

2011-12 TRUANCY REFERRAL FORM

DISTRICT	SCHOOL	GRADE
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STUDENT'S Name	Birthdate	Sex	Race
Home Address	City	Zip	

FATHER / Guardian Name	Home Phone		
Home Address	City	Zip	

Employer	Employer Phone		
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MOTHER / Guardian Name	Home Phone		
Home Address	City	Zip	

Employer	Employer Phone		
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Parents live together: Yes No

Child lives with: Both parents Mother Father

Foster Parents Guardian(s) Other

Parents are divorced: Yes No **County of Divorce:** _____

Guardianship (if applicable) established by: Power of Attorney Probate Court/County: _____ **Date:** _____

Explain other living arrangements (if applicable):

First Referral Date This School Year: _____	Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Attendance Summary: (Attach Records)

<input type="text"/> Days Absent	<input type="text"/> % Days Absent	<input type="text"/> Days Suspended	
<input type="text"/> Excused		<input type="text"/> Tardies	
<input type="text"/> Unexcused		<input type="text"/> Other	

	Yes	No
1. The school has met with the student regarding attendance. <input type="text"/> Number of times.		
2. The school has attempted to partner with parent(s) in order to improve attendance <input type="text"/> Number of times.		
3. The school has made home visits. <input type="text"/> Number of times.		
4. Parents have cooperated with school officials & are concerned about their child's attendance.		

		Yes	No
5. Absences are related to documented illness.			
6. Absences are related to head lice or cleanliness.			
7. Absences are related to nondocumented illness.			
8. There is a prior history of excessive absences.			
9. The student has been tested for special education / 504 services. Date of testing:			
10. The student is receiving special education.			
11. The student is failing or at risk of losing credit.			
12. The student is involved with Family Court.			
13. The student has been involved with Family Court.			
14. The student is currently meeting with the school counselor.			
15. The student is currently meeting with the school social worker.			
16. The student has been referred to a public or private counseling agency/agencies (attach documentation). List:			
17. A referral has been made to the Department of Human Services (DHS).			
18. The parent has been notified that the school is obligated by law to make a truancy/educational neglect referral.			
19. Recommendations for the student:			
20. Recommendations for the parent:			
Authorized Signature	Title	Date	

Submit to: Candy Cooper, Truancy Services Coordinator
Lewis Cass Intermediate School District
61682 Dailey Road, Cassopolis MI 49031

**Please attach any contact documentation and
printout of student's attendance**

