**REFERRAL FORM FOR TRUANCY**

**TRUANCY PREVENTION PROJECT OF**

**THE OTTER TAIL FAMILY SERVICES COLLABORATIVE**

**The following information is necessary when referring this matter to Otter Tail County Human Services for intervention because of truancy or educational neglect. The information will be used by a case manager assigned to the student and may also be used by the Otter Tail County Attorney’s Office if it is determined appropriate to file a Child in Need of Protection or Services Petition.**

**Please attach most recent attendance and grade records to the referral. Please be thorough when filling out form so that information is available to the assigned case manager.**

**Student’s Full Name: Grade Age**

**Student’s Address:**

**Mother’s Name:**

**Mother’s Address:**

**Father’s Name:**

**Father’s Address:**

**School District:**

**Administrator Name (will be used on a CHIPS petition):**

**School District Address and Phone Number:**

**After it was identified that the student had unexcused absences or excessive absences, the school took the following steps:**

1. **Held a meeting with students and/or parents on this date :**
2. **Identify individuals that attended the meeting:**
3. **What reasons were given for unexcused absences or excessive excused absences:**

**A Truancy Mediation Meeting was held with the Otter Tail County Attorney’s Office on:**

**What other interventions were attempted through the school:**

**Are any services through the school in place for this student at this time?**

**Are there any services through outside agencies in place for this student at this time?**

**Are there any concerns identified with regard to this student?**

**The school is referring this matter to Otter Tail County Human Services on:**