS# Grade

Street Address City Zip

Primary Phone DOB (m/dd/yy) Race Sex

Mother Cell # Email

Father Cell # Email

Other Guardian Cell # Email

Lives Primarily with IEP/504 Plan Primary mode of transportation to school

## **Attendance/Absences:**

Unexcused Excused Days OSS Days Tardy Retained? Grades Retained

Enrolled Late Date Enrolled (if late) If HS - credits earned If HS - credits in progress

## **School Interventions to Remedy Attendance Problem:**

Conference Letter Sched change Incentive Agency Referral Staff Mtng

## **Dates and Details of School Interventions (at least 3):**

## Issues or Barriers to School Attendance

This page WILL NOT be included in truancy notice sent to parent(s)/guardian(s).

Only indicate items if they are founded or substantiated - please do not speculate.

### Transportation:

Must walk to school  
Misses bus  
Lack of money for gas/  
transportation  
Unreliable parental  
transportation

### Academic/School-Related:

Problems with school personnel  
Poor academic performance  
Behavior problems  
Suspensions  
Significantly behind in HS  
credits

### Social:

Difficulty with peers  
Bullying victim  
Bullying Aggressor  
Problem w/  
boyfriend/girlfriend  
Dating Violence

### Physical Health:

Diagnosed Condition(s) -  
include in Additional  
Information below  
Undiagnosed but claimed  
by student  
Undiagnosed but claimed  
by parent  
Medications taken for  
condition  
Medication complaint

### Court Involvement

On Probation  
Previously on  
Probation

### Probation Officer:

### Substance Abuse Info:

### Home Life:

Caring for younger sibling(s)  
Medical concern with parent/guardian  
Teen parent  
Homeless/McKinney-Vento  
Domestic violence  
Current DCFS involvement  
Previous DCFS involvement

### Mental Health:

Medication compliant?  
Current self-harm  
Previous self-harm  
Suicide attempt(s)  
Mental health hospitalization  
Victim of physical abuse  
Victim of sexual abuse  
Perpetrator of physical abuse  
Perpetrator of sexual abuse

### Mental Health Diagnosis

### Additional Information:

Feel free to include any other pertinent information or documents via email to the Truancy Case Manager.