

**DAVIS SCHOOL DISTRICT HABITUAL TRUANT REFERRAL**

Utah law 53A-11-101.7 provides that a school district may issue a Habitual Truant Citation to a student only if the school has made reasonable efforts to resolve the school attendance problem of the student and those efforts have not been successful.

The Board of Education of Davis School District has authorized the DSD Student Services Department to issue a Habitual Truant Citation upon receiving and verifying documentation of the efforts taken by the school to resolve the student's attendance problem.

<b>Student's Name</b> <i>(Full legal name, last name first)</i>		Birth Date
		Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Parent/Guardian Information</b>	<b>Address</b>	<b>Phone</b>
Father		Home Work Cell
Mother		Home Work Cell
Stepparent		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>

Student's transcript, current grades and attendance must be attached.

Check all programs that the student is now or has been enrolled in:

- regular program       shortened day       alternative school  
 special education       504 accommodations       transition unit  
 self-contained program       behavior unit       youth-in-custody  
 3 to 6 program       other, please explain \_\_\_\_\_

**Attendance problems resulting in court referral:**

Attendance Period: \_\_\_\_\_ Total Days Possible: \_\_\_\_\_  
*Beginning Date Ending Date*

Total Days Absent: \_\_\_\_\_

Full days of unexcused absences: \_\_\_\_\_

Additional periods of unexcused absences: \_\_\_\_\_

SCHOOL LEVEL INTERVENTIONS/ACTIONS		
Truancy Citation(s) <i>*prior to Notice of Truancy</i>	Date(s)	By Whom
Notice of Truancy <i>*following 5 truancies</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</i>		
Describe the student's home environment.		

Identify the major factors influencing the student's attendance issues:

peer pressure                       learning problems                       emotional problems  
 defiance                               family dynamics                       other

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Referral to Student Services <i>*following 10 trancies &amp; LCM staffing</i>		
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Check all interventions the school has taken not identified above:

student conference(s) – dates and with whom \_\_\_\_\_

parent conference(s) – dates and with whom \_\_\_\_\_

parent phone call(s) – dates and with whom \_\_\_\_\_

adjustments to curriculum – dates and explanation \_\_\_\_\_

letter(s) to parent/guardian requesting assistance \_\_\_\_\_

adjustments to schedule – dates and explanation \_\_\_\_\_

alternatives proposed by parent – dates and explanation \_\_\_\_\_

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participation in truancy mediation, if available – dates \_\_\_\_\_

SRO intervention – dates \_\_\_\_\_

behavior contract – date and explanation \_\_\_\_\_

Other(s) please provide dates and explanation \_\_\_\_\_

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yes     no    Does truancy seem to be the student's major school disciplinary problem?

yes     no    Does the student run away from home or school?

yes     no    To your knowledge, is the student ungovernable at home?

yes     no    Does the student have a tracker? If yes, name \_\_\_\_\_

yes     no    Has the school met with the tracker prior to this referral? Number of times \_\_\_\_\_

yes     no    Is the student on probation?

yes     no    Is Youth Services or DCFS presently involved with the student?

yes     no    Did parents attend conferences scheduled with administrators/teachers?

yes     no    In-school-suspensions for truancy? Number of days \_\_\_\_\_

yes     no    In-school-suspensions for other disciplinary issues? Number of days \_\_\_\_\_

yes     no    Suspensions out of school for truancy? Number of days \_\_\_\_\_

yes     no    Suspensions out of school for other disciplinary issues? Number of days \_\_\_\_\_

yes     no    Has the student been referred to District Level Case Management? Reason for referral \_\_\_\_\_

yes     no    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 Court? \_\_\_\_\_

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**DISTRICT LEVEL INTERVENTIONS/ACTIONS**

Pre-Court Hearing Date	Recommendations

Community Agencies Accessed:	
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<b>ASSESSMENTS ADMINISTERED TO STUDENT</b> <i>To better assist the juvenile court in determining the appropriate action to take with the student, include as much information as possible regarding the following assessments.</i>
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Assessment/Test	Date	Results
<input type="checkbox"/> Risk Assessment <input type="checkbox"/> Sexual Risk Assessment <input type="checkbox"/> Special Education Eligibility Assessments <hr/> <hr/> <hr/> <hr/> <hr/>		

*Copies of the above assessments will be provided to the court upon receiving written permission from the parent or guardian, a court order, or a subpoena.*