

HABITUAL TRUANCY/SCHOOL BASED REFERRAL

Pursuant to 53G-8-211, The school district or school may refer the minor to court for a Class C misdemeanor committed on school property or for being a habitual truant if the minor refuses to participate in an evidence based alternative intervention. The school shall appoint a school representative to continue to engage with the minor and minor's family.

Student Number: _____ Birth Date: _____
 Student Name: _____ Home Phone: _____
 Gender: M ☐ F ☐ Ethnicity _____ Age: _____ City: _____ Zip _____
 Student Resides with: _____ Phone: _____
 Address: _____ Email: _____
 Father: _____ DOB _____ Phone: _____
 Mother: _____ DOB _____ Phone: _____
 Referral completed by: _____ Phone: _____
 Interpreter needed: Parent ☐ Youth ☐ Language: _____

School

School _____ Grade _____ GPA _____
 Assigned School Representative: _____ Office Phone: _____

Attendance

Attendance for the period beginning _____ and ending _____

Total days possible _____
 Total days absent _____
 Number of full days of unexcused absence _____
 Additional Periods of unexcused absence _____

****Please attach School Attendance Records with this Referral****

☐ Regular Program ☐ Shortened Day () ☐ Afternoon Alternative School
☐ Special Education ☐ Self Contained Behavior Unit ☐ Other: _____

Youth Profile

Physical Health Concerns	Y ☐	N ☐	Details _____
Is there a health care plan?	Y ☐	N ☐	Details _____
Mental health Concerns	Y ☐	N ☐	Details _____
Alcohol/Drugs	Y ☐	N ☐	Details _____
Court Involvement	Y ☐	N ☐	Details _____
Discipline Referrals at School	Y ☐	N ☐	Details _____
Social Relationships/peers			Details _____
Youth In Custody Student	Y ☐	N ☐	Details _____

School Background

Enrollment History			Details _____
Previous History of Truancy	Y ☐	N ☐	Details _____
Academic Progress/On Track for Graduation	Y ☐	N ☐	Details _____
Does Student have an IEP	Y ☐	N ☐	Details _____
Does Student have ELL Accommodations	Y ☐	N ☐	Details _____

Evidence Based Alternative Intervention

Name of Program: _____

Dates: _____

Completed Y ☐ N ☐

If No, Details: _____

*******Please attach a report of evidence based alternative interventions utilized, including outcomes*********Interventions** (Please Include Dates)

Conferences held with students: _____

Conferences held with parent: _____

Phone contact with parent: _____

Home visits made: _____

Behavioral Contracts tried: _____

Administrative Contacts tried: _____

☐ Letter 1 Date: _____☐ Letter 2 Date: _____☐ Adjusted/Modified Class Schedule☐ Counselor/Administrator/Teacher Daily/Weekly Check in☐ Daily tracking Sheets☐ Attendance Contract☐ Assigned Tracker/Mentor BHA☐ Home Visit☐ Referral to After School Program☐ Referral to Social Worker/Psychologist☐ Vocational School Details _____☐ Alternative School Details _____☐ Other _____**Additional Information**Please check here if including an attached page with more information ☐_____
(School District making referral)_____
(School Counselor)_____
(School District official approving court referral)_____
(Date of approval)