



JEFFERSON PARISH TASC
 FAX: 504-826-9138 OFFICE: 570-6478

TRUANCY ASSESSMENT AND SERVICE CENTER REFERRAL FORM

Referral Date: _____

Name of Person Making Referral: _____ Referral Person's Position: _____

Referring School: _____ Primary Grounds of Complaint: Truancy

Contact Phone: _____

Child's Information

Name: _____

DOB: _____ Gender(**circle**): M or F Race: _____

Caregiver's Name: _____ Relationship to Child: _____

Mailing Address: Street _____ Home Phone: _____

City _____ Alternate Phone: _____

Zip code _____ E-Mail Address: _____

School Information

Absences at Referral:
 Current Grade: _____ Unexcused: _____ Excused: _____ Tardies: _____

Has the student ever failed a grade? (**circle**): Yes or No If yes, please **circle** each grade failed:
 PK K 1 2 3 4 5 6 Unknown

Student in Special Education? (**circle**): Yes or No If Yes, which status? _____

Number of Suspension Days: _____ Language Translator Required: _____

Is this a Lice Case? (**circle**): Yes or No Does this child have a Chronic Disability Letter?
 (**circle**): Yes or No

Does child have a chronic illness that contributes to his/her excessive absence?: (**circle**): Yes or No

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Date Complaint Received: _____ Date Level Changed: _____

Has this child or other family member ever had a history of attendance problems? (**circle**): Yes or No New Level Status: _____

Level Status: _____ Level Change Explanation: _____

Level Status Assigned by: _____