TRUANT REFERRAL DATA SHEET

116 N. Chicago St. Suite 400
Joliet, IL 60432

Phone: 815-740-8360 Fax: 815-740-4788

| Demographic Information | <u>on:</u> | | | |
|---|------------------------------------|----------------------------------|-------------------------|--|
| Referring School: | | Referral Date:Address: | | |
| Student's Name: | | | | |
| Gender: | DOB: | Grade: | | |
| Ethnicity: | Hair: | Eye | s: | |
| Parent Language: E | nglish Spanish | Other: | | |
| Parent/Guardian: | | Email: | | |
| Phone: | Address: | | | |
| Parent/Guardian: | | Email: | | |
| Phone: | Address: | | | |
| Attendance Information (Please attach attendance p Starting date of truant beh Absences (this year) | orintout for this year) navior: | No. of Days 7 | - Cardy: | |
| Excused Absences: | | | | |
| Absences (last year) | | No. of Days 1 | | |
| _ | | - | | |
| Excused Absences: | Unexcused A | Absences: | | |
| IEP/504 Plan Descrip | tion: | | | |
| Referral Information: Referral made and comple | eted by | Position: | | |
| School: | Contact | No: | School Dist #: Address: | |
| Email: | | | | |
| | <u>Intervention</u> | on Information | | |
| Indicate what actio | ns have been taken by so | chool to help student (give date | es where possible) | |
| Does the student/family | have Court involvement | ent? | | |
| | | | | |
| | | | | |

| Date | Persons Involved | Nature of Contact (Types of service offered) | Outcome (Improved attendance / continued truancy refused to participate) |
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| School Official / Designee Signature: | | | | | | | |
|---|--|--|--|--|--|--|--|
| X _ | | | | | | | |
| Please email this form to aalarcon@willcountyillinois.com or tward@willcountyillinois.com | | | | | | | |
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