

TRUANT REFERRAL DATA SHEET

116 N. Chicago St. Suite 400
Joliet, IL 60432
Phone: 815-740-8360 Fax: 815-740-4788

Demographic Information:

Referring School: _____ Referral Date: _____

Student's Name: _____ Address: _____

Gender: _____ DOB: _____ Grade: _____

Ethnicity: _____ Hair: _____ Eyes: _____

Parent Language: English Spanish Other: _____

Parent/Guardian: _____ Email: _____

Phone: _____ Address: _____

Parent/Guardian: _____ Email: _____

Phone: _____ Address: _____

Attendance Information:

(Please attach attendance printout for this year)

Starting date of truant behavior:

Absences (this year): _____ No. of Days Tardy: _____

Excused Absences: _____ Unexcused Absences: _____

Absences (last year): _____ No. of Days Tardy: _____

Excused Absences: _____ Unexcused Absences: _____

IEP/504 Plan Description: _____

Referral Information:

Referral made and completed by _____ Position: _____

School: _____ Contact No: _____ School Dist #: Address: _____

Email: _____

Intervention Information

Indicate what actions have been taken by school to help student (give dates where possible)

Does the student/family have Court involvement?

