



REFERRAL TO THE TRUANCY OFFICE  
WAKULLA COUNTY SCHOOL BOARD

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

ABSENCES: # OF EXCUSED \_\_\_\_\_ # OF UNEXCUSED \_\_\_\_\_ TARDIES \_\_\_\_\_

ALL PARENT CONTACTS ARE DOCUMENTED IN:  FOCUS  AN ATTACHMENT

TRUANCY LETTERS ARE ATTACHED TO THIS REFERRAL:  YES  NO

INTERVENTION SUPPORT TEAM MEETING NOTES ARE ATTACHED:  YES  NO

PARENT WAS INVITED TO THE IST MEETING.  YES  NO

PARENT ATTENDED THE IST MEETING.  YES  NO

Interventions/Results:

Mr. Walker's use below:\*\*\*\*\*

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT MADE BY \_\_\_\_\_  PHONE CALL DATE: \_\_\_\_\_

HOME VISIT DATE: \_\_\_\_\_

LETTER SENT DATE: \_\_\_\_\_