

# TRUANT REFERRAL DATA SHEET

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Joliet, IL 60432  
Phone: 815-462-5400 Fax: 815-462-5402

## 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?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

