STATE OF MINNESOTA DISTRICT COURT

COUNTY OF CROW WING NINTH JUDICIAL DISTRICT

**SCHOOL TRUANCY/EDUCATIONAL NEGLECT REFERRAL FORM**

**CHILD:** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Last First M Sex

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency phone/contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(work)

**PARENTS/GUARDIAN:**

Name of Mother:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CHRONOLOGICAL WORKSHEET OF DAYS MISSED**  **DATES ABSENT FROM CLASSES WITHOUT EXCUSE**  **(Date/Month/Year)** |

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**IN ADDITON TO ABOVE INFORMATION, PLEASE ATTACH ATTENDANCE REPORT**

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SCHOOL TRUANCY REFERRAL FORM

MN Statute 260C.007, Subd. 19 defines a **HABITUAL TRUANT** as “a child under the age of 16 years who is absent from attendance at school without lawful excuse for seven school days if the child is in elementary school or for one or more class periods on seven school days if the child is in middle school, junior high school, or high school, or a child who is 16 or 17 years of age who is absent from attendance at school without lawful excuse for one or more class periods on seven school days and who has not lawfully withdrawn from school under section 120A.22, Subd. 6.”

MN Statute 260C.163 Subd. 11. Presumptions regarding **EDUCATIONAL NEGLECT.** A child’s absence from school is presumed to be due to the parent’s, guardian’s, or custodian’s failure to comply with ompulsory instruction laws if the child is under 12 years old and the school has made appropriate efforts to resolve the child’s attendance problems.

To assist the County Attorney’s Office in preparing a Child In Need of Protection or Services (CHIPS) petition alleging, truancy/educational neglect, please provide us with additional information by answering the following questions as they pertain to the child.

1. What contacts have been made with the child to correct the truancy?
2. What contacts have been made with the child’s parent/guardian to correct the truancy?
3. Does the child have a learning disability or other handicap which may contribute to his/her absence from school? If yes, please describe.
4. Describe the type, level, and extent of special education services, Collaborative Service Provider involvement or other programs which have been offered to the child if applicable.

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1. Has the child been offered any counseling or other types of services?
2. Is this child behind in his/her school performance and grade level expectations? If yes, what grade level would be appropriate?
3. Describe the family’s involvement and level of cooperation in the effort to correct the truancy.
4. Are there suspected chemical use issues for this child or other family members?
5. What are the school’s recommendations for this child? What requests would you make of the Court if the child admits truancy?
6. Please provide any additional information which you think may be helpful or insightful in addressing this child’s situation.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title

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