

TRUANCY REFERRAL FORM - ROE #3 Truancy Services

Before we can process this referral, please fill out the following form completely.

Today's Date _____ **School Student Attends** _____

STUDENT DATA:

Student's Name _____ SIS # _____

CIRCLE: Male Female Grade _____ DOB _____ Teacher _____

Parent/Guardian _____ Home Phone # _____

Address _____ Father's Work # _____

City _____ Zip Code _____ Mother's Work # _____

Siblings _____ Emergency # _____

Parents are: Married Divorced Single Step-parent Foster Other _____

Student lives with: _____

Special Ed.: Yes No Type _____

ATTENDANCE DATA: ATTACH PRINTOUT OF STUDENT'S ATTENDANCE FROM LAST SCHOOL YEAR TO TODAY'S DATE

Total Unexcused Absences THIS Year (minimum of 7 required for referral) _____

of Days: Excused _____ Suspended _____ # of Days Tardy to School : _____

PARENT CONTACTED: _____ YES _____ NO

PARENT COOPERATIVE: _____ YES _____ NO

FAILING CLASSES: _____ YES _____ NO

SUSPENSIONS/EXPULSIONS: _____ YES _____ NO

SPECIAL LEARNING NEEDS: _____ YES _____ NO

HOW DO YOU GET TO SCHOOL: _____ BUS _____ DRIVE SELF

_____ RIDE _____ WALK _____ OTHER

PARENT(S) IS HS GRADUATE: _____ YES _____ NO

STUDENT LIVES WITH: _____ PARENT(S) _____ GRANDPARENT(S)

_____ AUNT/UNCLE _____ FAMILY FRIEND

_____ FOSTER _____ OTHER

_____ BOYFRIEND/GIRLFRIEND/SPOUSE

HOMELIFE IS STABLE: _____ YES _____ NO

IS CHILD ON MEDICATION: _____ YES _____ NO

MEDICAL ISSUES: _____

FAMILY ISSUES: _____ DEATH _____ DIVORCE _____ FINANCIAL

OTHER: _____

TEEN PARENT: _____ YES _____ NO

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SUBSTANCE ABUSE: ALCOHOL PRESCRIPTION
 ILLEGAL DRUGS OTC

OTHER: _____

INVOLVED IN THE COURT SYSTEM: YES NO

DELINQUENCY FACTORS: _____

OTHER AGENCIES INVOLVED: YES NO

LIST: _____

IS THE STUDENT UNDERGOING COUNSELING: YES NO

HISTORY OF BULLYING: YES NO

HISTORY OF BEING BULLIED: YES NO

EMOTIONAL PROBLEMS: YES NO

SUICIDE ATTEMPT(S): YES NO

SELF-MUTILATION: YES NO

OTHER SELF HARM: YES NO

EVER RUN AWAY FROM HOME: YES NO

PROBLEMS WITH SOCIAL BEHAVIOR: YES NO

DOES STUDENT GET MINIMUM 10 HOURS OF SLEEP: YES NO

HAVE PARENTS BEEN CONTACTED:

LETTER (dates) _____

PHONE (dates) _____

HOME VISIT (dates) _____

OTHER (dates) _____

MEASURES OF INTERVENTION THAT HAVE BEEN OFFERED:

- | | |
|---|---|
| <input type="checkbox"/> MEET W/ATTENDANCE CLERK | <input type="checkbox"/> MEET W/ADMINISTRATION |
| <input type="checkbox"/> ALTERNATIVE EDUCATION PROGRAMS | <input type="checkbox"/> TUTORING |
| <input type="checkbox"/> COUNSELING | <input type="checkbox"/> MENTAL HEALTH SERVICES |
| <input type="checkbox"/> SHELTER | <input type="checkbox"/> EDUCATIONAL ADVOCACY |
| <input type="checkbox"/> RAP | <input type="checkbox"/> WRAPAROUND |
| <input type="checkbox"/> TRUANT OFFICER | <input type="checkbox"/> OTHER |

~~ ATTACH ADDITIONAL NOTES AS NECESSARY ~~

Form completed by: _____

A COPY OF THE STUDENT'S ATTENDANCE FROM LAST SCHOOL YEAR TO PRESENT DATE MUST BE ATTACHED TO THIS FORM FOR ACTION TO BE TAKEN.

Return from to: Julie Morell, Truant Officer, ROE 3, 300 S. Seventh St., Vandalia, IL 62471 618/283-5011, FAX 618/283-5013, jmorell@roe3.org