

Regional Office of Education # 12

TRUANCY REFERRAL FORM CHECKLIST

THE FOLLOWING INFORMATION MUST BE COMPLETED AND ATTACHED WITH REFERRAL

CHECKLIST OF ATTACHED DOCUMENTS

Truancy Referral Form Page

Current Attendance Report

Current Grades

Return form to either office listed below:

Regional Office of Education # 12

Lawrence County Office
1100 State Street
Lawrenceville, IL 62439
Phone: (618) 943-3522
Fax: (618) 943-2513

Clay County Office
P.O. Box 97
Louisville, IL 62858
Phone: (618) 665-3373
Fax: (618) 665-3155

Date of Referral: _____

Regional Office of Education #12

TRACK THREE - TRUANCY REFERRAL FORM

LEGAL CHARGES/STATES ATTORNEY REFERRAL

THE FOLLOWING INFORMATION MUST BE COMPLETED BEFORE WE CAN PROCESS THIS REFERRAL

State ID (SIS) #: _____ School Attending: _____ Grade: _____

Student: _____ (M / F) Date of Birth: ____ / ____ / ____ Ethnicity: _____
Last First

Address: _____ Phone: (____) _____
Street City Zip Code

Low Income: (Y / N) Special Ed: (Y / N) If yes, type: _____ Special Ed. Placement: (Y / N) : _____

Mother: _____ Father: _____

Address: _____ Address: _____
(If different from student) (If different from student)

Phone: (____) _____ Marital Status: _____ Phone: (____) _____ Marital Status: _____

Absences

Total Days Absent _____ Number Excused _____ Number Unexcused _____ Number of Tardies _____
Days Present _____ / Days Enrolled _____ = Baseline Rate _____

As per 705 ILCS 405/3-33.5 Truant Minors in Need of Supervision
The following information must be completed in order for the ROE to process the referral

Indicate actions taken by the school (give dates where possible):

Calls to Parents: (Y / N) Dates: _____ Home Visit: (Y / N) Date: _____

3 Day Letter: Date Sent: ____ / ____ / ____ 6 Day Letter: Date Sent: ____ / ____ / ____

Conference with the Student/Parent: (Y / N) Date: ____ / ____ / ____

Alternative Program: (Y / N) Schedule Changes (Y / N) Multi-Disciplinary Conference: (Y / N)

Contact with: Community Agency (Y / N) Mental Health (Y / N) D.C.F.S. (Y / N) Probation (Y / N)

S.E.S.E. Staffing: (Y / N) If yes, date: ____ / ____ / ____

School Administrator: _____ District #: _____ Phone #: _____