

SARB Referral

Date: _____ School: _____ District: _____

Student and Family Information:

Name of Student: _____ Other Name: _____ Sex: M F

Student ID #: _____ Birth Date: _____ Age: _____ Grade: _____

Address: _____ Phone: _____

Student Lives With: Father ___ Mother ___ Step-Father ___ Step-Mother ___ Other (*specify*) _____

Parent/Guardian Name: _____

Address: _____ Phone: _____

Primary Language: _____ Interpreter Needed? yes ___ no ___

Siblings:

<i>Name</i>	<i>Age</i>	<i>School</i>
_____	_____	_____
_____	_____	_____

Factors which may have contributed to student's attendance or behavior difficulties:

Pupil's Attendance Pattern:

- _____ Total days in attendance
- _____ Total days of possible attendance
- _____ Total days of excused absences
- _____ Total days of unexcused absences
- _____ Total number of days truant tardies (>30 min)
- _____ Total periods absent
- _____ Total days suspension
- _____ Total days of attendance, previous year

Factors affecting attendance:

- _____ Family Problems
- _____ Lack of parental involvement
- _____ Economic stress
- _____ Student's attitude
- _____ Health
- _____ Drugs/alcohol
- _____ Work
- _____ Friends
- _____ Teen Mother
- _____ Academic performance low
- _____ Unknown

Factors Impacted By Absences:

- _____ Grades/Credits
- _____ Social Relationships
- _____ Extracurricular/Sports

Agencies with which the student/family is currently involved:

- Human Services
- Health Services
- Law enforcement
- Child Protective Services
- Mental Health
- Other: _____
- Probation (*Name of Probation Officer:* _____)
- Other: _____

Health Issues: _____

Reason for Referral:

- Habitual truancy or irregular attendance
- Insubordination or disorderly conduct during attendance in school

Educational program modifications/interventions and other remedial actions attempted:

- ___ Student Study Team/Care Team/School Attendance Review Team/ Parent Conference
(attach summary of results or agreement)
- ___ Attendance or behavior contract with student/parent (attach)
- ___ Special programs? (check all programs in which student has ever been enrolled)
 - Migrant Education (dates: _____)
 - Special Education (date of most recent IEP meeting: _____)
 - ___ RSP ___ SDC ___ SED ___ Speech/Language ___ Other: _____
 - Hughes Behavioral Assessment Plan (date: _____)
 - "504" Intervention Plan (attach)
 - Opportunity program (dates: _____)
 - Other: _____
 - Other: _____
- ___ Alternative program/class/school? yes ___ no ___ (attach documentation)
- ___ Referrals?
 - Special Education Assessment
 - qualified for services? yes ___ no ___
 - "504" assessment
 - qualified for services? yes ___ no ___
 - Counseling
 - Health services
 - Parent Conference (attach agreement)

Supporting documentation (attach in order):

- ___ Chronological Summary/Contact Log
- ___ Truancy letters
- ___ Student BIRTH CERTIFICATE
- ___ Agreement/Summary of Conference
- ___ Attendance Summary and attendance records
- ___ Academic transcript/credits
- ___ Current class schedule and grades
- ___ Reports from outside agencies
- ___ Pertinent correspondence and other school reports
- ___ School Enrollment History

Recommendations to SARB: _____

Referred by: _____ Position: _____