

# Regional Office of Education # 12

## TRUANCY REFERRAL FORM CHECKLIST

THE FOLLOWING INFORMATION MUST BE COMPLETED AND ATTACHED WITH REFERRAL

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### CHECKLIST OF ATTACHED DOCUMENTS

Truancy Referral Form Page

Current Attendance Report

Current Grades

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**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 FOUR - TRUANCY REFERRAL FORM

### ASSIST TAOEP 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: \_\_\_\_\_

Absence 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 #: \_\_\_\_\_