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OFFICE OF THE WASHINGTON COUNTY ATTORNEY
PETER J. ORPUT COUNTY ATTORNEY

TRUANCY REFERRAL FORM FOR 16 AND 17 YEAR OLD STUDENT

Date		School	
School Official		Title	
Email		Telephone	
Address		Fax	

Student Information			
Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth		Hispanic <input type="checkbox"/>	
Age		Grade	
Race	White <input type="checkbox"/> Black <input type="checkbox"/>	Asian <input type="checkbox"/> Native American <input type="checkbox"/>	Other <input type="text"/>
Involvement with Other Agencies (probation, child protection, mental health, etc.)			

Mother Information	Legal Custody? <input type="checkbox"/>	Resides with? <input type="checkbox"/>
Name		
Address		
Home Phone:	Cell/Other Phone	

Father Information	Legal Custody ? <input type="checkbox"/>	Resides with? <input type="checkbox"/>
Name		
Address		
Home Phone:	Cell/Other Phone	

Other	Legal Custody? <input type="checkbox"/>	Resides with? <input type="checkbox"/>
Name		
Address		
Home Phone:	Cell/Other Phone	

1. Required Pre-Referral Efforts

School Consequences	<input type="checkbox"/>	Meeting with Student	<input type="checkbox"/>	Communication with Parents	<input type="checkbox"/>
School Attendance Contract	<input type="checkbox"/>				
Other	<input type="text"/>				
Date Parent Letter Sent and Referred for AIM meeting					<input type="text"/>

Attendance History

When did the student begin to have attendance problems?	<input type="text"/>
What do you think is the cause of this problem?	<input type="text"/>
What would help this student improve?	<input type="text"/>

2. Academic/Behavior/Special Education

Receives Special Educational Services?	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
	IEP <input type="checkbox"/>	504 Plan <input type="checkbox"/>		
Primary Disability	Learning <input type="checkbox"/>	Emotional-Behavioral <input type="checkbox"/>	Speech <input type="checkbox"/>	
	Other	<input type="text"/>		
ESL?	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Language <input type="text"/>	Interpreter Needed?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	# of Suspensions <input type="checkbox"/>
Setting Description				
Describe: (include grades, behaviors, other issues, etc.)	<input type="text"/>			

3. Other Health Issues

Mental Health Issues	Unknown <input type="checkbox"/>	Suspected <input type="checkbox"/>	Diagnosis <input type="checkbox"/>
Treatment	<input type="text"/>		
Chemical Health Issues	Unknown <input type="checkbox"/>	Suspected <input type="checkbox"/>	Diagnosis <input type="checkbox"/>
Treatment	<input type="text"/>		