ATTENDANCE & SOCIAL WORK REFERRAL FORM

| | | Sch | ool | | | | | | | | Re | eferre | ed by | | | | | | _ Dat | e | | | | |
|-------------|----|---|-----------------|----------|-------|-----------|-----------|----------|----------|----------|----------|----------|---------------|----------|--------|-------|----------|-------|----------|----------|-------------------------|----------------|---|---|
| | | Student's Name | | | e | | | | | | | | C | ompı | ıter I | D#_ | | | | | | _ | | |
| | | Date | e of | of Birth | | | | | | Age | e | | Grad | le | | _ | | | | | | | | |
| | | | Mailing Address | | | | | | | | | | | | | | | | | | | | | |
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| | | Par | EN | г/G | UAR | DIAN | | | | | | | | | | | | | | | | | | |
| | | | | | | Phone (w) | | | | | | | | | | | | (h) | | | | | | |
| | | Mother | | | | | Phone (w) | | | | | | | | | | (h) | | | | | | | |
| | | Емғ | ERG | ENC | CY CO | ONTA | СТ | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | Relation | | | | | | | | | Phone | | | | | | | |
| | | Specific directions to home (use major hwy, churches, businesses, left, right, landmarks, etc.) | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | ance- | • | | | | | | • | | | | used | | | | | | | |
| | | Tota | al: _ | | | ex | xcuse | :d | | t | ardy | | | un | excu | sed | | | | | | | | |
| | | | | | | | | | | | | 20 | 021 | | | | | | | | | | | |
| Aug | 31 | | | | | | \Box | \Box | | | | | | | | | | | | | | | | |
| Sept Oct | 1 | 2 | 3 | | 4 | 8 7 | 9 | 10 9 | 11 12 | 14 13 | 15 | 16 | 17 | 18 19 | 21 20 | 22 21 | 23 22 | 24 26 | 25 27 | 28 28 | 29 29 | 30 | | - |
| Nov | 3 | 4 | 5 | | 6 | 9 | 8 10 | 12 | 13 | 16 | 14 17 | 15 18 | 16 19 | 30 | 20 | 21 | 22 | 20 | 21 | 20 | 29 | 30 | | |
| Dec | 1 | 2 | 3 | | 4 | 7 | | 9 | 10 | 11 | 14 | 15 | 16 | 17 | 18 | | | | | | | | | |
| _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | - 20 | 022 | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ |
| Jan | 4 | 5 | 6 | 7 | 8 | 11 | 12 | 13 | 14 | 15 | 19 | | | 22 | 25 | 26 | 27 | 28 | 29 | | $\overline{\mathbf{I}}$ | $\overline{1}$ | | |
| Feb | 2 | 3 | 4 | 5 | 8 | 9 | 10 | 11 | 12 | | | | | _ | _ | | 24 | 25 | 26 | | | | | |
| Mar | 1 | 2 | 3 | 4 | 5 | 8 | 9 | 10 | _ | 12 | _ | _ | _ | _ | _ | | 30 | 31 | 20 | 20 | | _ | | |
| Apr | 3 | 5 | 6 | 7 | 8 7 | 9 | 13 | 14 | | _ | | _ | _ | _ | | _ | 27 | 28 | - | | _ | | | |
| May | 1 | 4 | 5 | <u>6</u> | 7 | 10 8 | 0 | 10 | | 14 | - | | | | | 24 | 25 | 26 | 21 | 120 | + | _ | - | + |

(over)

Jan Feb Mar Apr May June

INTERVENTIONS

(must provide written documentation)

| 3 unexcused (Teacher) | Date: |
|---|------------------|
| | |
| | |
| | |
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| | |
| Summary of parent/child conference | |
| | |
| | |
| 5 unexcused (Guidance Counselor/Child Study Team) Date: | : |
| | |
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| | |
| 8 unexcused (Administrator) Summary: | |
| | |
| 8 unexcused-certified letter from school administrator (send copy of ce | ertified letter) |
| 10 unexcused (send referral to Visiting Teacher) | , |
| Social Work Referral (state problem) | |
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