Will County ROE #56
Truant Referral Data Sheet

116 N. Chicago St Suite 400
Joliet, IL 60432

Demographic Information:

Referring School: _____ **Referral Date:** _____

Student's Name: _____ **SIS Student ID:**_____ **Gender:**_____

DOB: _____ **Grade:** _____ **Address:**_____

IDENTIFIERS: Ethnicity: _____ **Hair:** _____ **Eyes:** _____ **ft'**_____ **in"**_____

Parent Language: ☐ **English** ☐ **Spanish** ☐ **Other:** _____

Parent/Guardian: _____ **Email:** _____

Phone: _____ **Address:** _____

IDENTIFIERS: Ethnicity: _____ **Hair:** _____ **Eyes:** _____ **ft'**_____ **in"**_____

Parent/Guardian: _____ **Email:** _____

Phone: _____ **Address:** _____

IDENTIFIERS: Ethnicity: _____ **Hair:** _____ **Eyes:** _____ **ft'**_____ **in"**_____

Phone: _____ **Address:** _____

Attendance Information: (Please attach attendance printout for this year and previous if applicable)

Start 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:** _____

School Counselor: _____

IEP/504 Plan: ☐ **Description:**_____

Case Manager: _____ **Contact:**_____

Referral Information: Referral made and completed by_____

Position: _____ **School:** _____**Dist #:** _____

Contact No: _____ **E-Mail:**_____

Address: _____

Does the student/family have Court involvement?

_____

_____

_____

Intervention Information

Indicate what actions have been taken by school to help the student and include 5 True Interventions (give dates where possible)

Conferences and Interventions

Date	Persons Involved	Nature of Contact (Types of service offered)	Outcome (Improved attendance / continued truancy / refused to participate)

School Official / Designee Signature:

X_____

Please email this form to aalarcon@willroe.org or tward@willroe.org