

# TRUANT REFERRAL DATA SHEET

702 W. Maple Street  
New Lenox, IL 60451  
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/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Mother Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Father Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Are the parent(s) receiving Public Aid: \_\_\_\_\_

## 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: \_\_\_\_\_

## Recommendations:

School District # \_\_\_\_\_ makes the following recommendation(s).

\_\_\_\_\_ Warning letter

\_\_\_\_\_ Referral for truancy hearing

\_\_\_\_\_ Referral for court

## Referral Information:

Referral made and completed by \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_ Contact No: \_\_\_\_\_ School Dist #: \_\_\_\_\_

Address: \_\_\_\_\_

## Intervention Information

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

Does the student/family have Court involvement?

---

---

---

	<b>Date(s)</b>	<b>Person(s) Involved</b>	<b>Nature of Contact</b> (type(s) of service offered)	<b>Outcome</b> (improved attendance/ continued truancy/refused to participate)
<b>Conference(s)</b>				
<b>SUPPORT SERVICES</b>				
<b>Prevention</b>				
<b>Diagnostic</b>				
<b>Intervention</b>				
<b>Remedial</b>				
<b>Alternative Program(s)</b>				
<b>Other School/ Community Resource(s)</b>				

**Signature, School Official/Designee:**

X \_\_\_\_\_