

**TRUANCY REFERRAL INFORMATION**

Waunakee Community School District

Referring School Official \_\_\_\_\_ School Contact Person \_\_\_\_\_

Referral Date \_\_\_\_\_ a.  
b.

I. Student's Name \_\_\_\_\_ **Grade** \_\_\_\_\_

Student's Address \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

II. Parent's Name: (Father) \_\_\_\_\_ Work Phone \_\_\_\_\_

(Mother) \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent's Address: \_\_\_\_\_

III. Summary of Days Absent

<u>Date absent from school/class</u>	<u>Absent all day</u>	<u>Periods Absent in A.M. Classes</u>	<u>Periods Absent in P.M. Classes</u>

Total Number of Absences/Out of \_\_\_\_\_ Days.

IV. History of truancy/previous attendance: (Statement regarding the number of percent of truancy in previous semester or school years)

V. Statement of social/behavioral problems or other issues that may relate to the problem:

VI. Statement of school's perception of the parent's and student's attitude toward the problem:

VII. Statement of school's recommendation to local social service agency:

VIII. Summary of school action to correct problem:

Effectiveness of Action

Type of Action	Date	Attendance Improved	Attendance Did Not Improve
Referral to other Community/County Resources			
Referral to Municipal Court			