

**DAKOTA COUNTY
STATE OF MINNESOTA**

**DISTRICT COURT
JUVENILE COURT**

NOTICE OF INITIAL HABITUAL TRUANCY

Student Information

Name _____ Date of Birth _____ Sex: Male/Female

First Middle Last

Race: Caucasian African American Asian Hispanic Native American Other: _____

Student's Address: _____ City: _____ State: MN Zip Code: _____

Student's School _____

Student's Current Grade: ____ If 9th – 12th Grade, Credits earned to date: ____ Required credits to graduate: ____

Family Information

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Phone Home: _____

Phone Home: _____

Phone Work: _____

Phone Work: _____

Phone Cell: _____

Phone Cell: _____

Interpreter Needed: Yes ____ No ____ If yes, What Language: _____

THE UNDERSIGNED STATES AND INFORMS THE COURT THAT THE ABOVE NAMED CHILD HAS BEEN ABSENT FROM CLASSES WITHOUT LAWFUL EXCUSE ON THE DATES AND TIMES BELOW.

		Hours							Parent's Comments	Student's Comments
Dates of Truancy		1	2	3	4	5	6	7		
1										
2										
3										
4										
5										
6										
7										

Print Name/Title of School Representative

Date

Signature of School Representative

Phone Number

Name of School Contact Person (if different)

Phone Number

Include: Current Year Attendance Records _____ Grades _____

OPTIONAL

PRIOR INTERVENTIONS

- | | |
|--|--|
| <input type="checkbox"/> Met with parents & student regarding truancy | <input type="checkbox"/> Individual behavior/academic contract with student |
| <input type="checkbox"/> Letter sent to parent/guardian requiring doctor's note/nurse assessment for illness Date: _____ | <input type="checkbox"/> Arranged tutoring/academic mentoring services |
| <input type="checkbox"/> Engaged student in in-school social/support groups | <input type="checkbox"/> Referred parents/student to community programs |
| <input type="checkbox"/> Enlisted assistance through Liaison Officer | <input type="checkbox"/> Alternative Programs (DCTC, ALC, ABE, Work Release/YTP) |
| | Name of Program _____ |

Other interventions attempted with student: _____

SPECIAL EDUCATION SERVICES

- ☐ Student has IEP, 504 Plan, or other Support Services

If Yes, Type of Disability:

SLD _____

EBD _____

OHI _____

Case Manager's Name/Phone # _____

FAMILY/HEALTH CONCERNS

- ☐ Family has special circumstances that may contribute to child's absences or academic achievement (examples: chemical abuse; illness of family member; death of family member; recent divorce of parent; recent marriage of parent, etc.)

Please Describe: _____

- ☐ Chronic health condition

Describe including diagnosis & medication _____

- ☐ Exhibits Mental Concerns

Describe: _____

- ☐ Exhibits behaviors indicating chemical/alcohol use

Describe: _____

Atty-JPS: TruancyFormInitial