

## 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 school's efforts to resolve the student's attendance problem.

SCHOOL-LEVEL INTERVENTIONS/ACTION			
Truancy Citation(s) <i>*prior to Notice of Truancy (optional)</i>	Date(s)	By Whom	
Notice of Truancy <i>*following 5 truancies (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 Citations(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			
Mother			
Step-parent			
Other <i>(indicate relationship to student)</i>			
<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: _____		Total days possible: _____	
<i>Beginning date      Ending date</i>			
Total days absent: _____			
Full days of unexcused absences: _____			
Additional periods of unexcused absences: _____			

<b>Identify the major factors influencing the student's attendance issues</b>		
<input type="checkbox"/> peer pressure	<input type="checkbox"/> learning problems	<input type="checkbox"/> emotional concerns
<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>		
<b>Check all interventions the school has taken not identified above:</b>		
<input type="checkbox"/> student conference(s) – dates and with whom		
<input type="checkbox"/> parent conference(s) – dates and with whom		
<input type="checkbox"/> parent phone call(s) – dates and with whom		
<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/explanation		
<input type="checkbox"/> alternatives proposed by parent(s)		
<input type="checkbox"/> participation in truancy mediation, if available - dates		
<input type="checkbox"/> SRO intervention - dates		
<input type="checkbox"/> behavior contract – date		
<input type="checkbox"/> Youth court/dates/results		
<input type="checkbox"/> Other(s) please provide dates and explanation		
<input type="checkbox"/> yes	<input type="checkbox"/> no	Does truancy seem to be the student's major school disciplinary problem?
<input type="checkbox"/> yes	<input type="checkbox"/> no	Does the student run away from home or school?
<input type="checkbox"/> yes	<input type="checkbox"/> no	To your knowledge, is the student ungovernable at home?
<input type="checkbox"/> yes	<input type="checkbox"/> no	Does the student have a Student Success Coordinator/Mentor? If yes, name _____
<input type="checkbox"/> yes	<input type="checkbox"/> no	Has the school met with the Student Success/Mentor Coordinator prior to this referral? # of times _____
<input type="checkbox"/> yes	<input type="checkbox"/> no	Is the student on probation?
<input type="checkbox"/> yes	<input type="checkbox"/> no	Is Youth Services or DCFS presently involved with the student?
<input type="checkbox"/> yes	<input type="checkbox"/> no	Did parents attend conferences scheduled with administrators/teachers?
<input type="checkbox"/> yes	<input type="checkbox"/> no	In-school suspensions for other disciplinary issues? # of days _____
<input type="checkbox"/> yes	<input type="checkbox"/> no	Out-of-school suspension for other disciplinary issues? # of days _____
<input type="checkbox"/> yes	<input type="checkbox"/> no	Has the student been referred to District-level Case Management? Reason for referral _____
<input type="checkbox"/> yes	<input type="checkbox"/> 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:
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**CURRENT OBSTACLES**

<input type="checkbox"/> Late to school / class <input type="checkbox"/> Bullying <input type="checkbox"/> Skipping school <input type="checkbox"/> Bus issues <input type="checkbox"/> Frequent relocations / moving	<input type="checkbox"/> Work/Job <input type="checkbox"/> Peer Conflicts <input type="checkbox"/> School anxieties <input type="checkbox"/> Afraid of school <input type="checkbox"/> Screen time	<input type="checkbox"/> Tired/Oversleep <input type="checkbox"/> Poor Grades <input type="checkbox"/> Needed at home / Babysitting Illness: _____ Other: _____
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Notes related to obstacles:

**CURRENT ROUTINES**

Screen time: ___ hours per day	Sleeping habits: ___ hours per night	Exercise habits: ___ hours per day
Eating habits:	Homework: ___ hours per day	

Community Agencies Accessed:

**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	_____	_____
Special Education Eligibility Assessment	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional notes/concerns:

**ATTENDANCE CONTRACT**

*Parent(s) / Guardian(s) will:*

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Get student to school every day and on time (90% goal).</li> <li>2. Support my child's efforts by helping them maintain appropriate sleeping &amp; homework habits.</li> <li>3. Contact the school to notify them if there are medical concerns that will prevent them from attending that day.</li> <li>4. Contact the school if there are other challenges or concerns that are keeping my child from attending school</li> </ol> | <p><b>My goal is to improve my child's attendance.</b></p> <ul style="list-style-type: none"> <li>• My child has been absent _____ days</li> <li>• I will ensure my child has no more than _____ for the rest of the school year</li> </ul> |
|---|---|

- I will also commit to the following:**
- 1.
  - 2.
  - 3.

If goals and commitment items are not met, it may result in, but is not limited to, the following consequences:  
 - Court Referral    - Referral to DCFS for educational neglect    - Alternative Education options

*Your signature indicates your understanding of the agreements and consequences made in this contract.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**District Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_