



Truancy Diversion Referral Form
2012-2013

REFERRAL DATE: _____

STUDENT NAME			M <input type="checkbox"/>	F <input type="checkbox"/>
DOB	AGE	GRADE	HISPANIC <input type="checkbox"/>	
RACE	White <input type="checkbox"/>	Black <input type="checkbox"/>	Asian <input type="checkbox"/>	Native American <input type="checkbox"/>
			Other <input type="checkbox"/>	

STUDENT LIVES WITH: ENTER COMPLETE PARENT/GUARDIAN INFORMATION

MOTHER <input type="checkbox"/>	NAME		
	ADDRESS		
	HOME PHONE	CELL/OTHER	
FATHER <input type="checkbox"/>	NAME		
	ADDRESS		
	HOME PHONE	CELL/OTHER	

1. REQUIRED PRE-REFERRAL EFFORTS

School consequences Meeting with student Communication with Parents Other

Number of Unexcused Absences:	Date Parent Letter Sent and Student Referred for County Attorney's Letter (5 unexcused):
<p>Attendance History:</p> <ul style="list-style-type: none"> •When did the student begin to have attendance problems? •What do you think is the cause of this problem? •What would help this student improve? 	

<p>Student's involvement with other agencies (<i>probation, child protection, mental health, etc</i>):</p>
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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 / Emotional-Behavioral / Speech / Other _____
ESL Language: NO <input type="checkbox"/> YES <input type="checkbox"/>	# of Suspensions:	Setting Description:
DESCRIBE (include grades, behaviors, other issues, etc.) 		

3. OTHER HEALTH ISSUES

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

SCHOOL AND ADDRESS	SCHOOL OFFICIAL AND TITLE
	PHONE

PLEASE SUBMIT COMPLETED REFERRAL:

TO YOUR TRUANCY SOCIAL WORKER FOR AGES 12-15
lori.simon@co.washington.mn.us / Fax: 651-430-8340
pam.lanz@co.washington.mn.us / Fax: 651-430-4157
paoze.her@co.washington.mn.us / Fax: 651-275-7263

OR

TO THE COUNTY ATTORNEY'S OFFICE FOR AGES 16-17
WCA-JuvTruancy@co.washington.mn.us
 Fax: 651-430-6184

Please attach the student's current attendance record.