

INDEPENDENT SCHOOL DISTRICT 196  
 Rosemount-Apple Valley-Eagan Public Schools  
*Educating our students to reach their full potential*

Series Number 503.2.1.3.2P Adopted August 1989 Revised May 2014

Title Dakota County Notice of Initial Habitual Truancy

DAKOTA COUNTY STATE OF MINNESOTA	DISTRICT COURT JUVENILE COURT
NOTICE OF INITIAL HABITUAL TRUANCY	

Student Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: Male/Female  
 First Middle Last  
 Race: Caucasian African American Asian Hispanic Native American Other: \_\_\_\_\_  
 Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: MN Zip Code: \_\_\_\_\_  
 Student's School \_\_\_\_\_  
 Student's Current Grade: \_\_\_\_<sup>th</sup> If 9<sup>th</sup> - 12<sup>th</sup> Grade, Credits earned to date: \_\_\_\_\_ Required credits to graduate: \_\_\_\_\_

Family Information

Mother's Name: _____ Address: _____ Phone Home: _____ Phone Work: _____ Phone Cell: _____	Father's Name: _____ Address: _____ Phone Home: _____ Phone Work: _____ Phone Cell: _____
---	---

Interpreter Needed: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, What Language: \_\_\_\_\_

THE UNDERSIGNED STATES AND INFORMS THE COURT THAT THE ABOVE NAMED CHILD HAS BEEN ABSENT FROM CLASSES WITHOUT LAWFUL EXCUSE ON THE DATES AND TIMES BELOW.

	Hours							Parent's Comments	Student's Comments
	Dates of Truancy	1	2	3	4	5	6		
1									
2									
3									
4									
5									
6									
7									

Print Name/Title of School Representative \_\_\_\_\_ Date \_\_\_\_\_

Signature of School Representative \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of School Contact Person (if different) \_\_\_\_\_ Phone Number \_\_\_\_\_

Include: Current Year Attendance Records \_\_\_\_\_ Grades \_\_\_\_\_

OPTIONAL

PRIOR INTERVENTIONS

- Met with parents & student regarding truancy
- Letter sent to parent/guardian requiring doctor's note/nurse assessment for illness Date: \_\_\_\_\_
- Engaged student in in-school social/support groups
- Enlisted assistance through Liaison Officer
- Individual behavior/academic contract with student
- Arranged tutoring/academic mentoring services
- Referred parents/student to community programs
- Alternative Programs (DCTC, ALC, ABE, Work Release/YTP)  
Name of Program \_\_\_\_\_

Other interventions attempted with student: \_\_\_\_\_  
\_\_\_\_\_

SPECIAL EDUCATION SERVICES

- Student has IEP, 504 Plan, or other Support Services  
If Yes, Type of Disability:  
SLD \_\_\_\_\_  
EBD \_\_\_\_\_  
OHI \_\_\_\_\_  
Case Manager's Name/Phone # \_\_\_\_\_

FAMILY/HEALTH CONCERNS

- Family has special circumstances that may contribute to child's absences or academic achievement (examples: chemical abuse; illness of family member; death of family member; recent divorce of parent; recent marriage of parent, etc.)  
Please Describe: \_\_\_\_\_
- Chronic health condition  
Describe including diagnosis & medication \_\_\_\_\_
- Exhibits Mental Concerns  
Describe: \_\_\_\_\_
- Exhibits behaviors indicating chemical/alcohol use  
Describe: \_\_\_\_\_

Atty-JPS: TruancyFormInitial