

PREREFERRAL CHECKLIST FOR:

EDUCATIONAL NEGLECT TRUANCY Other _____

DISTRICT	SCHOOL	GRADE
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STUDENT'S Name	Birthdate	Sex
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Home Address	City	Zip
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FATHER / Guardian Name	Home Phone
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Home Address	City	Zip
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Employer	Employer Phone
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MOTHER / Guardian Name	Home Phone
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Home Address	City	Zip
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Employer	Employer Phone
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Parents live together: Yes No

Child lives with: Both parents Mother Father
 Foster Parents Guardian(s) Other

Parents are divorced: Yes No **County of Divorce:** _____

Guardianship (if applicable) established by: Power of Attorney Probate Court/County: _____ **Date:** _____

Explain other living arrangements (if applicable):

First Referral Date This School Year: _____	Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Attendance Summary: (See attached record)

Days Absent **Days Tardy** **Days Suspended**

	Yes	No
1. The school has met with the student regarding attendance (attached). <p style="text-align:center;"><u> 0 </u> Number of times.</p>		
2. The school has attempted to partner with parent(s) in order to improve attendance (attached). <p style="text-align:center;"><u> 0 </u> Number of times</p>		
3. The school has made home visits. <p style="text-align:center;"><u> 0 </u> Number of times.</p>		

	Yes	No
4. Parents have cooperated with school officials & are concerned about their child's attendance.		
5. Absences are related to documented illness.		
6. Absences are related to head lice or cleanliness.		
7. Absences are related to nondocumented illness.		
8. There is a prior history of excessive absences.		
9. The student has been tested for special education / 504 services. Date of testing:		
10. The student is receiving special education.		
11. The student is failing or at risk of losing credit.		
12. The student is involved with Family Court.		
13. The student has been involved with Family Court.		
14. The student is currently meeting with the school counselor.		
15. The student is currently meeting with the school social worker.		
16. The student has been referred to a public or private counseling agency/agencies (attach documentation). List:		
17. A referral has been made to the Department of Human Services (DHS).		
18. The parent has been notified that the school is obligated by law to make a truancy referral.		
19. Recommendations for the student:		
20. Recommendations for the parent:		
Authorized Signature	Title	Date

ACADEMIC RECORD

STUDENT'S NAME

SCHOLASTIC RECORD

MARKING PERIOD				
English/Language Arts	_____	_____	_____	_____
Mathematics	_____	_____	_____	_____
Social Studies	_____	_____	_____	_____
Science	_____	_____	_____	_____
Physical Education	_____	_____	_____	_____

RECENT TEST RESULTS

Achievement Test: MEAP MAT IOWA Other _____

Date of Last Test: _____

	Reading	Math
Grade Equivalency (MAT, IOWA)	_____	_____
Level of Performance (MEAP)	_____	_____

ACADEMIC SUMMARY

Summary of attendance, behavior/social skills, parent conferences, grade level functioning, grade retention

(If applicable, attach the most recent IEP or Behavior Intervention Plan.)

Signature	Title	Date
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DOCUMENTATION OF CONTACTS

**Student
Name:**

Contact Date:		Method of Contact:	
By Whom:	To Whom:	Reason for Contact:	
<p>What child has said about absences (all children in the family may need to be interviewed).</p>			
<p>Please list any evidence you know that would disprove the excuses:</p>			

Contact Date:		Method of Contact:	
By Whom	To Whom:	Reason for Contact:	
<p>Summary of Contact:</p>			

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