

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.		
Student's Name <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
School Currently Enrolled In		Grade Level
		GPA
<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"/> LearningCenter <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 _____		
Attendance problems resulting in District Chronic Attendance Referral:		
Attendance Period: _____ <i>Date Ending Date</i>		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:

- peer pressure learning problems emotional problems
 defiance family dynamics other

Referral to Student and Family Resources
**following JO Truancies & LCMT staffing*

Check all interventions the school has taken not identified above:

- student conference(s) - dates and with whom _____
 parent conference(s) - dates and with _____
 parent phone call(s)- dates and with _____
 adjustments to curriculum – dates/explanation _____
 letter(s) to parent/guardian requesting assistance _____
 adjustments to schedule - dates and explanation _____
 alternatives proposed by parent- dates and explanation _____

 participation in truancy mediation, if available - dates _____
 SRO intervention - dates _____
 behavior contract - date and explanation _____
 Youth court/dates/results _____
 Other(s) please provide dates and explanation _____

- 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 Student Success Coordinator/Mentor, If yes, name _____
 yes no Has the school met with the Student Success/Mentor Coordinator 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 other disciplinary issues? 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 District Chronic Attendance Team? _____

DISTRICT LEVEL INTERVENTIONS/ACTIONS	
Chronic Attendance Team Meeting Date:	Recommendations

Community Agencies Accessed:	
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ASSESSMENTS ADMINISTERED TO STUDENT

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.

Assessment/Test	Date	Results
Risk Assessment		
Sexual Risk Assessment		
Special Education Eligibility Assessments		
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