

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: _____

Parent Language: English Spanish Other: _____

Parent/Guardian: _____ Email: _____

Phone: _____ Address: _____

Parent/Guardian: _____ Email: _____

Phone: _____ Address: _____

Other Contact: _____

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

Include 5 True Interventions (give dates where possible)

