

DeKalb County Truancy Intervention Program
DeKalb County Regional Office of Education
Truancy Referral Form

School: _____ Date: _____

Student Name (First, Middle, Last): _____

Student ID number (SIS): _____ Grade: ____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Date of Birth: _____ Sex: M F

Who has custody of Student? Both Mother Father Other

Father's Name: _____ Home Ph: _____ Cell Ph: _____

Mother's Name: _____ Home Ph: _____ Cell Ph: _____

Guardian's Name: _____ Home Ph: _____ Cell Ph: _____

Attendance (must be a total of 5 unexcused absences in the last 180 school days)

Total number of days enrolled at time of referral _____

Total number of **UNEXCUSED** days _____

Total number of **EXCUSED** days _____

*** CURRENT ATTENDANCE RECORD AND COPIES OF SCHOOL LETTERS MUST BE
ATTACHED TO THE REFERRAL ***

Do any of the following apply? (If yes, explain in the space provided below)

Special Education Physical Handicap Recent Death in Family New to District

Suspected Substance Use/Abuse Frequent Change of Schools Recent Divorce in Family

Medical Note Required

Additional information that may be helpful: _____

School-based Conference: Date _____

Outcomes: _____

****Continued on back page** (Referral will not be accepted unless both sides are completed.)**

Diagnostic Assessment (Reason for attendance issues) _____

INTERVENTION SERVICES:

Educational: *Please check all that apply.*

Tutoring IEP RTI 504 Case study
 Credit Recovery Modified assignments Schedule Change
 Parent/Teacher Conference Other (Specify)

Outcomes/Results _____

Mental Health: *Please check all that apply.*

Counselor Mentoring Parent conference Social Work
 Extracurricular Connection DCFS Referral Other (specify)

Outcomes/Results _____

Truancy Intervention: *Please check all that apply.*

Attendance Letters Phone Contact Parent Conference
 Attendance Incentives Attendance Contract/Goals Other (specify)

Outcomes/Results _____

Fax Completed Form to: DeKalb County Regional Office of Education @ 815-217-0467

Submitted By: _____ Date: _____

Administrator Signature: _____ Date: _____

*Referral form must be signed by a school administrator to be accepted