

## DAVIS SCHOOL DISTRICT CHRONIC ATTENDANCE REFERRAL

The Board of Education of Davis School District has authorized the DSD Student and Family Resources Department to hold consultations with students and families regarding chronic attendance issues upon receiving and verifying documentation of the efforts taken by the school to resolve the student's attendance problem.

SCHOOLLEVEL INTERVENTIONS/ACTION			
Truancy Citation(s) <i>*prior to Notice of Truancy (optional)</i>	Date(s)	By Whom	
Notice of Truancy <i>*following 5 truanicies (optional)</i>			
<input type="checkbox"/> certified letter mailed to parent, or <input type="checkbox"/> personally delivered to parent			
<input type="checkbox"/> parent conference			
Local Case Management Staffing			
Truancy Citation(s) <i>*following Notice of Truancy (optional)</i>			
Describe the student's home environment.			
<b>Student's Name</b> <i>(Full legal name, last name first)</i>		Birth Date	
		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Parent/Guardian Information	Address	Phone	
Father		Home Work Cell	
Mother		Home Work Cell	
Step parent		Home Work Cell	
Other <i>(indicate relationship to student)</i>		Home Work Cell	
<b>School Currently Enrolled In</b>		<b>Grade Level</b>	<b>GPA</b>
<input type="checkbox"/> Student's transcript, current grades and attendance must be attached.			
Check all programs that the student is now or has been enrolled in:			
<input type="checkbox"/> regular program <input type="checkbox"/> shortened day <input type="checkbox"/> alternative school <input type="checkbox"/> special education <input type="checkbox"/> 504 accommodations <input type="checkbox"/> Learning Center <input type="checkbox"/> self-contained program <input type="checkbox"/> youth -in-custody <input type="checkbox"/> Home and Hospital <input type="checkbox"/> safe schools program/Renaissance <input type="checkbox"/> other, please explain _____			
<b>Attendance problems resulting in District Chronic Attendance Referral:</b>			
Attendance Period: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span><i>Date</i>      <i>Ending Date</i></span> </div>		Total Days Possible: _____ <i>Beginning</i>	
Total Days Absent: _____			
Full days of unexcused absences: _____			
Additional periods of unexcused absences: _____			

Identify the major factors influencing the student's attendance issues:		
<input type="checkbox"/> peer pressure	<input type="checkbox"/> learning problems	<input type="checkbox"/> emotional problems
<input type="checkbox"/> defiance	<input type="checkbox"/> family dynamics	<input type="checkbox"/> other

Referral to Student and Family Resources <i>*following JO Truancies &amp; LCMT staffing</i>		
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Check all interventions the school has taken not identified above:

<input type="checkbox"/>	student conference(s) - dates and with whom	
<input type="checkbox"/>	parent conference(s) - dates and with	
<input type="checkbox"/>	parent phone call(s)- dates and with	
<input type="checkbox"/>	adjustments to curriculum – dates/explanation	
<input type="checkbox"/>	letter(s) to parent/guardian requesting assistance	
<input type="checkbox"/>	adjustments to schedule - dates and explanation	
<input type="checkbox"/>	alternatives proposed by parent- dates and explanation	
<input type="checkbox"/>	participation in truancy mediation, if available - dates	
<input type="checkbox"/>	SRO intervention - dates	
<input type="checkbox"/>	behavior contract - date and explanation	
<input type="checkbox"/>	Youth court/dates/results	
<input type="checkbox"/>	Other(s) please provide dates and explanation	

<input type="checkbox"/>	<input type="checkbox"/>	Does truancy seem to be the student's major school disciplinary problem?
<input type="checkbox"/>	<input type="checkbox"/>	Does the student run away from home or school?
<input type="checkbox"/>	<input type="checkbox"/>	To your knowledge, is the student ungovernable at home?
<input type="checkbox"/>	<input type="checkbox"/>	Does the student have a Student Success Coordinator/Mentor, If yes, name
<input type="checkbox"/>	<input type="checkbox"/>	Has the school met with the Student Success/Mentor Coordinator prior to this referral? Number of times
<input type="checkbox"/>	<input type="checkbox"/>	Is the student on probation?
<input type="checkbox"/>	<input type="checkbox"/>	Is Youth Services or DCFS presently involved with the student?
<input type="checkbox"/>	<input type="checkbox"/>	Did parents attend conferences scheduled with administrators/teachers?
<input type="checkbox"/>	<input type="checkbox"/>	In-school-suspensions for other disciplinary issues? Number of days
<input type="checkbox"/>	<input type="checkbox"/>	Suspensions out of school for other disciplinary issues? Number of days
<input type="checkbox"/>	<input type="checkbox"/>	Has the student been referred to District Level Case Management? Reason for referral
<input type="checkbox"/>	<input type="checkbox"/>	Home visits made. How many? Who made the visits?
Describe the areas the student has achieved success?		
In what areas has the student lacked success?		
What is the student's analysis of the situation?		
What are the critical factors influencing the student?		
What is the prognosis regarding the student's future at your school?		
What is the recommendation of the school to the District Chronic Attendance Team?		

DISTRICT LEVEL INTERVENTIONS/ACTIONS		
Chronic Attendance Team Meeting Date:		Recommendations
Community Agencies Accessed:		
ASSESSMENTS ADMINISTERED TO STUDENT <i>To better assist the District Chronic Attendance Team in determining the appropriate action to take with the student, include as much information as possible regarding the following assessments.</i>		
Assessment/Test	Date	Results
Risk Assessment Sexual Risk Assessment Special Education Eligibility Assessments Sassi <hr/> <hr/> <hr/> <hr/> <hr/>		